

Arran Healthcare Limited

London Mental Health Care Centre

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 ●

Summary of findings

Overall summary

About the service

The London Mental Health Centre is a care home that provides support to people with a mental health condition. The home can accommodate up to 15 people. At the time of the inspection there were 14 people using the service.

People's experience of using this service

People told us they felt safe and we found risks to people's health and wellbeing were identified and effective measures were in place to mitigate these. People's medicines were managed safely. The provider recruited staff safely and there were enough staff on duty to keep people safe and respond to people's needs. People were protected from the risk of infections as the home was clean and hygienic.

People received support from staff who had the knowledge and skills to meet their needs. Staff worked well with other health and social care professionals to ensure people's physical and mental healthcare was supported. The provider had made improvements to the décor and layout of the building to promote people's comfort and further improvements had been identified and incorporated in the service improvement plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and received person-centred care from well trained staff that knew them well. There were a range of activities on offer and the provider was working on improving the range of activities they provided to ensure people had opportunities for social stimulation and community engagement.

We received positive feedback from people receiving care, relatives, staff and professionals about the management and culture of the service. One person receiving care said, "The manager and the staff are very supportive. I can't fault them." A member of staff told us, "The best thing about the service is that I am making a positive difference to someone's life." The registered manager conducted a range of quality assurance checks to ensure safety and quality was maintained.

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

Rating at last inspection:

The last rating for this service was Good (published 3 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

London Mental Health Care Centre

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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

London Mental Health Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. London Mental Health Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The provider knew we would be returning to continue the inspection on the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of significant incidents reported to the CQC and the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager and a support worker. We also spoke with 3 people and 1 relative of someone receiving care. We reviewed care and medicine records of 3 people who used the service. We looked at 5 staff files and various records relating to the quality and safety of the service. We looked at samples of policies and procedures and quality assurance records.

After the inspection we sent feedback questionnaires to staff to gather their views of the service. We received responses from 5 members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to help protect people from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. One member of staff told us, "If I had any concerns I would follow established reporting procedures within my organization and, if necessary, contact external authorities to ensure the issue is addressed and resolved."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.
- The home had safeguarding policies and procedures in place. Detailed records were kept of safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and precautions put in place to mitigate the risk of harm. Care plans and risk assessments provided guidance on how to reduce and mitigate risks in a range of areas including falls and mobility, skin integrity and the risks posed by fire.
- Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's ongoing safety was maintained. Staff were confident in how the team worked together to maintain safety. We received comments such as, "I don't have any concerns regarding the safety of the residents" and "Management and staff are working relentlessly to keep people safe."
- People and their relatives told us they were confident staff were keeping them safe. One relative told us, "I believe they keep [family member] safe." This was in line with professionals who worked with the service. One professional told us, "The risks are managed with very good success."

Staffing and recruitment

- The provider was following safe recruitment procedures to ensure staff were suitable to work with people who used the service. Checks included obtaining a full employment history, appropriate references, right to work documents and proof of identity and DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff on duty to meet people's safety needs which was confirmed by staff and people who used the service. One member of staff told us, "There is enough staff on duty to ensure that all people are safe."

Using medicines safely

- People's medicines were stored, administered, and managed safely. Staff who supported people to take

their medicines had completed appropriate training and had been assessed as being competent in this area.

- Medicines were checked regularly by senior staff and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and there were processes in place to ensure medicines were being stored at the correct temperature.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. There were no restrictions in place and people could visit their family member when it suited them.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The provider was analysing accidents and incidents and specific events to ensure patterns and trends could be identified to help reduce the risk of similar incidents happening again.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People had an assessment of their needs before they came to live at the service. This ensured the service was appropriate and staff were competent to meet their needs. Assessments, care plans and risk assessments captured all of people's health and social care needs including oral care.
- Staff were kept up to date when people's needs changed. One member of staff told us, "Care plans are very clear and reflect people's needs accurately."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The provider worked effectively with a range of health and social care professionals to ensure they received consistent care.
- As this service specialises in caring for people with mental health needs they worked in close partnership with community mental health teams. Advice from professionals were incorporated into people's care plans to ensure all staff were aware of and would follow the relevant guidance when supporting people.
- We received positive feedback from professionals about how the service worked with them to support people's health and wellbeing. Positive comments included, "They really go the extra mile to get people to various health appointments and have worked very well with managing physical health comorbidities" and "They always prepare well for our meetings. They provide excellent written reports and communicate well by email."
- Hospital passports were in place for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.

Staff support: induction, training, skills and experience

- Staff were supported to complete an induction programme that included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported with ongoing training and supervision. One member of staff told us, "We normally have supervision sessions once every 2 or 3 months and we discuss the care plans and how the residents are involved in planned activities."
- People, their relatives and professionals who worked with the service praised the skills and abilities of the staff team. One relative told us, "I would say the staff team are very skilled at supporting people with mental health needs. They are all very calm and take everything in their stride."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us that they were given a choice of different meals and drinks. One person told us, "I like the food the here. They always have something I like and you can ask for something else if you don't like what's on the menu."
- The provider had identified that some people were at risk of poor nutritional intake so they were working with a dietician to ensure people received adequate nutrition. Guidelines from the dietician were incorporated into people's care plans.

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

- People's care and support was provided in a safe, clean and well-equipped environment. People particularly enjoyed using the garden area and pool table in the communal lounge.
- Some communal areas of the home had recently been upgraded and there were plans in place to make further improvements to areas that needed redecoration. People were supported to personalise their rooms.

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. 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.

