Equinox Care

Mitcham Park

Inspection report

3, Mitcham Park, Sutton, CR4 4EN

Date of inspection visit: 23 January & 5 February 2015
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Ratings

Overall rating for this service

Overall summary

This was an unannounced inspection and took place on 23 January and 5 February 2015. We have not rated this service as we inspected this service during the pilot phase for our approach to specialist substance misuse services.

Mitcham Park provides support for up to eight men who have completed an alcohol detoxification programme and who wish to develop life skills to enable them to lead a life free from alcohol dependency. At the time of our visit there were seven people using the service.

At our previous visit in October 2013, we judged that the service was meeting all the regulations that we looked at.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the associated Regulations about how a service is run.

People told us they were kept safe and free from harm. They said they felt well supported by the staff team and with their rehabilitation care programme. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified risks in order to keep people on track with their care programme.

There were enough properly trained and well supported staff to meet people's needs. People told us and we saw that staff had built up good trusting relationships with people. Staff were familiar with people's care programmes and their individual needs and the choices they had made about the care they wanted to receive.

Summary of findings

People were responsible for taking their own medicines however staff knew how to manage medicines safely and were able to offer appropriate support when it was needed.

Staff received regular training and supervision and had annual appraisals of their work. They were knowledgeable about their roles and responsibilities. Staff had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support and care. People told us they liked the staff and felt the support they received was helping them to achieve their aim to live an independent life in the community free from alcohol dependency.

People were supported to lead a healthy lifestyle and to maintain their own health care by attending healthcare appointments as necessary.

People told us staff were kind and caring, and our observations and discussions with staff supported this. We saw they treated people with dignity, respect and compassion.

People told us they were responsible for their own shopping and cooking and they ensured they had a varied and nutritious diet and choice of meals. Staff were able to offer appropriate support when it was needed.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

People had rehabilitative care programmes that encouraged independence and access to the local community and a variety of community based social activities.

Care plans were in place which reflected people's specific needs and their individual choices.

People using the service, relatives and care professionals were encouraged to give feedback on the service as there was an effective complaints system in place.

Staff told us they felt well supported and enjoyed working in a positive environment. They said they were clear about their roles and responsibilities. They had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. The registered manager was accessible and approachable. Staff and other people including those who used the service felt able to speak with the registered manager and provide feedback on how the service was run.

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. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Risks to people and staff were assessed and well managed to help protect them against identified risks. Peoples care plans provided clear information and guidance to staff.

Recruitment practice was safe and thorough. The registered manager ensured there were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?
The service was effective. Staff had appropriate skills and knowledge to meet people's needs and to carry out their roles and responsibilities. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They had annual appraisals to help ensure their continued development.

Staff supported people to maintain good health and attend healthcare appointments as a part of their on going healthcare support.

Is the service caring?
The service was caring. We found that staff developed caring relationships with people and actively supported them to express their wishes and their views about how their care and support was to be provided.

People said that the care and support they received at Mitcham Park was helping them towards meeting their goal of rehabilitation back into the community. They told us they were involved in making decisions about their care and the support they received.

Is the service responsive?
The service was responsive. Care plans were in place that outlined people's individual care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community as a part of their rehabilitative care programme.

People were encouraged to give feedback about the service they received. There was an appropriate complaints policy and procedure which people and staff were familiar with.

Is the service well-led?
The service was well-led. Staff were supported by the registered manager. There was open communication within the staff team and staff felt the registered manager was accessible and approachable. They said they felt able to speak with the registered manager and provide feedback on how the service was run.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received in order to deliver high quality care.

Mitcham Park

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 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. We are not rating substance misuse services that we inspected during the pilot phase for our approach to specialist substance misuse services.

