

Healthier Communities Select Committee			
Report Title	London Borough of Lewisham's Mental Health Adult Placement Service		
Contributors	Executive Director for Community Services	Item No	4
Class	Part 1	Date	29 May 2013

1. Purpose

- 1.1 Lewisham's Mental Health Adult Placement Scheme for people with mental health problems was recently inspected by the Care Quality Commission (CQC). This report informs Members of the outcome of that inspection and the action that is being taken to address those areas which did not meet the required standard.

2. Recommendations

- 2.1 Members of the Healthier Communities Select Committee are asked to note the findings of the CQC inspection and the measures that have been, or are being taken, by the service to address the identified areas for improvement.

3. The Adult Placement Scheme

- 3.1 The Mental Health Adult Placement Scheme provides accommodation and support to people recovering from mental illness enabling them to live independently in the community. People may either live within the carer's family home or in supported lodgings where he or she will share accommodation with other service users and where support is provided by a visiting carer.
- 3.2 The service provides a safe, supportive and comfortable environment in which service users can adjust to living more independently in the community. Currently 28 service users are supported through the scheme: ten are placed in the homes of individual carers and 18 are supported in shared accommodation.
- 3.3 Adult Placement Scheme Staff are employed by the Council and for the purpose of Care Quality Commission (CQC) registration the Council is the Registered Provider. The service is managed by South London and Maudsley Trust (SLAM) under a management agreement. The carers who provide the support to service users are remunerated through the Council's Supporting People budget.
- 3.4 To enable service users to access the scheme, Community Mental Health Team Care Co-ordinator make a referral to SHIP (Single Homeless Intervention and Prevention Service). SHIP then liaise with the Adult Placement Scheme staff regarding the support required and necessary risk assessments.

4. The Care Quality Commission (CQC)

- 4.1 The Care Quality Commission (CQC) is the independent regulator of health care and adult social care services in England. Under the Health and Social Care Act 2008, providers of regulated activities are required to register with the CQC. The CQC regularly undertakes unannounced routine inspections of regulated providers and judges whether or not essential standards are being met. CQC's inspection reports are published on its website.
- 4.2 On 6 March, CQC conducted an unannounced routine inspection of the Mental Health Adult Placement Scheme. A copy of the inspection report is attached at Annex A. As a result of the inspection CQC found that the Scheme met three out of the five standards and identified two that required action.

5. CQC's Judgement of the Scheme

- 5.1 CQC found that the following three standards had been met:
- Respecting and involving people who use services
 - Care and welfare of people who use services
 - Safeguarding people who use services from abuse.
- 5.2 CQC found that the following two standards required action:
- Supporting Workers
- 5.3 CQC judged that the Scheme was not supporting carers to deliver care and treatment safely and to an appropriate standard through appropriate training and regular supervision (Regulation 23 (1) (a)), although CQC judged that this had a minor impact on people who use the service.
- Assessing and Monitoring the quality of service provision
- 5.4 CQC also judged that the Scheme did not have an effective system to protect service users against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of services provided. (Regulation 10(1) (a)). Again CQC judged that this had a minor impact on people who use the service.
- 5.5 Reasons for the judgements are set out in full in the CQC inspection report.

6. Action Plan.

- 6.1 Where areas have been judged as requiring action, the provider is required to submit an action plan detailing how the service will address the areas for action. The action plan was submitted to CQC on 9 April and is attached at Annex B.
- 6.2 The action plan presented to CQC identifies a number of key activities with attached deadlines. CQC has deemed these deadlines to be acceptable.

6.3 In addition to being registered with the CQC the service is also subject to the Supporting People (SP) contract monitoring regime. Just prior to CQC's visit, Supporting People staff had undertaken a contract monitoring visit and had identified similar issues. The Scheme had been issued with a number of remedial actions and these were due for review at the end of March. The staff, managers and Supporting People commissioners will continue to monitor all the required actions very closely. Good progress has been made on the action plan to date. CQC have not yet confirmed when they intend to revisit the scheme.

7. Financial Implications

7.1 There are no financial implications arising from this report. Any expenditure resulting from the action plan will be met from existing budgets.

8. Legal Implications

8.1 There are no legal implications arising from this report.

Background Documents

Appendixes: CQC monitoring report (March 2013) and CQC Action Plan (April 201)

If there are any queries on this report, please contact Fiona Kirkman, Prevention and Intervention Manager on 020 8314 9626.

Appendix B

Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	1-101680840
Our reference	INS1-647556720
Location name	Lewisham Mental Health Adult Placement Scheme
Provider name	London Borough of Lewisham

Regulated Activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met:
	<i>The provider was not supporting carers to deliver care and treatment safely and to an appropriate standard through appropriate training and regular supervision (Regulation 23 (1) (a))</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>1. Carers' meetings Meetings with APS staff and carers have recommenced, with a meeting on 18th March. It was well attended by all but one carer. These meetings will be scheduled every 8 weeks. The agenda is collaborative and the meeting serves as a support to carers, offering a peer support element alongside the opportunity to problem solve and raise carer support needs. Outcomes from these meeting will be recorded and any action monitored. (Timescale: with immediate effect and ongoing)</p> <p>2. Comprehensive Carer Reviews Carer reviews that are incomplete will be repeated and completed in their entirety starting with those closest to their review date , this action to be completed by APS staff. (Timescale: by 30 June 2013)</p> <p>Carer reviews that are overdue will be carried out and completed comprehensively. (Timescale: by 30 June 2013)</p> <p>The service will ensure that all Carer Reviews when due for review, are completed on time and comprehensively by APS. (Timescale: ongoing)</p> <p>3. Carers' training Arrangements have now been made to book carers onto required training giving priority to training relating to service user safety. All carers will have a confirmed training date for these sessions. (Timescale Completion of Training Schedule : Mid May 2013) (Identification of Carers full training needs : July 31st 2013) (Completion of revised training programme by all carers : October 31st 2013)</p> <p>Carers' individual training needs will be reviewed, including all mandatory and non mandatory training, in particular in relation to understanding safeguarding requirements. A training plan for each carer will be produced. (Timescale - Completion of Training Schedule : Mid May 2013) (Identification of Carers full training needs : July 31st 2013) (Completion of revised training programme by all carers : October 31st 2013)</p> <p>4. Spot checks on carers Spot checks on carers will recommence immediately and the service will carry out and record spot checks at all carer homes and Supported Lodgings. Any remedial action will be identified, recorded and progress monitored. (Timescale: immediate)</p>	