- The service was working within the principles of the MCA. The registered manager and staff acted when people were unable to make decisions for themselves.
- Deprivation of Liberty Safeguards (DoLS) assessments were completed by the local authority and an authorisation granted if agreed. Staff ensured people were cared for in line with the guidance of a DoLS authorisation, so people had the least restrictive care.
- The service followed best interests processes in collaboration with healthcare professionals when people were unable to make some decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by familiar staff that knew them well. Comments from people included, "They treat you very well here" and "The [registered] manager and the team are very respectful. They are a good bunch."
- Staff respected people's needs in relation to equality and diversity and had completed training which helped them build on the skills to treat people equally and fairly and respecting their individual needs. Care plans considered people's cultural and religious needs.
- We saw many positive interactions between people and staff and this corresponded with feedback we received. One professional who worked with the service told us, "The home is welcoming and they show compassion to people receiving care."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning and review of their care and support. One relative told us, "They consulted with us about the care plan at the beginning and they regularly keep us up to date with things."
- Staff understood their responsibility to ensure people's views were obtained before delivering care. A member of staff told us, "I try to focus on the value of every individual by respecting their views, choices, and decisions and by not making assumptions about how they want to be treated."

Respecting and promoting people's privacy, dignity and independence

- Care plans were written using dignified and sensitive language. People told us their privacy was respected and staff maintained their dignity. One person told us, "The staff here give you the space you need but they are always there if you need them."
- Staff told us how they ensured people's privacy and dignity was maintained. One member of staff said, "I always communicate respectfully, provide a private environment, obtain informed consent, and use appropriate draping or clothing when necessary if supporting people with personal care."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs and preferences from regular staff that knew them well. Staff conducted monthly key-worker meetings and 6-monthly review meetings to give people the opportunity to review their care and support. Despite generally positive procedures we found more could be done to support people to identify goals and work towards independence. Where goals and aspirations were identified, these were not always planned in a way that would enable people and staff to monitor and review progress towards achievement. The provider told us they would be consulting with occupational therapists to improve their practice and staff knowledge in promoting independent living skills.
- Staff understood the importance of delivering person-centred care. One member of staff told us, "The objective is to identify what is most important to people without making assumptions."
- The provider was working on creating a background history document with photographs for all people to help them reminisce about their lives and backgrounds. We saw some of these had already been completed and others were in progress.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were positive about how the provider supported them to follow interests and take part in activities. There was an activity schedule in place containing regular in-house activities and ad-hoc trips and excursions. Positive comments from people included, "We recently had a barbecue and we also had a day out at the beach. I would like to do more things like that" and "We have a pool table and we have regular pool tournaments which are very popular."
- Not all people regularly took part in the activities on offer and the provider told us they had identified that more could be done to ensure all people had opportunities for social interactions and community engagement and this had been incorporated in the service improvement plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care workers.

- The provider did not have a consistent way of assessing people's communication needs. Although none of the people receiving care at the time of the inspection needed any specific communication support, without a consistent approach to assessing communication needs there was a risk people with specific needs may be overlooked when planning care and support. We discussed this with the provider and they put in place a

communication assessment tool to ensure all communication needs and preferences are recorded.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which enabled people to make a complaint about any aspect of the service. People told us they knew what to do if they had any issues or concerns about their care.
- The registered manager followed the complaints policy to manage each complaint received. We saw complaints received had been recorded and actions taken to resolve them.

End of life care and support

- The service was not providing end of life support at the time of the inspection. However, they were not following their own policy which stipulated people should be consulted about their end of life care/funeral wishes. We raised this with the provider and they have taken action and started to consult with people about their end of life wishes.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and lead by example. One professional told us, "The registered manager has a calm and professional demeanour. People receiving care often praise [them] without us asking."
- There were a wide range of audits and quality assurance checks to ensure high standards of care and safety were maintained.
- Staff were extremely positive about the support they received from the registered manager and other colleagues. We received comments such as, "Yes, I do have proper support and training from my manager and other co-workers in my organisation."
- There was a service improvement plan in place which had identified a range of actions to improve the quality of the service and people's experience of the care they received. Areas of improvement included, transferring care and medicine records to an electronic system, the provision of activities and the home environment.

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

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve good outcomes. One relative told us, "The manager and staff are brilliant, they really care."
- Staff were proud of how they worked together to achieve positive outcomes for people. Positive comments included, "We have good team" and "The feeling of knowing that I am improving someone's quality of life every day makes my role as a support worker worthwhile."

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

- The provider engaged with people receiving care, their relatives and staff. There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities.
- Relatives felt well informed and told us the registered manager and staff regularly contacted them with updates about the service or their family member. One relative told us, "I am so grateful for what they do for [family member]. They keep me and the rest of the family informed."
- The provider sought feedback from people and their relatives by asking them to complete satisfaction

surveys. Results of the surveys were analysed, and action plans put in place to address any areas of concern. The most recent surveys showed that people were overall very happy with the care and support they received.

- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep staff informed of relevant information. We received comments such as, "I do have opportunities to raise issues and share ideas for improvement for the service" and "During meetings we may talk about how to how to keep people safe in the workplace."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and the regulatory responsibilities around reporting to the CQC and sent the required notifications.

Working in partnership with others

- The service worked in partnership with a range of other health and social care professionals including GP, nurses and mental health practitioners such as psychiatrists and community psychiatric nurses. We received very positive feedback from professionals who worked with the service. One professional told us, "I do feel privileged working with this service. They run the extra mile to meet people's needs."