This inspection took place on 23 January and 5 February 2015 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with six people who use the service, the registered manager, a counsellor, a psychotherapist and two staff members. We observed the provision of care and support to people living in the home. We looked at three people's care records and two staff records and reviewed records related to the management of the service. After the inspection visit we spoke on the telephone with two commissioners, one from the Merton Clinical Commissioning Group and the other from the London Borough of Wandsworth, both of who commissioned and monitored the care provided to people who used the service.

Is the service safe?

Our findings

People we spoke with said they felt safe using the service and that they were happy living at Mitcham Park. One person told us, "I'm really happy that I got here, I am safe and honestly it's the best thing I've ever done." Another person said, "My life has changed, that's what I wanted. Now I want to move on and the staff here are helping me to get back to a more normal life and I'm safe here while I do that."

People were helped to be protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. Staff described how they would recognise the signs of potential abuse, how they would respond to it and what they would do to report it appropriately. The staff who we spoke with listed the various types of abuse that they might encounter and knew how they could escalate any concerns that they might have. We looked at the records of the training staff had received, which indicated that staff had completed a safeguarding adults course in the past eighteen months. The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed the concerns had been reported as stated and that the concerns had been followed up via local authority safeguarding conferences.

The registered manager showed us a copy of Equinox's safeguarding policy that was in the office for reference purposes. This set out the procedure to safeguard adults from abuse. We saw the provider also had policies and procedures to do with staff whistle blowing, how to make a complaint, and reporting accidents and incidents. We spoke with staff who told us they had read these policies and they had signed to say they had read and understood them and they knew what actions to take if necessary. This has helped to protect people from the risk of abuse.

Identified risks to people were being managed by both themselves and staff and as a consequence were better protected and supported. People had individual risk assessments and risk management plans in their care files. People had been involved in the development of these plans. People told us that risks had been discussed with them as a part of their care planning and ways were agreed with them about how they would keep safe. They said they had been able to make choices about how they were cared for. One person identified a potential risk of drinking alcohol again if they were to mix with "old friends" who had been a part of their social group before. The risk management plan we saw detailed how the person could engage in community activities and how they would access housing accommodation in a different area so as to avoid the identified risks. That person told us, "I have been involved all the way through it (the needs and risk assessment process) and I think what has been written down is fair and accurate." When we looked at people's care files we saw from the records and by speaking with people that risk management plans had been followed appropriately by staff.

The service had other risk assessments and risk management plans in place to ensure that risks were minimised for people and staff. Part of the initial assessment process included an environmental risk assessment that identified any potential hazards or risks that staff might face. We saw on the care files we reviewed action plans for people and staff to follow in order to reduce the potential hazards and risks identified.

We saw from reviewing the staff rotas there were enough suitably qualified and experienced staff on duty to keep people safe and to meet their needs. We reviewed staff files and saw they contained evidence that recruitment checks had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People told us they alone were responsible for taking and managing their own medicines as part of their care plan. One person said, "I am responsible for my own medicines, we don't get any help from staff, we don't need any help either." Another person said, "That's (taking any medicines they may have is) up to us."

Staff and the registered manager confirmed this. It was also evidenced in the care plans we inspected.

Is the service effective?

Our findings

People were enabled to receive effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people living in the home. We looked at staff records and found that there was an appropriate programme of induction that covered their roles and responsibilities and key policies and procedures. We saw evidence that each member of staff had completed their induction training at the start of their work in the home.

The registered manager explained that there was a training programme provided for staff. We saw that training information for each member of the staff team was kept on their staffing files. These files had a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider thought staff needed to do their jobs effectively. We noted that there was additional specific training that staff could access such as that for the Mental Capacity Act (2005); dealing effectively with behaviour that challenges; effective communication and diversity and equality, all useful additions to the training programme. Staff who we spoke with told us that they thought access to training was good and the training they had received had helped them with their work.

The registered manager said all staff received regular formal supervision monthly or sooner if the need arose. When we spoke with staff they confirmed this and they said they had received regular supervision that they found helpful and supportive to their work.