5. Recruitment of staff

Recruitment is underway to recruit to the Scheme Manager Deputy posts.
(Timescale: by 31 May 2013)

6. Training for APS staff

The current administrator has completed Safeguarding Adults training on 28 March 2013 and procedures for staff will be updated immediately.
(Timescale: immediate.)

Who is responsible for the action?	Caroline Bogle –Acting Clinical Service Lead
------------------------------------	--

How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?

The APS staff and line management will review progress on this action plan on a monthly basis to ensure that actions are on schedule and completed to timescale.

Supervision meetings with APS staff will incorporate the monitoring of progress on these actions as a standing agenda item.

Who is responsible?	Caroline Bogle –Acting Clinical Service Lead Lou Hellard – Deputy Director, SLAM
---------------------	---

What resources (if any) are needed to implement the change(s) and are these resources available?

The recruitment of staff to cover the current temporary staff absence will enable effective progress on this action plan.

Date actions will be completed:	May 31st 2013
--	---------------

How will not meeting this regulation until this date affect people who use the service(s)?

Areas for improvement raised through the inspection area are all being addressed and will be completed, unless ongoing and in accordance with stated deadlines, by end July 2013. Therefore, we do not anticipate that there will be any adverse effect on service users as all key improvement actions are underway.

Additional monitoring will take place by commissioners who will seek regular progress reports.

In addition London Borough of Lewisham will commission a bespoke exercise to re-evaluate the needs of all service users by the end of July 2013.

Completed by (please print name(s) in full)	Caroline Bogle
---	----------------

Position(s)	Acting Clinical Service Lead SLAM Supported Accommodation
-------------	---

	Fiona Kirkman
--	---------------

Position(s)	Prevention and Inclusion Manager, LB Lewisham
Date	09.04.13

Regulated Activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p><i>The registered person did not have an effective system to protect service users against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of services provided. (Regulation 10(1)(a))</i></p>
<p>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</p>	
<p>In addition to the data and information recorded through the activity set out in our response to Regulation 23 (1) (a), managers will ensure the following action is taken to identify, assess and manage performance and risk.</p> <p>1. APS and Service user meetings A programme of service user review meetings by APS staff , without the presence of their carer, will commence immediately, to review the service users' experience of the placement. Outcomes from these will be recorded, monitored and reviewed. (Timescale: Programme of reviews developed : Immediate) (: All service user reviews to be completed by July 31st)</p> <p>2. Support Planning and Reviews A programme is underway to review support planning to ensure clear goals for the service user have been identified and recorded. The Wellness and Recovery Action Plan (WRAP) will be incorporated in support plans and reviews.</p> <p>3. Care Plans and reviews The Care plans are developed, implemented and reviewed by Care Coordinators, and will be undertaken in partnership with the service user. (Timescale: by 31 July 2013)</p> <p>4. Service User Feedback Meetings The service will set up a Service User Feedback meeting as soon as possible and seek users views on the required frequency of these meetings. Actions from these meeting will be produced and recorded. (Timescale: immediate)</p> <p>5. Role of commissioners in quality assurance As part of the ongoing contract management arrangements, commissioners will work with the APS to review existing management information systems and processes. This review will consider the recording and performance management arrangements for APS, including those in place for support planning, reviews and complaints. A separate action plan, agreed with APS, will be prepared to identify any areas of improvement and monitored through the contract monitoring arrangements. (Timescale: by 31 July 2013)</p>	
Who is responsible for the action?	Caroline Bogle –Acting Clinical Service Lead

	Lou Hellard – Deputy Director, SLAM Fiona Kirkman – Prevention and Inclusion Manager, LB Lewisham
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?	
<p>The APS staff and line management will review progress on this action plan on a monthly basis to ensure that actions are on schedule and completed to timescale.</p> <p>Supervision meetings with APS staff will incorporate the monitoring of progress on these actions as a standing agenda item.</p>	
Who is responsible?	Geeta Subramaniam – Head of Crime Reduction LB Lewisham Fiona Kirkman – Prevention and Inclusion Manager, LB Lewisham Caroline Bogle –Acting Clinical Service Lead Lou Hellard – Deputy Director, SLAM
<p>The recruitment of staff to cover the current temporary staff absence will enable effective progress on this action plan.</p>	
Date actions will be completed:	31 st May 2013
How will not meeting this regulation until this date affect people who use the service(s)?	
<p>Areas for improvement raised through the inspection area all being addressed and will be completed, unless ongoing, by end July 2013. Therefore, we do not anticipate that there will be any adverse effect on service users as all key improvement actions are underway.</p> <p>Additional monitoring will take place by commissioners who will seek regular progress reports.</p>	
Completed by (please print name(s) in full)	Caroline Bogle/Fiona Kirkman
Position(s)	Acting Clinical Service Lead SLAM Supported Accommodation Inclusion and Prevention Manager – LB Lewisham
Date	09.04.13