

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

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 1 and 3 December 2014 and was unannounced. The service met the regulations we inspected at the last inspection which took place on 21 November 2013.

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.

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.

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.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 during this inspection. We found that the provider was

Summary of findings

not meeting some of the requirements of the law in relation to meeting people's individual care needs, supporting staff, how complaints and concerns were handled and how they monitored the quality of service provided. You can see what action we told the provider to take at the back of the full version of the report.

Care plans for people using the service were not always effective in capturing the required information and supporting people to achieve positive outcomes. People's individual support needs were not being recorded in a way that was easy to follow which meant that people were at risk of not always receiving support that met their needs.

Although staff had attended some training, there was no evidence of training that had been delivered to staff in relation to supporting people with mental health needs and in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Although meetings were held with people using the service, we saw that concerns raised were not always followed up or assigned to staff to look into. Therefore the provider did not ensure that people's concerns were followed up.

The provider did not have an effective way of monitoring the quality of service provided to people, either through formal feedback methods or through quality assurance audits. We identified shortfalls in reporting significant events to the Care Quality Commission (CQC) as required.

There was an open door culture at the service. We observed people coming into the manager's office throughout our inspection wanting to speak with him. Staff told us that the manager was very supportive and easy to talk to.

People told us they enjoyed living at the home and that staff treated them with respect. We saw that there was a friendly relaxed atmosphere at the home with people and staff spending time in the lounge together. People told us they felt safe living at the home.

People were able to go out during the day by themselves or with staff. Some people were restricted from leaving the home at certain times or without a support worker. Where this was done the decision to restrict them had been taken lawfully and in their interests.

Staff administered medicines safely. Although staff recorded and completed medicine administration record (MAR) charts correctly, we saw in some instances that appropriate action was not always taken when people refused their medicines. We have made a recommendation to the provider about this.

People told us they felt supported by staff and that there were enough staff members to meet their needs. Staff told us they were content working at the home and felt that they received good training to help them meet people's needs.

People had access to healthcare services and received on-going healthcare support, for example, through their GP. Referrals were made to other professionals if the need arose. People met with their psychiatrist and their mental health needs were reviewed by their psychiatrist and the community mental health and learning disability team.

People told us they enjoyed the food at the home and had no concerns. People were encouraged to help staff in preparing meals, so that they could become more independent. During our inspection, we saw that people were given choice and independence in aspects of their daily living such as activities and household chores.

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 not always safe.

Risks were monitored and staff recorded incidents of behaviour that challenged the service; however triggers for behaviour were not always identified.

Although people received their medicines safely, the provider did not always document if they referred people to their GP in instances where they had refused medicines for a long period.

People told us and we saw that there were sufficient staff on duty to meet the needs of people using the service.

People told us that staff treated them well. Staff were aware of what steps to take if they were concerned about people's safety and contact numbers for reporting concerns were on display in the staff room.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective.

People were asked for their consent for everyday decisions related to their care. Where people were restricted in some way, this was done in line with relevant guidance.

Staff did not always receive the training to meet the needs of people using the service

Menus were planned in advance and people helped staff to prepare meals.

People had access to GPs and professionals in relation to their health needs.

Requires Improvement



Is the service caring?

The service was caring.

Both staff and people using the service were all males from the same ethnic background which meant that there was good understanding with respect to cultural and gender needs.

There was good interaction between people and staff. People told us that staff treated them well and their dignity was respected.

Good



Is the service responsive?

The service was not always responsive.

Although care plans were reviewed they were not always easy to follow and track in relation to the support that staff needed to give to people.

Peoples concerns and requests were not always followed up by the provider.

Inadequate



Summary of findings

Is the service well-led?

The service was not always well-led. There were no formal methods used to gather the views of relatives or professionals, for example, through meetings or surveys.

There was a lack of audits carried out to monitor the quality of the service and not all the conditions of registration were being met, such as notifying CQC of significant events.

There was an open door culture at the home. We observed people coming into the manager's office throughout the inspection. Staff told us that the manager was supportive and approachable.

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 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 inspection took place on 1 and 3 December 2014 and was unannounced. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us

informing us of significant events that occurred at the service and safeguarding alerts raised. We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. The PIR is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make. The provider did not submit this in time or subsequent to the inspection.

