

Community Options

Community Options Limited - 2a Fielding Lane

Inspection report

2A Fielding Lane
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 27 April 2015 and was announced. At our last inspection on 4 November 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options Limited - 2a Fielding Lane provides support to people with mental health problems living in the community. At the time of our inspection the service was providing support to approximately 100 people.

The service had a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was still working at the service but planned to relinquish this role. A new manager had been

Summary of findings

appointed by the provider and was managing the service at the time of this inspection. They had applied to the Care Quality Commission to become the registered manager for the service.

People said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People had access to health care professionals when they needed them and were supported to take their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision. The manager had a good understanding of the Mental Capacity Act 2005. People's independence was

promoted and they were encouraged to buy their own food and cook for themselves. Where appropriate people's care files included assessments relating to their dietary support needs.

Assessments were undertaken to identify people's support needs before they started using the service. People had been consulted about their care and support needs. Support plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider sought the views of people using the service through surveys. They recognised the importance of monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff available to them and they turned up on time.

Where appropriate people were supported to take their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's independence was promoted and they were encouraged to buy their own food and cook for themselves. Where appropriate their care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Good



Is the service caring?

The service was caring. People said they had been consulted about their care and support needs.

People's privacy and dignity was respected. Staff encouraged people to be as independent as possible.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider took into account the views of people using the service through annual surveys.

The provider recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the service and they received good support from the manager.

Good



Community Options Limited – 2a Fielding Lane

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, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 27 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

We looked at five people's care records, staff training and recruitment records and records relating to the management of the service. We spoke with fifteen people using the service, a relative of one person using the service, six members of staff and the manager. We also spoke with two community psychiatric nurses and asked them for their views about the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel the staff support me well and I feel safe.” Another person said, “The staff carry identification cards so I know who they are and where they come from. That makes me feel safe.”

The service had an organisational policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager was the safeguarding lead for the service. Staff spoken with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they and all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff said they were aware of the organisation’s whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We visited the human resources department and looked at the personnel files of two members of staff. We saw completed application forms that included references to staff’s previous health and social care work experience, their qualifications, their full employment history and explanations for any breaks in employment. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out.

People using the service, staff and the manager told us there was always enough staff on duty. One person said, “Staff always come on time and do what they are they are supposed to do for me.” Another person said, “The staff always turn up when they are supposed to. If they didn’t I would call the office but I have never needed to.” Another said, The staff come in the afternoon and are normally on time. They would let me know if they were going to be late.” A member of staff said, “There are always enough of us around to meet people’s support needs. If we need more staff then the manager would arrange for bank staff to come.” The manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social

activities or health care appointments, additional staff cover was arranged. They told us the organisation had a team of bank staff which they employed to cover staff annual leave or sickness. They said bank staff were familiar with people’s needs and they received the same training and supervision as full time staff. This was confirmed by two bank staff we spoke with.

People could access support in an emergency. One person told us, “There is an emergency contact telephone number to call if I need to. I used it once when the electric went off. They were able to sort things out for me. So even if I am alone at home there is always someone there if I need help.” Assessments were undertaken to assess any risks to people using the service. The manager showed us a standard checklist of risk assessments completed for each person using the service. These included risk of mental health relapse, medicines, fire safety, self-neglect, self-harm and risks to themselves and others. Risk assessments included information about action to be taken to minimise the chance of the risk occurring.

People were supported to take their medicines as prescribed by health care professionals. People said staff reminded them to take their medicines and also when they needed to attend health care appointments. One person, who was diabetic, said, “The staff prompt me to perform the finger prick blood test. They come twice a day to check I am okay and make sure I have taken my medicines, they are very good.” Another person said, “The staff watch me take my medicine. I have to do it myself.”

The manager told us that staff did not administer medicines to people using the service. People offered a service had been assessed as being able to administer their own medicines. The role of staff was to ensure people were taking their medicines independently. Where people’s needs assessments identified they required prompting to take medicines this was recorded in their support plans. When people were not taking their medicines as prescribed staff contacted the manager and the Community Mental Health Team (CMHT) who made arrangements for their support to be reviewed. A community psychiatric nurse (CPN) told us the community options staff were good at monitoring people with their medicines and where there were problems they were contacted immediately.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, “Staff know their jobs well. I am getting better with their help”. Another person said, “The staff seem to be well trained to do the job, they are good with me.”

