

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Lewisham Mental Health Adult Placement Scheme

Social Services Department, 3rd Floor Ladywell Unit, Lewisham Hospital, Lewisham High Street, London, SE13 6LW

Tel: 02083333000

Date of Inspection: 06 March 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	London Borough of Lewisham
Registered Manager	Ms. Margaret Redman
Overview of the service	The London Borough of Lewisham Mental Health Adult Placement Scheme provides community placements for Lewisham Borough residents with, or recovering from, mental ill health. Placements are provided either in supported lodgings or within a family home. The scheme can offer placements for a maximum of 28 people.
Type of service	Shared Lives
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by commissioners of services.

What people told us and what we found

People who used the service told us that the care and support they received was good. They said that they felt that their rights were respected, and that carers respected their privacy and dignity. One person said 'I am always treated with respect'.

We found that people received safe and appropriate care, and that the care planning records were up to date.

People using the service told us that they felt safe in their placements. Carers understood their role in safeguarding people who use the service. .

Carers were assessed and approved by the scheme. There were a number of mandatory training courses that they were expected to attend. However, records showed that the majority of the scheme's carers were waiting to attend relevant courses.

We found that the service had a number of systems in place to monitor the quality of the care provided. However, it could not demonstrate that it had taken action when issues were found. We were unable to examine a number of records, including those relating to individual reviews carried out with people using the service and the complaints log, as their whereabouts could not be determined.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We looked at five electronic support plans. These were presented in a way that the people who used the service were able to understand. People told us they were involved in their care planning and they felt they were listened to.

People's diversity, values and human rights were respected. All carers had to sign a service agreement. Part of this included the expectation that they valued each person using the service as a full citizen with rights, responsibilities and the entitlement to be consulted about their care. People using the service told us they felt their rights were respected, and that carers respected their privacy and dignity. One person said 'I am always treated with respect'.

There was a policy in place regarding matching people requiring a service to carers. This took into account the person's cultural and religious needs as well as more general ones. For example, plans of care showed that people were supported to attend a religious service of their choice.

People who used the service were given an introductory handbook. This set out the aims and objectives of the scheme, and what people could expect from it.

People were supported in promoting their independence. People's independence levels and how to maintain and/or enhance them were included in the five support plans we looked at. Community involvement was included in plans of care. Independence and community involvement were an important part of the purpose of the scheme. One person told us "I have achieved remarkable things, the carers don't hold me back. They encourage me to go out and do things ". Another person said "this has been a lifeline. I get a lot of support and have been able to progress personally".

The scheme had details of a local advocacy group if any of the people using the service wanted to make use of this service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan.

People who used the service were assessed prior to being provided with the service. Wherever possible, people contributed to the assessment, and from the information gathered a plan of care was drawn up. This was then used to match the person to an appropriate care worker.

Input into care planning was provided through a number of sources. The scheme produced a support plan for each person, drawn up with the involvement of the person. Additionally, a care coordinator drew up a number of plans, including a mental health plan, a crisis management plan and a physical health plan. Care coordinators did not work directly for the scheme but were employed by a local NHS trust and worked in conjunction with the scheme to care for the specific mental health needs of people using the service.

The five support plans of care we looked at contained all the relevant information to enable the carers to deliver the agreed amount of care in the way that people preferred. Each plan had been reviewed within the last seven months.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People told us that they were very happy with their care workers. They described carers as "good as gold", "supportive" and "amazing". One person told us "they don't look at me as though I am mentally ill". Another said, "I am very happy in my home, my care worker is great".

Where appropriate there were crisis plans in place to deal with any emergencies relating to people using the service. Carers were provided with a range of training in areas such as first aid and health and safety. There was an emergency procedure in place for office based staff to refer to if required.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Training records showed that all carers had received trained in the safeguarding of vulnerable adults. The scheme provided training approximately every three years. The provider may find it useful to note that, although carers we spoke with demonstrated an understanding of the protection of vulnerable adults, we did not find evidence of an assessment of the need of individual workers for refresher training in safeguarding.

The member of staff administering the service on a temporary basis had not undergone safeguarding training. The clinical service lead manager told us that the administrator had been given specific guidance if any safeguarding concerns arose. As a result of this inspection they told us they were making arrangements for training in the following week.

