

Surrey Mental Health Limited

North Downs Villa

Inspection report

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01 October 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inspected but not rated

Is the service effective?

Good 

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

North Downs Villa is a residential care home providing personal care for up to eight people with mental health support. At the time of our inspection seven people were using the service.

People's experience of using this service and what we found

Improvements had been made in the way people's medicines were managed. Systems for medicine storage had improved and audits made sure people had been given the right amount of medicine when they needed it.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Where people were restricted from certain areas of the home the registered manager had considered people's risk and ways to encourage people's independence safely.

The provider had made some improvements with the assessments of people's mental health needs. They had recorded information for staff to help them understand when people may need additional support with their mental health. People's care records had improved offering staff more information about people's likes, dislikes, interests and hobbies.

Governance systems had improved and the provider was giving more support to the registered manager. This meant the registered manager had more time to make improvements to the service. For example, care records were regularly reviewed, new audits had been introduced to make sure people received safe care and maintenance issues were dealt with in a timely way. We want to make sure the improvements made continue and the provider looks for new ways to improve the quality of care for people following best practice. We will continue to monitor the providers progress in this area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 25 October 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated as requires improvement because it was too early to judge whether improvements could be maintained continuously over a sustained time period. We need to make sure the improvements made are consistent and embedded into the culture of the service.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. Our focused inspection covered our findings in relation to the Key Questions Effective and Well-led. We also looked at Safe and Responsive as part of a targeted inspection to check whether the breaches in these areas had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North Downs Villa on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

North Downs Villa

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check Effective and Well Led and a targeted inspection to check Safe and Responsive. We needed to make sure the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and if they had met the breaches in Regulation 10 (Dignity and Respect) and Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

North downs villa is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection due to the risks associated with the covid-19 pandemic.

Inspection activity started on 17 September 2020 and ended on 01 October 2020. We visited the service on 17 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and two staff members in addition to the registered manager and the nominated individual. A nominated individual is responsible for the supervision of the management of the service on behalf of the provider. We looked at three people's care records and other records such as quality audits and medicine records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records including staff and resident meetings and information about staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the action plan submitted following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our previous inspection in August 2019 we found people's medicines were not always managed in line with best practice and this meant there was an increased risk to people's safety. The provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's medicine was stored safely. Medicines were clearly marked when they were opened and when their shelf life came to an end so they could be disposed of safely.
- Medicines continued to be stored securely and at appropriate temperatures.
- Systems were in place to check medicine stocks to help ensure staff were administering them as prescribed and we discussed ways this could be improved to help quality assurance checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our previous inspection in August 2019 we found the provider was not using evidence-based models for mental health assessments and this meant staff did not always have the guidance available to make sure people had the support they needed. The provider was in breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People were encouraged to be involved in their care and support plans. Regular key worker meetings gave people the opportunity to contribute and comment on their progress and any additional support needs they may have. We spoke with the registered manager about how they could expand this to further record progress against people's goals and aspirations. We will look at this again at our next inspection.
- Staff had guidance about people's mental health needs and how they could support them. Details about people's mental health were recorded together with triggers or behaviours that could help staff identify when people would need more support or when mental health practitioners needed to be involved in their care.
- There continued to be a clear assessment process in place. This involved the provider visiting people in their previous treatment setting, gathering as much information as possible about their care needs and making a judgement about whether the service could meet their needs. People then had the opportunity to stay overnight and meet people to see if the service suited them.

Adapting service, design, decoration to meet people's needs

At our previous inspection in August 2019 we found the bathroom facilities were not adequate to meet people's needs because the bath had been out of order for five months. People were not able to access the kitchen independently because the door was locked when staff were not present. The lack of maintenance issues with the environment and certain restrictive practices were risking people's independence and impacting on their dignity. The provider was in breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 10.

- The provider had carried out essential maintenance to make sure the communal bathroom and shower room were in working order, giving people the choice of where they wanted to bathe. The registered manager told us any maintenance issues were now immediately addressed by the provider and this meant both communal bath and shower rooms were always available for people to use.
- At our last inspection we found the kitchen was kept locked unless staff were present. This meant people had to ask staff for drinks for snacks as they could not access the kitchen themselves. At this inspection we found the kitchen was still locked. However, the registered manager had risk assessed those people who were able to use the kitchen independently and had given them the code to the door. We spoke to one person who had been given the code to the kitchen. They could not remember receiving the code but told us, "It's not a problem I would just knock on the (kitchen) door to get in. I just have to ask and they [staff] give me everything I need."
- People's independence in the kitchen had been encouraged by specialist cooking lessons to help improve people's skills and confidence in the kitchen. This had been provided by an external professional but unfortunately had stopped because of the Covid-19 pandemic. The registered manager told us they hoped to reinstate the training for people as soon as they could. We have asked the provider to continue to review the situation and people's risk with a view to providing a less restrictive solution when it is safe to do so. We will check this again on our next inspection.

