Mental Health Residential Limited

Mental Health Residential Limited - 71 London Road

Inspection report

Southborough
Tunbridge Wells
Kent
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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Mental Health Residential Limited on 28 November 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. At the last inspection in April 2014 the service was found to be meeting the regulations we looked at.

Mental Health Residential Limited is a care home providing personal care and support for people with mental health needs. The home is registered to care for up to nine people. At the time of the inspection they were providing personal care and support to eight people.

The service had a registered manager in place. 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.

Risk assessments were completed for people who used the service however they were not always robust. Risk assessments contained minimal information and did not always give clear guidance to staff how to support and protect people. Risk assessments were not regularly reviewed.

Recruitment and selection procedures were not always carried out in line with the provider's policy and procedure and may have placed people using the service at risk of harm by unsafe recruitment and selection practices. The provider was not recording proof of identity for new staff. The provider's policy gave no guidance on what identification was needed for recruitment.

The registered manager and staff understood their responsibilities under the Mental Capacity Act. There were no restrictions on people using the service. However the provider was not recording signed consent from people.

Care was personalised and delivered to a good standard. People received good support to make sure their nutritional and health needs were appropriately met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. However some care plans were not updated regularly.

Systems were not robust to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included recruitment, staff not receiving annual appraisals, recording of initial assessments, missing care plan documentation and recording consent to care. This showed there was a lack of robust quality assurance systems in place.

Formal supervision to provide staff support and development required to carry out their role was not being provided by the service. Staff told us they received regular training and felt supported. However the provider

was not completing annual appraisals for staff. We have made a recommendation about staff receiving annual appraisals.

There were enough staff on duty to meet people's needs however staff and people who used the service had mixed views about staffing levels provided on weekends.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Staff knew the people they were supporting and provided a personalised service. People felt supported and cared for.

The registered manager was open and supportive. Staff, people who used the service and relatives felt able to speak with the registered manager.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments did not always give clear guidance to staff on how to support and protect people.

Recruitment and selection procedures were not always safe.

Staffing levels were in line with people's needs and however staff cover for weekend arrangements were not always effective.

Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported in line with the principles of the Mental Capacity Act 2005. The service was not recording written consent.

Staff were supported to provide appropriate care to people because they were trained and supervised. However staff did not receive annual appraisals

People were able to cook for themselves. There was access to food and drink throughout the day and night.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring.

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy and dignity was respected by staff.

People were involved in making decisions about their care. They were able to set their own goals about what they wanted to achieve whilst at the service.

Is the service responsive?

Requires Improvement

The service was not always effective.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. However some care plans were not updated regularly.

People had an individual programme of activity in accordance with their needs and preferences.

There was a complaints procedure and most people said they could speak with the registered manager about concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records did not support the service had effective systems or processes in place to assess, monitor and improve the quality and safety of people using the service.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

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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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of one inspector and an expert by experience, who had experience with people with mental health conditions. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with five people who lived in the service. We spoke with the registered manager and two support workers. After the inspection we spoke with one support worker. We looked at four care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, finance records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

People using the service told us they felt safe living at the home. No one that we spoke with raised any concerns about their safety at the home. One person told us when asked if they felt safe at the service, "Oh yes, definitely." Another person said, "Very safe."

Risk assessments had been completed depending on people's individual needs. However risk assessments were not always reviewed regularly or when needs changed. For example, one person had recently been diagnosed with a health condition however risks around this condition had not been documented. Staff we spoke with had a good understanding of this person's risk with their diagnosis. Another example, one person had discharge conditions from hospital. This is where you are discharged from hospital into the community by a tribunal or the Secretary of State for Justice, but you have to meet certain conditions. If you break these conditions, you can be recalled to hospital by the Secretary of State for Justice. External agencies and the provider worked together to ensure the person adhered to the conditions of discharge. However the last risk assessment for this person was dated 31 July 2014. This meant it was possible that measures no longer applicable remained in place and risks were not up to date. The provider had a policy on risk assessments however it gave no guidance on timeframes for reviewing risk assessments. This meant people who were not regularly reviewed were at potential risk of harm.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment and selection procedures were not always safe. Criminal records checks were carried out to check that staff were suitable to work with vulnerable people. The provider's policy stated that two employer references should be sought prior to employment. However we did not see records of this in two out of the three files. One staff member had no record of references recorded in their staff file. The registered manager told us they had contacted the two references listed on the person's application form however they could not locate the references on the day of the inspection. Another staff member only had one reference recorded in their file. The registered manager told us they only had one reference as this person previously worked for the service. Records confirmed this. Also the provider was not recording proof of identity for new staff. The provider's policy gave no guidance on what identification was needed for recruitment. This meant the provider could not be assured that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments on people included medicines, self-harm, self-neglect, sexuality, fire safety, physical needs, finances and mental health. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member said, "I would look at harm and then look at areas to reduce the risk. It's a work in progress." Staff said they had a good understanding of