We spoke with four people using the service and four staff members including the registered manager. We looked at records including three people's care records, training records, staff supervision records, medicines records and audits. We also contacted the local Healthwatch team, service commissioners and other health and social care professionals to gather their views about the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living at the home and were not discriminated against. Some of the comments from people were, “Staff are good, friendly”, “I like it here”, and “I do feel safe.” However, we identified some shortfalls that indicated some aspects of the service were not safe.

Staff told us that although people displayed behaviour that challenged the service, they felt confident in dealing with these situations. Staff clearly demonstrated what steps they would take to manage behaviour that challenged the service to ensure people were kept safe. There was a policy on ‘challenging behaviour’ which made reference to de-escalation techniques using verbal skills, body language and diverting people’s attention rather than physical restraint. Staff spoke about these methods when we spoke with them.

Staff recorded incidents of behaviour that challenged. However, staff did not record triggers for these behaviours which may have helped staff to recognise the cause of these and allowed them to put strategies in place to support people and minimise the risk of future incidents.

Some people using the service were restricted in some ways, either from leaving the home unescorted for longer than an agreed period of time or not being allowed out unless they were supported by staff. These restrictions had been put in place by a responsible clinician under a hospital order given by crown court. People understood why these restrictions were in place and these decisions were taken in their interests in agreement with health and social care professionals.

The provider assessed any identified risks for one-off and ongoing situations. For example, we saw evidence that risk assessments were carried out when planning holidays for people abroad. These included both apparent and anticipated risks and action plans to help staff support people were put in place. The provider followed appropriate risk management procedures and carried out risk assessments on a daily basis where required. Staff were aware of what steps to take if the person remained out in the community for longer than their prescribed time. We looked at the daily risk assessments for this person and saw that they were complete.

We saw that the provider carried out regular safety checks on the fire safety equipment and gas safety which helped to ensure that environmental risks were managed.

Posters and flowcharts for raising safeguarding concerns were on display in the staff office. These contained contact numbers for reporting concerns. Staff told us they would report any concerns to the manager and would also follow the procedures stated in the flowchart. The provider had a safeguarding policy and a copy of the London multi-agency safeguarding policy and procedures for staff to refer to. Staff told us they had attended safeguarding training which was confirmed in the training records that we saw on the day.

People using the service told us that there were enough staff available to support their needs. Some people using the service received one to one support during the day. We saw that their needs with regards to staff support were being met. We looked at staffing rotas for the previous month and saw that staffing levels were consistent with what the manager told us. There were three staff available during the day, including the registered manager. Two staff were available in the evening and one staff member stayed awake during the night. Extra domiciliary and kitchen staff were brought in to manage the cleanliness of the home and meal preparation on two days during the week.

We looked at two staff records and saw that the provider carried out appropriate recruitment checks which helped to ensure that staff were suitable to work with people using the service.

People using the service told us they received their medicines with staff support. One person said, “Medicines are fine. I take mine.” Staff told us that all the people using the service were happy to take their medicines and no one received their medicines covertly. We looked at the medicines administration record (MAR) charts for all the people using the service. The provider had recently changed their medicines ordering procedure and was using blister packs. The manager and staff told us that administering medicines had become easier since they started to use blister packs. Staff completed MAR charts correctly.

Staff clearly recorded the instances where people had refused medicines, however, there was no indication that where this had gone on for a few days, medical advice had been sought. We saw one example where a person was

Is the service safe?

prescribed aspirin once a day and had refused to take it for the past 12 days. Although staff had recorded that this person had refused on the MAR, there was no recorded evidence that their GP had been contacted or a medicines review arranged to discuss the reasons behind this or of conversations with the person about their reasons for refusing. We spoke with the manager about this who told us they had spoken to the GP about this but not recorded the details of this in the person's records.

We recommend that the service seek advice and guidance from a reputable source, with regards to following recommended procedures when people refuse medicines for an extended period.

Is the service effective?

Our findings

Staff training records showed that they received the basic training required to carry out their role. People had attended training in health and safety, food safety, safe manual handling, first aid, control of substances hazardous to health (COSHH), infection control, safeguarding of adults and fire safety. These were all current. In addition, training entitled 'working for people who present difficult or challenging behaviour' had also been completed.

There was no evidence seen of any training that had been delivered to care workers in supporting people with mental health needs or the Mental Capacity Act 2005 (MCA). Staff had not attended training in the MCA and Deprivation of Liberty Safeguards (DoLS) and showed a lack of understanding around the principles of the Act and the impact of it on people using the service.