We saw evidence that the provider had addressed the continuing development of staff in their annual appraisals that were on file. This has helped to ensure best practice and the appropriate development of staff knowledge and skills. We also saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

The registered manager told us that as part of the provider's eligibility criteria for people to receive care and support at Mitcham Park people have to be able to make their own decisions about their care. We were told this is an essential pre-requisite to the rehabilitative care programme. This was evidenced in the provider's statement of purpose that we saw. When we inspected training records they indicated staff had not received training to do with the Mental Capacity Act 2005 and under these circumstances this is not essential. However the registered manager agreed that staff would benefit from the training and agreed to enrol staff onto an appropriate training programme.

The registered manager said that people's capacity to decide on important decisions was always discussed at their care planning meetings so that everybody was aware of the person's ability to decide on what was in their best interests. This was corroborated by the care plan meeting minutes we saw.

People had appropriate care contracts in place with Equinox on the files we inspected. The registered manager told us that where there were concerns regarding the person's ability to make decisions they worked with the local authority to ensure appropriate capacity assessments were undertaken. This helped to ensure that people were safeguarded as required. At this inspection we saw two people return from food shopping in the nearby supermarket. They told us that they were responsible for their own meals and this included shopping and cooking. People said, "We do our own shopping and cook for ourselves, sometimes we have a meal together, like on a Sunday when we might have a roast." Another person said, "It's good that we have to do it ourselves, because when we move on we'll have to do it then." The registered manager told us that people shopped and cooked their own food as a part of the rehabilitative care programme. We were told that staff assisted where people needed support and where it was outlined in their care plan. Staff said that they were given appropriate information so that they could support people where necessary so as to ensure they had enough suitable and nutritious food. This included people with specific dietary needs such as for gluten free foods or a vegan diet. People we spoke with confirmed that they received support if they needed it from staff.

People were supported to maintain good health and have appropriate access to healthcare services. The registered manager said people were referred to Mitcham Park by health care professionals at The Wilson Hospital and that they monitor the health of the people referred to the service. We saw evidence of this on people's care files we inspected.

Is the service effective?

The registered manager told us that the service also worked in partnership with the “Live Well” project in Merton and Sutton. This project provides co-ordinated care from health professionals including general practitioners (GPs). This has helped to ensure that people are registered with a GP and have regular health checks and other health care such as dentistry if needed. People's health care needs were well documented in their care plans and we could see their on going health needs were being met.

Is the service caring?

Our findings

We found that the service developed caring relationships with people and actively supported them to express their wishes and their views about how their care and support was to be provided. People said that the care and support they received at Mitcham Park had helped them towards meeting their goal of rehabilitation back into the community. One person said, "I couldn't have done it without them, staff are caring and kind." Another person said, "Staff help me to keep on track, I wouldn't be able to think about moving on without their support. They certainly are caring."

People told us that before they came to live at Mitcham Park they had an initial assessment meeting with staff to discuss the help and support they needed and how they would like to be helped. People said the caring approach taken by staff at this early stage before they had moved in had given them more confidence and belief that they could be helped by the service. One person said, "I suppose it made me feel like I mattered and that I was being listened to." Another person said, "I was able to say what I wanted to do, to move back and to live a more normal life (in the community), seeing my family and children."

Staff told us they knew what help people needed from reading the care plans and from talking to people. One member of staff said, "When we start with someone new we try and get as much information about the person as possible, information about their past history and their wishes, so we can help them in the best way for them."

We saw that the service made sure people felt they mattered and were understood because care plans were personalised and provided detailed person centred guidance for staff about how their individual needs and preferences should be met. Care plans included information about people's wishes and preferences, for example the family relationships they wanted to develop and the way they wanted their care to be given. There was information about their personal life histories that helped staff understand people's backgrounds. This included information to do with people's disabilities, race, sexual orientation and gender and all this helped staff to support people in a caring way. Staff told us they found this information helpful in getting to know the people they supported better, especially at the start of care being delivered.