people's risk assessments and provided examples of reducing potential risk for people.
The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us, "I would report immediately to the manager". Another staff member told us, "My role is to report it straight to my line manager." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their manager and other health and social care professionals if required.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The registered manager told us the service had no safeguarding concerns since the last inspection. This meant that the service was confident to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked office. We found that medicines administration record sheets were appropriately completed and signed when people were given their medicines. The registered manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training in the last 12 months. Three people were completely self-medicating with the other people coming to the office for their medication. People who were self-medicating had been risk assessed and their medicines were safely stored in their bedrooms. Staff regularly checked people's self-medicating medicine records to be assured they were being taken. Records confirmed this. Medicine checks were conducted daily and monthly. Records confirmed this.

Controlled drugs were stored in a separate locked cupboard in line with current legislation. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislation. The registered manager told us the service had been audited by their pharmacist on 7 November 2016. The audit had identified a discrepancy with stock totals for the controlled drugs. The registered manager told us the investigation was still on-going however they had put in safe measures around controlled drugs. Records showed that the daily handover now included more robust auditing for controlled drug tallying.

The provider had processes in place to ensure people's finances were kept safe. Financial records of the people using the service did not find show any discrepancies. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked regularly and we saw records of this. The registered manager told us and we saw records that an audit of finances was completed regularly. This minimised the chances of financial abuse occurring.

The premises were well maintained and the service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including room and fridge temperature checks, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

The service was staffed 24 hours a day, seven days a week and staff could access support and advice out of office hours. The service was a charity run business and employed four full time staff and two part time staff in addition to the registered manager and deputy manager. The service also had two bank staff available to cover shifts when needed. The registered manager told us they were available to cover shifts which also included the deputy manager. People who used the service and staff confirmed this. We saw a rota for four

weeks which indicated there was at least two staff working during the day and one staff member at night from Monday to Friday. The rotas indicated that either the registered manager or the deputy manager were present Monday to Friday. However, staff and people who used the service told us during the weekends the staffing level was lower. One person told us because of only one staff member during the day on a Sunday, the Sunday roast meal was moved to a Friday night. The registered manager confirmed this. One person said, "They need more staff at weekends." However another person told us, "I personally think there is enough." A staff member said, "I do a lot of lone working on weekends." Another staff member told us, "I think we would like more time to do everything. At times could do with more staff but most time there is enough around."

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. One person said, "[Staff] do a good job." Another person said, "They [staff] are pretty good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager told us that no one living at the service was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation as people had capacity to make decisions. We found people were able to make choices in line with the principles of the Mental Capacity Act 2005. We observed that people were able to make choices about their daily lives, such as if they wished to attend college and go shopping. People told us they were not restricted in the service. One person said, "Never known freedom like it." We saw people during the inspection going out throughout the day. However care records showed the service did not have signed consent from people which meant there was no record establishing that people agreed to care and support provided by the service.

The above issue was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were well supported by the registered manager and management team. Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I had supervision last month. If I have any concerns about staff or residents. Anything I want to work on. They are very good." Another staff member told us, "We discuss everything. Anything I need to develop with training. Anything that can help my role." The registered manager told us annual appraisals were not being completed for staff.

We recommend the provider seeks information and guidance from a reputable source to introduce annual appraisals for staff.