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff, including bank staff, told us they had completed an induction when they started work and they were up to date with their training. Initial shadowing visits with experienced members of staff had helped them to understand people’s needs. They said they received regular supervision and an annual appraisal of their work performance. They were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

Records showed that all staff had completed an induction programme and training that the provider considered mandatory. Training included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety and infection control. Staff had also completed training on the Mental Capacity Act 2005 and training specific to the needs of people using the service for example, medicines, understanding personality disorder, alcohol awareness and the recovery star approach. The recovery star is a program designed for people to manage their mental health and support them to recover from mental illness.

An occupational therapist employed by the provider told us they had been working with staff individually over the last three months to establish their training needs. They had developed training workshops according to people using the service and the team’s needs. They showed us a presentation on support planning and risk assessments which they had delivered to staff in January 2014. They told us all staff including bank staff had attended these workshops. This meant that staff were receiving training appropriate to the needs of people using the service.

The manager told us there was a matching process in place that ensured that people were supported by staff that had the experience, skills and training to meet their needs. All of the staff we spoke with told us they would not be expected

to support people with specific care needs or medical conditions unless they had received the appropriate training. For example one member of staff said they had been matched to work with people who had autism, dementia and epilepsy because of their experience and training. Another member of staff said, “The manager makes sure I have the right training so that I can support people the right way.” Another said, “The manager would never ask me to work with a person with a condition or a need that I did not understand. They match our skills and experience with the needs of the people we support.”

The manager told us that all people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person’s ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their ‘best interests’ in line with the Mental Capacity Act 2005.

Where people’s needs assessments identified they required support with shopping for food and cooking meals this was recorded in their support plans. Staff told us they prompted independence by encouraging people to buy their own food and cook for themselves. One person using the service said, “I go shopping with staff then they help me to cook.” Another said “I go shopping and buy my own food. I cook for myself. The staff encourage me to eat healthy meals, but I do that anyway.” Another person said, “I don’t need any help with cooking. I can do that for myself but staff help me with budgeting so that I have some money to buy food.”

People had access to health care professionals when they needed them. Staff monitored people’s mental and physical health and wellbeing. When there were concerns people were referred to appropriate healthcare professionals. One person using the service said, “I am working along with Community Options staff and my CPN. We make sure my health and everything is alright.” Another person said “The staff ask me about my health needs and make sure I am seeing the doctor and getting my medicines.”

Is the service caring?

Our findings

People said staff were caring and helpful. One person said, “The staff are very caring, they are friendly and helpful.” Another said, “I cannot say anything at all bad about the staff. They provide a very good service for which I am very grateful.” Another said “I am very happy with my care. The staff are kind, they never rush me, and they are there to support me.” Another person said “The staff are nice they keep your spirits up, they run alongside you.”

People said they had been consulted about their care and support needs. One person said, “I have a care coordinator and a keyworker. They talked with me about my needs and put a plan together to help me, a support plan. I know what’s in it and we talk about if things have changed and if the plan needs to change. I used to get more support hours each week but now I need less which is good I suppose.” Another person said, “The staff make me feel involved in my care.” Another person said, “My care coordinator and staff talked to me about the things I need. I have a support plan and I know what’s in it. They keep my plan under review.”

The relationships between staff and people using the service were discussed in supervision. Staff supervision records included a section entitled “recovery promoting competency review”. This covered areas such as developing positive relationships with people using the service and helping them to develop relationships with others, empowering people and facilitating their capacity to make choices and supporting the development of self-esteem,

identity, meaning and purpose. The manager told us they assessed staff members’ competency in these areas at least once a year. This helped staff to focus on the ethos of the service.

People using the service were treated with dignity and respect. One person said, “The staff are very respectful to me. They treat me as a person. If they want to speak with me, they knock on my door and wait for an answer. They would never just walk into my room.” Another person said, “Staff speak to me appropriately, they treat me on a level, I speak to them on a level”. A third person said, “Staff always treat me with dignity and respect, they are very friendly staff”. Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors and waited for a reply before entering their rooms and they made sure information about them was kept confidential at all times. One member of staff said, “It is really important that we as staff remember that we are working with people in their own homes. We talk about respecting people at our team meetings. We might only be there for a short time to support people with a specific task. I think as a team we show people respect and treat them with dignity and we are not judgemental.” Another member of staff said, “If I needed to speak with someone I would knock on their door and wait to see if they are available. I fully understand that keeping people’s information confidential is very important. When I need to discuss issues relating to someone using the service it would only be with people referred to in their support plans or the persons care coordinator or health care professional.”

Is the service responsive?