Is the service responsive?

Our findings

We found that people received care that helped to meet their needs. We also found the service regularly reviewed people's needs so as to help ensure that they continued to be met appropriately. People told us that their care and support needs had been assessed and that they had been asked what help they needed and how they would like their support to be provided for them. One person said, "Before I agreed to come here there was a meeting with me and my social worker when I was asked what help and support I wanted. Once that was discussed it was agreed I could come here. I have a care plan that I was asked about and agreed to and that's what we are working on, unless things change but I don't think they will." Another person said they had a care plan they had contributed to and it was reviewed regularly with them. They told us, "What has been written down is fair and pretty accurate."

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs and this helped them to provide a more personalised care and support for the person. The registered manager told us that people's care programmes were monitored very regularly and this was done together with people and their care managers. The registered manager said due to the relatively short stay for people in the project it was very important progress with their care plans was monitored so that it could be kept on track or adjusted as necessary. They said reviews always included all the appropriate people so as to help ensure the effectiveness of care planning in meeting the persons agreed care objectives. We saw evidence of this in the care plans we inspected. Care plans reflected how people had contributed to their care, how they wanted their care to be provided and that care was regularly reviewed so that it continued to be appropriate for meeting their needs.

People we spoke with told us they were encouraged to take an active role in the community, for example attending the Merton Volunteers Centre. We were told this provided access to work and involvement in community projects. People told us they attended a local college to develop their IT skills and we saw information about this on the care plans we inspected. Other examples included membership of the local gym and of the Merton Engage project, helping people to integrate into the community. The registered manager told us that helping people to develop and maintain links with their communities was seen as an important part of the rehabilitative process and therefore people's care plans.

People told us they knew how to raise concerns either by speaking with staff or the registered manager and they said they felt comfortable doing so. People who we spoke with said, "If I had a concern I am sure they would listen and respond to anything I raised." People said they were given a copy of the complaints procedure in their induction and welcome to the service.

We were shown the complaints policy and procedure by the registered manager who told us that the information was given to people when they started receiving support and care. The registered manager said people were encouraged to raise any concerns or complaints that they might have. A complaints record book was in place that when an issue was raised. We saw the provider investigated complaints appropriately and gave feedback to the people concerned. We saw that complaints were used as part of the on going learning by the service so that improvements such as this could be made to the care and support people received.

Staff we spoke with were aware of the complaints policy. This had been discussed with them at a team meeting so that staff were equipped to support people to make complaints, respond appropriately and give people the information they required.

Is the service well-led?

Our findings

People we spoke with told us they thought the service was "good" and "was well lead and responsive" to them when needed and made them feel well cared for. One person said, "We are lucky with the manager and staff, they do care about how the service is run and they involve us".

At this inspection we found there was a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service. Staff agreed that this was a fair reflection. They said the service was forward looking and the registered manager considered how staff could provide people with better standards of care and support. Staff told us they had been given training opportunities to help them widen their knowledge and skills base. Staff said they were encouraged to learn and develop professionally, which they said was motivating and encouraged them to take pride in their work.

The registered manager told us that people's views were sought about aspects of the running of the service via quality assurance feedback forms and that this was done centrally by Equinox at the head office. We were shown a summary of the information provided in the returns from the 2014 survey which were positive. We saw that the feedback had been analysed and an action plan drawn up that was being worked on by the registered manager. The registered manager had a clear vision for improvement based on feedback provided by the surveys and that people felt the service was continually progressing towards providing a better standard of care. The registered manager told us that they also monitored the quality of the service by speaking with people living in the home and to visiting professionals so as to identify where improvements may be needed.

The registered manager informed us that meetings were held with staff about the general running of the service and issues to do with best practice were discussed so that improvements could be made where necessary. We saw minutes of monthly team meetings that had been held since the last inspection that evidenced what we had been told by the registered manager.