Surrey Mental Health Limited

North Downs Villa

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection that took place on 5 and 6 January 2016.

North Downs Villa is a care home that can accommodate up to eight adults who have a range of needs including learning disabilities, autism and a past or present experience of mental ill health. The service offers respite care breaks as well as long term residential care. There were six people living at the home

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In September 2014, our follow up inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People said they liked living at the home and that staff provided a good supportive service. They were given the opportunity to choose activities and whether they wished to participate in them. They felt staff provided the care they needed in a way that suited them.

We saw that the home's atmosphere was warm, enabling and inclusive. People came and went as they pleased during our visit. The home provided a safe environment for people to live and work in and was well maintained, furnished and clean.

The records were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff were knowledgeable about the people they worked with as individuals and had appropriate skills, qualifications and training. They were focussed on providing individualised care and support in a professional, friendly and enabling way. They were trained and skilled in behaviour that may challenge and de-escalation techniques. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks by being encouraged to have balanced diets that also met their likes, dislikes and preferences. They said the choice and quality of provided was good. People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe living at the home and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were robustly vetted during recruitment, trained and experienced.

People's medicine was safely administered and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them, care plans monitored food and fluid intake and balanced diets were provided. Specialist input from community based health services was provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity and deprivation of liberty assessments as required.

Good

Is the service caring?
The service was caring.

Staff provided good support, care and encouragement. People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational activities as they wished. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken place.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

North Downs Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 5 and 6 January 2015.

This inspection was carried out by one inspector.

There were six people living at the home, one of whom was receiving respite care with a view to moving in permanently. We spoke with two people using the service, one staff, two relatives, the registered manager and one of the owners.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service and two staff files.

Good

Is the service safe?

Our findings

Two people who filled in annual questionnaires recorded that they felt safe at the service and in the community. People we spoke to did not comment on their safety. A relative said they thought this was a safe environment.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in how to use them. They understood what abuse was and the action to take if they came into contact with it. They said protecting people from harm and abuse was part of their induction and refresher training.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments of their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and garden was well maintained and equipment used was regularly checked and serviced.

Staff shared information regarding risks to individuals including any behavioural issues when they occurred and during shift handovers and staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they understood. The home had a restraint policy and procedure that was based on de-escalation techniques and staff received training regarding behaviour that may challenge. This included guidance regarding each person using the service. They were also aware of what was lawful and unlawful restraint.

The provider had a staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the field in which the service operated. References were taken up, security checks carried out prior to starting in post and a three month probationary period with reviews. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

The home had vacancies that were being recruited to. Whilst this process was taking place, staff at the home took on extra shifts to ensure there were suitable arrangements for cover. During our visit we saw that there was enough staff to meet people's needs and support them. This was reflected in the way people did the activities they wished to safely. The staff rota also showed that support was flexible to meet people's needs.

Medicine was safely administered, stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was updated annually. They also had access to current guidance. The medicine records for all people using the service was checked, found to be fully completed by staff and up to date. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People told us they felt that staff helped them to do the things they wanted to do with their lives. One person said, "I spend time as I wish." Another person said, "Staff are really helpful." Staff communicated with people clearly and in a way that enabled people to understand and make decisions in their own time.

Induction and annual mandatory training was provided for staff. The induction included completing a written work book and staff was provided with information about their roles and responsibilities. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training included infection control, manual handling, medicine, food hygiene, first aid and health and safety. There was also access to more role specific training such as schizophrenia awareness; mental capacity and behaviour that may challenge. Bi-monthly supervision sessions and annual appraisals were also partly used to identify any gaps in training. There were also staff training and development plans in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, were awaiting authorisation or an extension to previously granted authorisations. The provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required with eating meals. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits to and from community based healthcare professionals as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans where people had agreed to this. One person told us they had a flu jab, was waiting to see the GP about back pain and giving up smoking.

People told us they enjoyed the meals provided. A person using the service said, "The food is good and I get my meals on time." During our visit people chose their meals and there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. People chose meals individually on a daily basis and also went out to eat regularly.

Good

Is the service caring?

