

# 229 Mitcham Lane Limited Trevelyan Road

## Inspection report

140 Trevelyan Road  
Tooting  
London  
SW17 9LW  
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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?

**Requires improvement** 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 and 3 December 2014. We identified a number of breaches in the regulations relating to care and welfare of people using the service, supporting staff, complaints, assessing and monitoring the quality of service and notification of incidents.

Following this visit, we asked the provider to send us an action plan by 27 March 2015 describing the actions they were going to take to meet the legal requirements and what they intended to achieve by their actions. We received the provider's action plan on 30 March 2015.

Due to the significant number of breaches we found during our previous visit, we undertook another full comprehensive inspection on 28 July 2015 to check that the provider had followed their plan of action and to confirm they now met legal requirements. This inspection was unannounced.

During our inspection on 28 July 2015 we noted improvements had been made in relation to the shortfalls that had been previously identified. People's care plans and risk assessments had been reviewed, although we found that key worker meetings were not always

# Summary of findings

recorded. The provider had arranged additional training for staff which enabled them to carry out their roles more effectively. People's complaints were explored and action had been taken where concerns had been raised. Improvements had been made in the way that quality monitoring was carried out.

Trevelyan Road provides accommodation and support for up to four males with a history of mental health needs. It is situated in a residential area of Tooting with good access to local shops and transport links. The home is arranged over three floors with a lounge, kitchen/dining area, toilet and a bedroom on the ground floor, two bedrooms and a bathroom on the first floor and one bedroom on the third floor. There is an accessible garden to the rear of the property. There were three people using the service at the time of our inspection.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

People using the service told us they liked living at the home and that staff looked after them. They said that they were satisfied with all aspects of their care and had no complaints. They received their medicines on time and liked the food at the home. People were encouraged to lead independent lives and to improve their daily living

skills such as shopping for food, carrying out household chores and helping staff in preparing meals. They were able to maintain family relationships. People said that they were happy with the activities that were available to them.

Staff told us they had recently attended training which meant they were able to support people with mental health needs more effectively. They were able to give their views on the running of the service by making suggestions through regular supervision sessions and team meetings. They demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and their responsibilities in relation to abiding by the principles of the Act.

Care plans had been amended which meant that staff had the information they needed to enable them to support people more effectively. People's progress towards their identified goals was monitored through care plans reviews. However, formal recording of one to one key worker sessions did not always take place.

Quality monitoring at the service had been improved. The director carried out regular visits which helped to ensure that improvements were sustained. Feedback from healthcare professionals was sought and more thorough audits were completed.

We made a recommendation in relation to record keeping.

# 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 told us they felt safe. Staff demonstrated a good understanding of safeguarding procedures.

Risk assessments were completed and reviewed regularly which helped to ensure people were kept safe.

People received their medicines on time.

There were sufficient staff to meet the needs of people and recruitment practices helped to ensure staff were safe to work with people.

Good



### Is the service effective?

The service was effective.

Staff had completed training that meant they were able to support people with mental health needs more effectively.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Where people were restricted from leaving the service, the provider followed appropriate guidance.

People told us they liked the food at the home.

People's physical and mental health needs were met by the provider, and local health and social care practitioners.

Good



### Is the service caring?

The service was caring.

People lived independent lives and were encouraged to take an active part in the running of the home and improve their daily living skills.

People told us that staff treated them well and respected their privacy.

People were supported to maintain relationships with family and friends.

Good



### Is the service responsive?

The service was responsive.

The provider had amended their care plans so that they were able to support people more effectively.

People were able to access a range of activities in the community.

People's concerns were listened to and responded to appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was not well-led in all aspects. Records were not always well organised in a way that made them easy to review or understand.

Systems to monitor the quality of the service had improved since the previous inspection.

**Requires improvement**



# Trevelyan Road

## 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 visit was planned to check 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.

We also needed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 1 and 3 December 2014 had been made. We inspected the service against all of the five questions we ask about services: Is the service safe, effective, caring, responsive and well-led.

This inspection took place on 28 July 2015 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we looked at the information the Care Quality Commission (CQC) holds about the service. There had been no notifications of significant incidents reported to CQC since our last inspection in December 2014.

During the inspection we spoke with two people using the service and four staff including the director. The registered manager was on leave on the day of the inspection. We looked at records including two people's care records, training records, staff supervision records, medicines records and audits. We also contacted health and social care professionals to gather their views about the service.

# Is the service safe?

## Our findings

At our last inspection, we made a recommendation to the provider about following recommended procedures when people refused medicines for an extended period. Records showed that since the last inspection, no one had refused medicines. However, we did see that the provider had updated the medicines policy and put a notice for staff to contact the GP if people continued to refuse their medicines for more than two consecutive days. One staff member said, “Everyone takes their medicines here. If someone refuses, then I would contact the GP and let them know.”

People told us they received their medicines on time. Staff had completed training in the safe administration of medicines and told us they were confident when supporting people. We checked medicines administration record (MAR) charts and saw that staff completed them in a timely manner. Medicines were administered from blister packs and were checked to have been administered correctly. Medicines were stored in a locked cabinet in the staff office.