Staff support: induction, training, skills and experience

- Staff told us they received regular training and the providers records confirmed this. Staff had received training around people's mental health and health care needs such as diabetes. Staff told us they had received training around infection control and the additional measures introduced because of Covid-19.
- Staff told us team meetings and regular one-to-one meetings with the registered manager were still happening and they found these useful and supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a good choice of food including healthy options that suited their tastes and met their cultural and religious needs. One person told us about the set menu in place but said, "Staff will always make me something different if I want it."
- People who were at risk from poor nutrition and swallowing problems had risk assessments in place guiding staff on how to keep them safe. Healthcare professions such as a speech and language therapists had been involved with one person's care, providing advice to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager monitored people's care and support needs, making referrals to the relevant healthcare practitioners when required. This included annual healthcare checks with the GP, visits to the chiropodist, opticians and dentists.

Supporting people to live healthier lives, access healthcare services and support

- The service continued to use a telemedicine service. This provided clinicians, via a video link, to carry out assessments and advise staff if people required medical intervention. One person told us how good this service had been during the Covid-19 lockdown. They went on to explain when face-to-face appointments were necessary, staff would support them to go, driving them to reduce the risk of infection during the pandemic.
- The service continued to support people to access appropriate services if they became unwell.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People continued to receive the care they had consented to or that had been agreed in their best interests if they lacked capacity to make certain decisions.
- The registered manager had assessed people that may be deprived of their liberty and made applications to the local authority. Where people were subject to DoLS, details of the deprivation, the assessments supporting it and the duration it applied for were recorded and monitored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the action plan submitted following our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our previous inspection in August 2019 we found care was not always planned in a way that met people's needs and reflected their preferences. The provider was in breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Care records had improved since our last inspection and contained more person-centred information about people, their history, likes and dislikes, hobbies and interests. The registered manager and staff knew people well and gave many examples of how they supported people to have as much control and independence as possible. We spoke to the registered manager about ways this information could be incorporated into people's care records so new staff could understand people's support needs better.
- During our last inspection we were concerned about the lack of information about people's mental health needs. Staff did not always have the information they needed to support people, especially if they experienced a deterioration in their mental health. Following discussions with the registered manager we were sent an example of a mental health risk assessment giving staff information about a person's diagnoses and what staff needed to do to keep them safe. We received assurance that each person's mental health would be assessed so staff could identify behaviours and triggers that indicate when additional support is required. For example, when a person may be approaching crisis, and who staff should contact in such a situation. We will look at people's care records again at our next inspection to ensure these improvements are sustained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant although improvements had been made since our last inspection, it was too early to judge whether these could be maintained continuously over a sustained time period. We need to make sure the improvements made are consistent and embedded into the culture of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our previous inspection in August 2019 we found the lack of effective leadership and governance meant there was a risk that people's care would not meet the required standards of quality and safety. The provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had increased the amount of support given to the registered manager. The registered manager felt the additional support had a positive impact. For example, they now had confidence that maintenance issues would be addressed quickly so it would reduce the impact on people. The provider was now involved in regular quality checks such as medicine audits to help share the governance responsibilities.
- The provider's support had enabled the registered manager to step down from some operational activity and delegate tasks to others. This allowed the registered manager to focus on important tasks concerning the quality and safety of the service especially during the Covid-19 pandemic.
- Audits and quality checks had been introduced to make sure people remained safe. For example, a new environment and cleanliness audit tool helped identify any outstanding issues around the service.
- People's care records were accessible to staff and these were now updated regularly, this meant staff had the most up to date information to support people safely. The registered manager agreed to further improve people's records with more person-centred information to help staff support people with their mental health needs in line with best practice guidance.

Continuous learning and improving care

- During our last four inspections we have had concerns around the leadership and governance of the service. Although we have seen improvements at this inspection, we need to be sure the provider sustains these and continues to progress. Quality assurance and governance arrangements need to be robust with clear measures of how the service is improving. We will look at this again during our next inspection to make

sure there has been continuous learning and look at how the service has made further improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy at North Downs Villa. One person told us, "I found my mojo when I moved in here. I am really happy. I feel safe and happy and staff give me all the support I need."
- The registered manager helped to improve outcomes for people and explained how just the little changes can make a big difference. For example, one person was concerned about an aspect of their support and the registered manager explained how they had supported the person to feel confident and safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular key worker meetings allowed people to share their views in private with staff. Staff and resident meetings helped share news about the pandemic, the use of personal protective equipment (PPE) and how to keep staff and people safe.
- Staff told us they felt involved and were able to speak to the registered manager if they had any concerns. One staff member told us, "The manager is very good. He looks after people nicely. He is nice to staff."

Working in partnership with others

- The registered manager worked well with external stakeholders and agencies to improve and support the care people received. Most recently this included working with the local authority and public health England for information and advice.