Staff told us they received regular training to support them to do their job. One staff member told us, "We are constantly doing training. Recently we did the Mental Capacity Act." Another staff member said, "I had training last week and it was absolutely marvellous. Most training done by some really good trainers." The same staff member said, "I've been offered training that would benefit the people living here. They [provider] is pretty good at that." Records showed which training had been completed and when it was due to be

completed again. The training records included fire safety, manual handling, food safety, safeguarding adults, infection control, medicines, health and safety, diabetes awareness, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act, first aid, risk assessments, equality and diversity, managing challenging behaviour, suicide awareness prevention and self-harm awareness.

People were supported to have enough to eat and drink. Staff we spoke with had a good knowledge of people's dietary needs. During the inspection we observed people and staff cooking together at lunch time. People prepared breakfast and lunch themselves however they could have support if they required. The evening was prepared by staff however people could help with preparation of the meal. People confirmed they were involved in cooking the evening meal and we observed this. The kitchen was never locked and people confirmed that they could help themselves at any time. Fresh fruit was available in the kitchen. One person told us, "Do my own cooking." Another person said, "I cook my own evening meal." Staff members told us they discussed meals at the residents' meetings and key working sessions. Records confirmed this.

People said they had support with health appointments. One person told us "Having treatment for my eyes. Chiropodist appointment this Thursday." Another person said, "Regular meeting with consultant every 6 weeks." Records showed that people had routine access to health care professionals including GP's, dentists, opticians, psychiatrists and occupational health. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files.

Good

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided at the service. One person told us, "If I had any problems I would feel comfortable to talk to [staff]." Another person said, "Very caring. I don't think you could meet a nicer bunch of people." A third person told us, "I'm in the best place in my life."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. A staff member told us, "It has taken me four years to build up a good relationship with [person who used the service]. We have a good relationship now." Another staff member said, "[Person who used the service] and I have good relationship. I would like to think they trust me."

People told us their privacy was respected and staff didn't disturb them if they didn't want to be. They said staff knocked on their bedroom door and waited to be invited in before opening the door. Observations during the inspection confirmed this. One person said, "Yes, they [staff] always knock on the door'." Another person told us, "[Staff] knock on the door before they come in." Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "They [people who used the service] go to their rooms when they want privacy. I give them personal space."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One staff member told us, "They [people who used the service] are given choices. You have to ask." Another staff member said, "They [people who used the service] have choices what to eat, what to wear, and when they go out." One person said, "They [staff] don't tell me to go to bed." Another person told us, "Yes I decide."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing support with cultural and religious activities.

People were supported to live as independently as possible, as the service's aim was to encourage and support people to live independently in the community. One staff member told us, "I do things with them [people who used the service] not for them." Another staff member said, "They [people who used the service] are individuals. They are different and unique. Our job is to support them with their goals." Staff were available in the communal areas of the home to support people when they wished. We observed people asking staff for their advice and support, and to meet with them. This was readily given.

Requires Improvement

Is the service responsive?

Our findings

People told us the care and support they received was focussed on them and reflected their choices and preferences. Everyone was treated as an individual and support was personalised to their needs and wishes. People said that they appreciated this individual approach that recognised their different personalities and interests. People told us they felt listened to. One person said, "They [staff] do listen to you because I kept going upstairs for a shower as I couldn't get in and out of the bath. So they made a wet room next to my flat."

The care plans were written in a person centred way that reflected people's individual preferences however some care plans did not provide up to date information for staff. For example, one care plan had not been updated since September 2015. Another example, one person had a care plan when they started at the service in May 2015 however the care plan had not been updated. Staff told us this person had recently been diagnosed with diabetes. This meant staff did not have written guidance how to support this person. Staff we spoke with had a good understanding of this person's needs with their recent diagnosis.

One person had been admitted to the service May 2016 however there was not a care plan on file. We spoke to the registered manager about this and he advised it should have been completed. The registered manager confirmed later that day the care plan had not been completed. The registered manager sent us a completed care plan for this person after the inspection. Staff we spoke with during the inspection and observations showed they had an understanding of that person's needs. One person said, "I don't have a care plan." Another person when asked if they had a care plan said, "Not that I'm aware of." This meant that care was not tailored to the requirements of each individual person and could result in poor standards of care being given.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the admission of people individual care plans were written and contained personal information for most people. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, mental health, medicines, physical health, health appointments, living skills, social networks, relationships, and community activities.