Carers we spoke with described how they would deal with a safeguarding concern. They were provided with written information on how to contact safeguarding organisations, should it become necessary.

Staff were provided with safeguarding and whistleblowing procedures. However, the provider may find it useful to note that the safeguarding procedure, although revised in 2012, still referred to the Care Quality Commission's regulatory predecessor.

Staff and carers were also provided with guidance relating to the use of physical restraint. This stated that individual guidelines would be put into place where necessary, and also that carers and staff would receive relevant training, advice and support in working practices that would make the use of restraint a last resort. The provider may find it useful to note that the records did not indicate that any training relevant to this had been provided. We were told that there had not been any episodes of restraint.

People who used the service told us that they were given information about what abuse was and how to deal with it. They told us they felt safe in their placements. They said that they knew how to complain, but had not had reason to do so.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Carers were not supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Carers were not supported to deliver care and treatment safely and to an appropriate standard as the majority were waiting for places on a number of training courses. Regular carer meetings had not been taking place.

Training records showed that some carers had completed training in areas such as the mental capacity act, needs and risk assessment, equality and diversity and medication management. However, there were a large number of gaps in the training provided. All the carers were waiting for places on service user participation and empowerment course, and a support planning course. More than half of the carers were waiting for places on a number of other courses such as complaints, fire safety, food safety and first aid. This lack of training meant that people using the service were at risk of receiving inappropriate care.

Information provided to carers stated that they would receive regular visits from a manager from the scheme, and that also regular carer meetings would be held. We were unable to find evidence that either of these were taking place, although carers said they had received phone calls from the clinical service lead manager in the absence of the scheme manager, to ask if everything was satisfactory. We were told by the clinical service lead manager that the meetings would be resumed shortly, and invitations to one had just been sent. Carers told us that the support from the scheme had decreased recently in the absence of the scheme manager

The scheme had two permanent staff posts. At the time of this inspection visit the manager was absent from work and the second post was vacant. This meant we were unable to discuss with senior staff the support, supervision and training that was provided to care staff. The clinical service lead manager, who was overseeing the scheme in the absence of the manager, informed us that the scheme manager received supervision on a regular basis.

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. The absence of the scheme manager had impacted upon the level of monitoring being carried out.

The scheme's guide for people using the service stated that each person would receive at least an annual review, separate from the review of the support plan that was carried out with the carer. We were unable to find any records that these reviews had taken place.

We saw evidence that the support plans for people using the service had been reviewed within the last year, however we could not establish that the goals set at these reviews were followed up. This meant that the scheme could not establish that people using the service were achieving their goals, such as gaining new independent living skills; or maintaining their independence.

The scheme had a complaints procedure in place. People using the service told us that they thought they had been given a complaints leaflet when they first joined the scheme. None of the people we spoke with had made any complaints. We were unable to review how many complaints had been made in the last year, or how they were dealt with as the log could not be produced.

People who used the service were asked for their views about the care and treatment provided. Questionnaires were sent to them from the scheme, the most recent having been sent in July 2012. The scheme had held periodic meetings for people using the service, at which they could give feedback and express their views. The provider may find it useful to note that these had lapsed, and we were unable to find minutes for any meetings during 2012. The clinical service lead manager told us that the scheme planned to restart these shortly.

The scheme carried out reviews of each of their carers. These were due to take place annually however several were overdue as a result of the absence of the scheme manager. We looked at two carer reviews. One had been only partially completed. A number of key areas relating to the individual care of the people using the service, and a health and safety assessment of the premises had been left blank. This meant that the scheme could not determine the quality of the care being provided by its carers; or be satisfied that the accommodation people were living in was safe and suitable for purpose.

We were told that the scheme carried out spot checks of carers. The reports of these checks could not be provided. Carers told us that spot checks used to be carried out, but that since the scheme staff numbers had dropped to only the manager these had not been continued.

Carers told us that they had had regular group meetings with the scheme manager. These had not taken place over the past year. They described how useful they had found them, and that they looked forward to them recommencing.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: 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))
Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: 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))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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