This meant that staff were not adequately equipped with the skills and knowledge to meet people's needs. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they were happy with the level of support they received from the manager. The manager carried out formal supervision with each staff member every six weeks. Some of the areas covered included, job satisfaction, standard of work, training and development, staff and key work duties. The supervision records we saw contained limited information about the individual staff member's views and it was therefore difficult to tell if staff had any meaningful contribution to their supervision sessions. We asked staff about this who told us they were happy with the formal supervision arrangements in place.

Staff told us that people were asked for and able to give their consent both for everyday decisions and for decisions related to their care and support. We saw staff asking for people's consent before supporting them with tasks throughout the day such as preparing lunch or going out into the community with them. Where people refused, staff respected the choices they made. There was evidence that the provider promoted people's safety whilst balancing their right to make their own decisions. For example, some

people needed staff support to go out whereas others were able to go out by themselves. Where people needed staff support, they told us it was with their agreement and they understood the reason why.

People told us they had no concerns about the food at the home. One person said, "food is nice", another said, "It's good, I like it. I help out sometimes." A cook attended the home twice a week to prepare meals. Staff prepared meals, with the support of people using the service at other times.

The kitchen itself, although large was not kept stocked of food or snacks for people using the service. There was a separate store room on the first floor in which these items were stored along with a kettle and microwave. It was not clear from speaking to staff why this was done as there was space in the kitchen to store food items. People told us they were able to access this store room and help themselves to snacks if they wanted.

Menus were planned in advance and there was a menu on display in the staff office. It was not always clear from the menu what people had to eat, the entry for the evening meal did not specify what people had eaten but instead made reference to 'clients self choice'. We asked the manager about this who told us people had one cooked meal a day, usually at lunch which was recorded. They told us the evening meals were usually soup or people ordered a take away if they wanted, hence why they left it as 'clients self choice'.

There was evidence that people had access to healthcare services and received on-going healthcare support. People were seen by their GP and referrals were made to other professionals, such as podiatrists if the need arose.

People met with their psychiatrist and their mental health was reviewed by their psychiatrist and the community mental health and learning disability team. Care Programme Approach (CPA) review meetings were also held which were attended by a number of people, including the person using the service, next of kin, care co-ordinators and their support worker. The feedback that we read from these review meetings was generally positive, although there were some examples seen where recommendations were made following CPA meetings and it was difficult to track and see whether these recommendations had been acted upon.

Is the service caring?

Our findings

Both staff and people using the service were all males from the same ethnic background. This helped in fostering an understanding between the two with respect to cultural and gender needs. There was good interaction between people and staff. During the inspection, we observed staff and people spending time in the lounge and kitchen talking comfortably with each other. Many of the staff had worked at the service for a long period which had helped them to develop trusting relationships with people. People told us, “Staff are nice”, “It’s good here” and “I like living here.”

During our inspection, we saw that people were involved in decision making and given choice and independence. For example, during simple everyday decisions when they were involved in daily chores or activities. Each person had an assigned day for assisting staff with meals and vacuuming the communal areas. People told us they were happy to do

household chores. Staff told us that they encouraged people to take part in household chores, but on the occasions they refused, staff told us they respected their wishes. We saw this in practice during our inspection, where one person said he did not feel like helping with the cooking, staff did not insist that he had to do it.

People that we spoke with told us that staff treated them well and said their dignity was respected. One member of staff told us, “We treat people with respect, give them the privacy that they need.” Another commented, “If you treat people with respect then they will respect you to.”

There was a privacy and dignity policy at the home which made reference to people being allowed furniture and possessions of their choosing and to staff speaking to people with respect. We saw that the service followed this policy. People had keys to their individual bedrooms and staff respected their right to privacy. People’s bedrooms were personalised with items of their choice and they were given the responsibility of looking after their bedrooms.

Is the service responsive?

Our findings

We looked at care plans for three people using the service. Although support plans were reviewed regularly, we found that care plans were not always responsive to the needs of people using the service. People's care plans included identified needs, the desired outcome and the action or intervention that staff needed to take in order to help meet people's individual needs. There was a lack of detail in the care plans and the stated actions did not always match the identified needs. For example, one person had an identified need that said he required prompting before carrying out basic household tasks, however the action required described support and encouragement with budgeting. Some care plans had five identified needs, eight desired outcomes and 14 actions and interventions which made it difficult to track as the goals and actions did not always match up with the identified need. These discrepancies in the records meant they were difficult for staff to follow in relation to understanding people's individual needs and taking appropriate action to meet them.