People received regular one to one meetings with their key worker. This provided people with the opportunity to review the progress they had made, discuss the next steps towards achieving their goals and give people an opportunity to feedback about the service or raise any concerns they had. People who used the service said they were given opportunities to give their views about the service. Records showed key workers completed a monthly evaluation report on people. The report covered what had been achieved in the last month and actions for the following month. This included health appointments, activities, food menus, community independence and physical health.

People were able to choose how they spent their day and were encouraged and supported to make

decisions about what they did during the day. Staff told us people living in the home were offered a range of social activities. On the day of our inspection we saw people going out for lunch, shopping, and exercise. People were supported to engage in activities outside the home to ensure they were part of the local community which included voluntary work. One person said, "I go to [day centre] in Tunbridge Wells." The same person told us, "I do shopping Monday morning." Another person said, "I play [computer game], dancing, writing poetry, amateur dramatics, and a course in animation." One staff member told us, "I will help [people who used the service] to achieve whatever they want to achieve."

Staff were updated about people's changing needs and choices at the daily handover. We attended a handover on the day of the inspection. The handover session attended confirmed that staff had a detailed understanding of people's needs and personal preferences.

There was a complaints process this was available in a 'resident's guide' which was given to people on admission to the home. The registered manager told us there had been no formal complaints since the last inspection. People told us they would speak to staff members or the registered manager if they wanted to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

Records were not always robust. The service did not have relevant and up to date information and guidance to base their practice on. Policies and procedures were not robust and did not cover all aspects of the service provided. For example, the provider did not have policies and procedures that looked at quality assurance and support planning for the service.

The registered manager told us after external agencies made a referral they visited the potential new person to assess if the service could meet the needs of that person. However, none of the care files we saw had an initial assessment in them. We asked the registered manager to see an initial assessment. He told us he did not record these assessments. This meant people were potentially at risk as the service could not demonstrate how they could meet the needs for new people to the service.

In addition, the service did not have robust quality auditing systems in place that would identity shortfalls which we identified during our inspection. These included recruitment, staff not receiving annual appraisals, recording of initial assessments, missing care plan documentation, reviewing risk assessments and care plans, and recording consent to care. This meant the lack of quality systems in place could have potential risk to people using the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a system in place to obtain the views of the people who used the service. Feedback surveys were completed by people annually. The last feedback surveys were collected July 2016. The feedback we saw was positive and covered topics on food, privacy, staff which included feeling listened to, staff being approachable, environment and health appointments. One person wrote about living at the service, "Very good."

The registered manager told us, and records showed directors of the service would visit and look at different aspects of the service. The registered manager told us the visit should be monthly however the last recorded visit was February 2016. Records showed they talked to residents and staff, inspected the premises, and looked at complaints. One staff member told us, "I find the directors very nice and helpful. One of them does a monitoring visit every three months. They come and chat with staff."

People who used the service told us they had regular contact with the registered manager. One person said about the registered manager, "Good man." Another person said, "I get on well with him. I think he does a good job."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is a good manager. He goes above and beyond. He needs to delegate more." Another staff member said, "I find

[registered manager] helpful and supportive." A third staff member told us, "[Registered manager] is very diplomatic and fair. Goes out of his way to make things happen." Staff also told us the deputy manager was very supportive. One staff member said, "[Deputy manager] is really brilliant. Very hands on and good communicator and good team player."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Records of the staff meetings showed discussions on key working, resident holidays, medicines, personal care, dietary needs, and residents meetings. One staff member told us, "There was a staff meeting today but I couldn't go. I will get a thorough handover with notes about the meeting." The same staff member said, "We talk about training, key working, residents and anything to do with the building." Another staff member said, "We have every two or three months. We talk about the house, residents and ways to overcome any difficulties." The same staff member told us, "They are quite open and constructive meetings."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. Regulation 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person. People were not supported in line with the principles of the Mental Capacity Act 2005. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Detailed individual risk assessments were not in place to identify and protect people from the risks associated with their assessed personal care needs. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems and records,

designed to enable the registered provider to regularly assess and monitor the quality of the service provided. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always check if staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (a) (b)