At the last inspection we noted that although staff recorded incidents of behaviour that challenged, they did not record triggers for these behaviours which may have helped prevent future incidents from occurring. During this inspection, we saw that staff had started to implement ABC (antecedents, behaviour, consequences) charts. An ABC chart is a tool that allows staff to record information about a particular behaviour and what happened before and after the incident to help identify patterns and strategies to support people with their behaviour. Staff told us they had received training in dealing with behaviour that challenged and told us how they would respond to challenging situations. The provider had a policy in place which provided details of how to manage behaviour that challenged.

We found that the provider took steps to safeguard people using the service from abuse and improper treatment. People told us that they felt safe and staff treated them well. One person said, “Staff are friendly” and another said, “I’m good” and “staff are nice.”

Staff were aware of safeguarding procedures and told us what steps they would take if they suspected people were at risk of abuse. They said, “I think people are safe here. We have a duty of care towards people” and, “If I suspect abuse then I would speak to the manager and I can also call the safeguarding team.” Safeguarding training was covered as part of the mandatory training for staff.

We found that risk assessments for people had been reviewed and update to reflect current risks to themselves or others. Risk assessments were closely related to support plans and reflected changes in the levels of risk people faced. Staff were required to complete daily risk assessments for some people using the service before they went out unaccompanied. If the risk was deemed to be high, then staff accompanied them. This helped to ensure that people were safe out in the community.

There were enough staff employed to meet the needs of people using the service. People that we spoke with told us there was always someone available to support them either in the home or out in the community. There were two staff on duty during the day and an additional member available to provide one to one support for one person using the service. One waking staff member was allocated on nights. Both the registered manager and the director were available on call for any emergencies. No agency or bank staff were used by the service.

All the staff that we spoke with had been employed for a number of years and the director confirmed that no new staff had been recruited recently. However, we did see that recruitment practices were safe. Staff had provided written references from previous employers and also submitted documents to verify their identity. The staff records we checked contained criminal record checks.

# Is the service effective?

## Our findings

At our previous inspection we found that staff did not receive specific training to ensure that they had the skills and knowledge to meet people's needs effectively.

During this inspection we found that the provider had arranged additional training for staff and had also taken steps to ensure that staff were provided with literature about mental health. Staff had attended training in psychosis and schizophrenia, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and medicines management.

Staff told us they had attended a number of training sessions since the last inspection which they found to be useful to them. Staff had completed nationally recognised qualifications in health and social care. Mandatory training was renewed every two years. The director was aware of the newly developed 'Care Certificate' which is an identified set of standards that health and social care workers are expected to follow in their daily working life to ensure that people receive safe and effective care.

Supervisions were completed every two months, during which staff were given the opportunity to discuss their performance, training and development needs, team working and people using the service.

People using the service had the capacity to make their own decisions and we saw that they made their own choices about their care and support. They told us they chose when to wake up and what they wanted to do during the day.

Some people were restricted from leaving the service under the Mental Health Act. Staff were aware of these restrictions in place and what actions to take if people stayed out longer than their allocated time. Aside from this, people using the service were able to leave the service and go out during the day. People told us they went out to the shops or to visit family.

Staff had received training in the MCA. They demonstrated a good understanding of the Act and its purpose. One staff member said, "Mental capacity is about helping people to make their own decisions.". Another said, "You have to

assume people have capacity to make decisions. You need to inform professionals and any decisions have to be in their best interests. Before you deprive people of their liberty, you have to get authorisation."

People using the service told us the food at the service was "Nice, we get Caribbean food", "Tasty" and "I had cod fish." They said they made their own breakfast and assisted staff when making lunch and dinner.

The menu was on display in the kitchen and staff office. This showed that people were given a varied diet, including fish, chicken, rice and pasta, and soups. The evening meals consisted mainly of ready meals and people ate out one day on the weekend. People helped staff with food shopping which was bought on the day before or on the day it was to be prepared.

Staff were aware of the dietary requirements of people using the service. One staff member said, "[Person] does not like hard food, he prefers soft food. He likes soup and we also make sure that any meat is soft."

Fridge/freezer temperature checks were taken daily and hot food was temperature probed before serving which helped to ensure it was appropriate to serve. There was enough food available for people to make snacks throughout the day.

People using the service told us they were able to see their GP for their ongoing health needs. People's care records included contact details of family members and health and social care professionals involved in their care, such as GP's and their community nurses. People's care records also included hospital passports. The aim of the hospital passport is to assist people to provide hospital staff with important information about them and their health when they are admitted to hospital.

We also evidence that people had the opportunity to see dentists, opticians and other specialist health professionals such as podiatrists. People had their mental health reviewed through regular

Care Programme Approach (CPA) review meetings and had access to both psychiatry and psychology services through the community mental health and learning disability team.

# Is the service caring?

## Our findings

People using the service told us that staff were “OK, “Nice” and “They help me.” There was a relaxed atmosphere at the home and we observed friendly, informal interactions between people using the service and the staff team.