There was also a lack of progress or key worker notes. People's changing care needs were not always identified accurately in the care plans. This made it difficult to tell how much progress people had made towards their identified goals or whether their identified needs were still relevant. The care plans had the same recorded details as previous versions and therefore it was difficult to tell how much support had been given to people to achieve their goals. For example, some people had identified being able to drive as one of their goals. There was no indication in the care plans of what steps had been taken in relation to this.

This meant that there was a potential risk that people may not have been receiving adequate care or support which met their individual needs. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service told us they felt able to talk to staff if something was not right and said they would speak to staff if they had any problems. Staff told us they had established good relationships with people and felt that people would complain to them if they were not happy.

However, it was not always clear if people's concerns were followed up by the service. In the staff and residents meeting minutes we saw that people had made requests and suggestions in relation to furnishings for the home and about mealtimes.

Although people's concerns were recorded, they were not assigned to staff to look into and investigate. For example, some people had requested soft furnishings such as rugs or paintings for the home and others had requested different meals be prepared such as soup. The provider was not able to evidence that these concerns had been followed up or actioned. Details of how to raise formal complaints were not on display at the home and although there was a complaints policy, it was out of date.

This was a breach of Regulation 19, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were able to enjoy a range of activities at the home which they told us they enjoyed. One person said, "I like going out to the shops." Another said, "We go to play dominoes." People had individual daily support plans which included details of the various activities that they could pursue. These were on display in the staff room. People's days were varied and comprised of helping with shopping, visiting relatives, playing snooker, going out to eat and attending community projects.

We saw that people also had the opportunity to go abroad and had recently been to Spain and Barbados which they enjoyed. During our inspection, we saw people leaving in the afternoon to go to football training.

Staff told us although there were a number of activities organised for people and they encouraged people to participate, it was sometimes difficult as people were not always willing to take part. We saw that this was reflected in some of the care records and in our observation during the inspection.

Is the service well-led?

Our findings

Although there was evidence that people and their relatives were involved in the planning and delivery of care, there were no formal methods used to gather the views of relatives or professionals for example through meetings or surveys. The manager said that ways of monitoring the quality of service such as medicines audits and checks on care plans were carried out but not recorded.

Some of the policies that we saw were out of date. For example, the complaints policy had details of a predecessor regulator for people to raise their concerns rather than contacting CQC. We raised this with the manager during the inspection who told us, “I am in the process of updating the policies.”

This meant that there was no effective way to enable the provider to regularly assess and monitor the quality of the services provided to people. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a registered manager in post at the time of our inspection. As part of the planning for the inspection we asked the provider to submit a Provider Information Return. This had not been submitted by the time we inspected the service. CQC were not notified of other incidents, for example an incident occurred on 26 May 2014 where a person was taken to the local accident and

emergency department and alleged someone had pushed them. Although, the provider did contact the local safeguarding team, CQC were not notified of this as is required with any allegations of abuse.

This was a breach of Regulation 18, of The Care Quality Commission (Registration) Regulations 2009.

There was an open door culture at the home. We observed people coming into the manager’s office throughout the inspection requesting things and wishing to speak with him. The manager spoke with people in a relaxed manner and made time to speak with them.

Staff told us that the manager was supportive and approachable. Some of the comments from staff included, “fantastic support”, “He is like a father figure.” Staff told us they worked well as a team and supported each other, “We work as a team” and “We back each other.”

A number of health and safety checks were carried out at the home which included daily fridge and freezer temperature checks, weekly water temperature and fire alarm checks.

There was evidence that regular multi-disciplinary team reviews took place which showed that the provider worked well with community teams, especially in regards to managing people’s mental health and were open and transparent in working with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard.</p> <p>Regulation 23 (1).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The registered person did not take proper steps to ensure that service users were protected against the risks of receiving inappropriate care or treatment for their individual needs through the planning and delivery of care.</p> <p>Regulation 9 (1) (b) (i).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>The registered person did not make arrangements to respond appropriately to comments made by people using the service.</p> <p>Regulation 19 (1).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The registered person did not have an effective operation of systems designed to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.

Regulation 10 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person did not notify the Commission without delay of incidents which occurred whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.

Regulation 18 (2) (a) (iii).