Our findings

People said they were provided with a welcome pack when they started using the service. The pack included important information such as how the service would meet people's needs, the complaints procedure, reporting abuse, local mental health projects and support groups and a summary of the last Care Quality Commission inspection report. People told us they had keyworkers and they had regular discussions with them about their care and support needs. They said they had support plans which they kept at home.

The manager told us that referrals for support for people using the service were received from health care professionals from the local authority Community Mental Health Team (CMHT). Assessments were undertaken to identify people's support needs. Support plans were developed before people started using the service outlining how these needs were to be met. People's care files were stored electronically on a computer programme. Care files we looked at included referral information, care and needs assessments, risk assessments, support plans and reviews carried out by keyworkers and the CMHT. Care plans included detailed information and guidance for staff about how people's needs should be met. Files included evidence that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process.

A community psychiatric nurse (CPN) told us they worked closely with community options staff assessing people's needs and making sure people's needs were being met. They said that communication with community options staff was very good. For example if a person using the service was not taking their medicines the CMHT would be contacted right away and the support arrangements would be reviewed. They said, "The Community Options staff do a

good job, most of them have been around for a long time, they are well known by the CMHT and they all know what they are doing. Another CPN told us there was very good communication with Community Options. They were contacted if there were any concerns and they received weekly email updates from staff about people's progress. They said, "Staff work hard to meet people's needs. We have never had any complaints from people using the service. I think we work really well together."

People using the service said staff followed what was agreed with them in their support plans. Some people said staff reminded them to take their medicines or attend health care appointments. Some people said staff prompted them with daily activities such as budgeting and paying bills, cleaning, shopping and cooking. One person said they didn't like to leave the house, they got lonely and they looked forward to staff visiting them. They said "The staff talk to me and we are working on my being able to go out more." Another said "Staff discuss things with me, they help me do things like go swimming or out to the park." Another person said staff had helped them find new things to do like going to a gardening club. They said, "Staff give me a chance to get out and do my charity work."

People said they knew about the complaints procedure and they would tell staff if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary meetings were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was still working at the service but planned to relinquish this role. A new manager had been appointed by the provider and was managing the service at the time of this inspection. They had applied to the Care Quality Commission to become the registered manager for the service.

Throughout the course of this inspection it was clear from people using the service, staff and the community psychiatric nurses we spoke with that the ethos of the service was to promote peoples independence, aid recovery and improve their confidence in their own abilities. Staff said they enjoyed working at the service and they received good support from the manager. One member of staff said, “Our organisation promotes mental health wellbeing. It’s our job as staff to make sure that happens. I get a great deal of satisfaction from my job from seeing people get better, achieve their goals and do things they thought they couldn’t do.” Another member of staff said, “We have a good team. We are all here to do the same thing. Help people to learn new skills, make new friends, become part of and engage in the community and move on with their lives. They might only need support from us for a short time but I think we make a difference.” A community psychiatric nurse (CPN) said, “I think the Community Options team is well organised and led. The manager represents the organisation at assessments, placement panels and reviews. It’s a good service.”

We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the February meeting included health and safety issues, a recovery research programme, the care quality commission’s inspection methodology and the needs of people using the service. Staff felt they could express their views at team meetings. One member of staff said, “I find the team meetings are very productive. We talk about people’s needs and what the team needs to do to support them. We share good practice, for example, we talk about

things that work for people and how that approach might work with others. We talk about incidents and accidents and what we could do differently to stop the same thing happening again.”

The provider took into account the views of people using the service expressed through surveys. One person said, “They want to hear what we have to say. I think they do a survey every six months. I think they are well organised.” Another person said “There is usually a survey at the beginning of the year. I filled that in.” We saw a report and an action plan from the last service user survey conducted in September 2014. The action plan indicated that issues identified in the survey had been addressed for example people using the service were being invited to attend team meetings, they were made aware of what actions to take in reporting abuse and they had been supported to plan meals and promote healthy eating.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The manager showed us records that demonstrated regular audits were being carried out. We saw quarterly quality monitoring reports and action plans. These covered areas such as the service user satisfaction survey, support plan reviews, incidents and accidents, complaints and safeguarding alerts. We saw completed audit reports which monitored the services compliance with the regulations associated with the Health and Social Care Act 2008. We saw that accidents and incidents were recorded and monitored. The manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. We saw records of unannounced spot checks on care staff to make sure they turned up on time, wore their identification cards and supported people in line with their care and support plans. We also saw records of telephone monitoring calls made to people to find out if they had any problems with the care and support they were receiving. One person said, “The manager rings occasionally to check everything was okay. They ask questions about how I am getting on and if am I happy with the service.”