People were involved in decision making and their independence was promoted. They told us, “I had a problem with my freedom pass and staff helped me get a new one”, “I do my laundry”, “I get up when I want” and “I look after myself, I have a shower every day.”

Staff said that all of the people using the service were capable of managing their personal care but that some needed prompting and encouragement. People were able to wake up when they wanted and were encouraged to make their own breakfast. Although a cleaner came to the service twice a week, people were given the responsibility for carrying out household chores to further improve their daily living skills. Each person had an assigned day for food shopping, meal preparation and other tasks.

People told us their family members and friends were able to visit them. One person said, “I see my sister. She went on holiday and bought me a present.” One person whose family was overseas was supported to maintain a relationship with them by staff purchasing calling cards for him. People’s cultural needs were met, for example staff catered for specific diets based on people’s preferences and cultural backgrounds.

People had keys to their own rooms which meant they were afforded privacy. They said that staff respected their personal space and always knocked before entering their rooms. We were unable to see any of the rooms that people stayed in as no-one wanted to show us their room. However we did see an unoccupied room and saw that it was well furnished with a double bed, wardrobe and hand washing sink.



# Is the service responsive?

## Our findings

At our previous inspection we found that care plans were disjointed and not always fit for use. Where people had identified needs, there was not always an identified aim or defined interventions for staff to take in order to help people to reach their aims. Some care plans were incomplete and staff were not always following the care plans that were in place. We also found that although people's concerns were recorded, they were not assigned to staff to look into and investigate. The provider was not able to evidence that these concerns had been followed up or actioned.

During this inspection we found that improvements had been made. People's care plans had been reviewed and amended to better reflect people's support needs. The provider had also made changes to the way that people's concerns were explored which helped to ensure that when people did raise concerns, they were acted upon.

Care plans had also been refiled in a system that was easier to follow than before. Care records contained documents related to people's initial referral to the home and records from their referring authority. This helped to ensure that the provider had appropriate information to hand to help support people. Other documented information included information about people's medicines, daily reports, support plans, correspondence from health and social care professionals, details of healthcare appointments and information related to people's finances.

Support plans were better suited to meet the needs of people. They were individual to people using the service and had identified needs and a corresponding aim, and the actions that staff needed to take to help people achieve their aims. Support plans were reviewed regularly which meant people received adequate care or support which met their individual needs.

People were able to go out in the community and also took part in a number of formal activities such as attending workshops, gardening projects and football. They told us, "I go out to Wandsworth" and "I go to the hope centre on Monday and Friday." Daily support plans highlighted how people liked to spend their days which included a mixture of activities at home and out in the community.

People told us they had no concerns or complaints. One person said, "I got everything I need." The complaints policy had been updated since our last inspection and the complaints procedure was on display in the main office where people were able to access it. People's concerns and complaints were explored during regular resident meetings. This was seen in the minutes that we looked at.. Staff gave us examples of when people had requested changes to their bedrooms which had been actioned.

No formal complaints had been received by the provider since the last inspection.

# Is the service well-led?

## Our findings

At our previous inspection we found that there was no effective way to enable the provider to regularly assess and monitor the quality of the services provided to people. There were no formal methods used to gather the views of relatives or professionals, for example through meetings or surveys. Some policies were also out of date and did not reflect current information.

During the inspection the registered manager was on leave and not available to speak with us. We spoke with the director and a senior support worker about the some of the improvements that had been made since the last inspection.

The director told us about some of the changes they had implemented to monitor the quality of service. A professionals and relatives feedback questionnaire was now in place. These requested visiting professionals and relatives to give their opinion about the care provided, staff approach, and whether staff were responsive. Although uptake of this had been slow, the responses that we saw were positive.

The registered manager had also started to review two policies a month to help ensure policies were current. Staff said the registered manager was always open to suggestions and consulted them.

The director had also started to carry out formal visits to the service as part of the ongoing monitoring. of it. These visits included speaking with people using the service, staff, checking the premises and looking at any complaints. A record of contact was maintained between the director and the registered manager which helped to ensure any issues that were discussed could be followed up.

Regular checks around the home were carried out which helped to ensure the environment was fit for purpose. Fire and emergency lighting checks had been completed in May 2015 and the fire extinguishers had been checked in January 2015. Fire alarms were tested weekly and a fire evacuation drill was carried out every quarter. We were also shown the current gas safety certificate. At the time of our inspection, the home was being refurbished with fresh paint and some other maintenance tasks were being completed.

There had been a recent food hygiene inspection and rating report in March 2015 following which the home was found to be satisfactory, with only some verbal advice given. Weekly kitchen cleanliness checks were taking place.

There was an incident/accident book that was completed, however we found that there was inconsistency in the recording. Some incidents had been recorded in individual care records whilst others were in the record book. Other records such as those relating to key work sessions, people's progress notes and staff supervision were not always organised in a way that made them easy to review or understand.

The provider had created a 'staff learning resources folder' containing information for staff to refer to on a range of topics including the Care Act 2014, the Care Certificate for new staff and topics related to supporting people with mental health needs.

**We recommend that the provider reviews processes for auditing record keeping at the home to ensure that records are maintained in good order.**