Our findings

During our visit people made decisions about the support they needed, when it should be given and how they wished to spend their time. Staff knew people well, were familiar with their life style patterns, aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "This is a very nice place to live; the staff are good as gold, very kind and caring and have to put up with a lot of nonsense from some people." Another person said, "Staff are alright". A relative told us, "(Person using the service) has been in residential care all his life and without doubt this is the best. He is looked after very well."

People said that the staff treated them with dignity, respect and enabled them to maintain their independence. The staff met their needs; they enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. Staff were skilled and patient when providing support and knew when people wished to be on their own. They also made the effort and encouraged people to enjoy their lives. Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do, where they wanted to go and if they wished to be accompanied or not. People were encouraged to do activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves. People were asked by a staff member if they would like to speak to us or not and given the time to decide for themselves. Some people decided they were happy like to chat, whilst others declined. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to move around the home and elsewhere as they pleased.

Staff expressed themselves at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One relative said, "This is the best quality of life (My relative) can get."

There was access to advocacy services and an independent mental capacity advocate (IMCA) visited during the inspection. The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome with the agreement of the person using the service as long as it did not adversely impact on other people. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

People said that the home's manager and staff asked for their views and opinions and we saw this happen during our visit. People made their own decisions about their care and support and said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. If there was a problem, it was resolved quickly. People were supported and enabled to carry out their chosen activities. One person said, "Staff have so much patience, they stay calm and help you." Another person said, "They (Staff) try very hard."

There was an admissions procedure that included assessment information provided by commissioning bodies such as local authorities and NHS hospitals. The home also took self-referrals. If it was felt that the referrals were appropriate, assessments were carried out and the person was invited for an informal visit. People could visit as many times as they wished, for a meal and have respite stays so they could decide if they wished to move in and the home could better identify if their needs could be met. One person was on a respite stay before moving in. They said they were looking forward to moving into the home permanently. During the course of these visits the manager and staff added to the assessment information. People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

There were regular placement reviews to check that the placements were working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. One person was going to view a care home; the week after the inspection, that it was felt could meet their needs more appropriately. People's care plans were individualised, person focused and regularly reviewed, to reflect their changing needs. The care plans held personal information including race, religion, disability, likes, dislikes and beliefs that enabled staff to respect people, their wishes and meet their needs. The care plans contained sections for all aspects of health and wellbeing. They included medical history, crisis management plans, psychiatric and person centred reviews.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. People were enabled to discuss their choices, and contribute to their care and care plans, if they so wished. The care plans were developed with them and had been signed by people where practicable. The care plans were underpinned by risks assessments and reviewed a minimum of six monthly or as required. Daily notes identified any activities that people had attended and events of importance that staff coming on duty needed to know about. The care plans were live documents that were added to when new information became available.

Activities tended to be individual with people going out and about in the community as they wished. One person enjoyed listening to opera on the radio. Another person was gardening during our visit. They also visited their mother and a number of social clubs in the area. A further person went to London for a pizza with a relative during the inspection. Trips had taken place to go bowling, to the cinema and Brighton. An art therapist had also been booked to visit in the near future. People, who chose to, improved their life skills by taking responsibility for tasks such as purchasing food items, clearing the table after meals and keeping their rooms tidy. One person had booked a return holiday to Mauritius. One of the owners, who was also a member of the staff team was going on holiday there the previous year and the person asked if they could go as well. Some people spent Christmas day with their families, whilst others celebrated at home. They also had a party the week before Christmas that friends and family were invited to.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to

Good

Is the service responsive?

enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. During our visit the home's culture was an open and listening one with staff, the manager and owners paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the manager and the owners equally as they were with the staff team. This was achieved as the owners worked shifts as part of the staff team. A relative said they were in frequent contact with the home and always made aware of anything that may affect the person living at the home.

The organisation's vision and values were clearly set out. Staff understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

A member of staff said the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and were comfortable using. They said they really enjoyed working at the home. A staff member said, "This is a good place to work." The records we saw demonstrated that regular staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a quality assurance system that contained key performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were home meetings although a number of people did not wish to attend. There was also a suggestion box, but the manager said this was underutilised. There were also annual review questionnaires for people using the service. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited. Policies and procedures were audited annually.