

Community Options

Community Options Limited - 33 Albemarle Road

Inspection report

33 Albemarle Road
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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 30 March 2015 and was unannounced. At our last inspection on 24 May 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options - 33 Albemarle Road is a care home that provides accommodation and personal care for up to seven adults with mental health needs. At the time of our inspection the home was providing care and support to seven people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work. Staff had completed training specific to the needs of people using the service, for example, in mental health awareness.

Staff understood how to safeguard the people they supported from abuse. The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had been consulted about their care and support needs. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs.

People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff encouraged people to be as independent as possible. There were regular residents meetings where people were able to talk about things that were important to them and about the things they wanted to do.

People were aware of the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service through annual surveys. The manager recognised the importance of regularly monitoring the quality of the service provided to people and carried out regular audits.

Staff said they enjoyed working at the home and they received good support from the manager. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

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 appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff knew how to use it.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on duty.

People's medicines were managed appropriately and people were receiving 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 the Deprivation of Liberty Safeguards and acted according to this legislation.

People bought their own food and cooked for themselves. Care files included assessments relating to people's dietary needs and preferences.

People had access to a GP and other health and social care professionals when needed.

Good



Is the service caring?

The service was caring. Staff treated people in a respectful and dignified manner. People's privacy was respected. People had been consulted about their care and support needs.

People were provided with information about the home. There were regular residents' meetings where people could talk about things that were important to them and about the things they wanted to do.

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.

Staff encouraged people to be as independent as possible.

People knew about the homes 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 manager recognised the importance of regularly monitoring the quality of the service provided to people and carried out regular audits.

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

Good



Community Options Limited – 33 Albemarle Road

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.

This inspection was carried out by two inspectors on 30 March 2015 and was unannounced. We spent time

observing care and support being provided. We looked at records, including three people's care records, staff training records and records relating to the management of the service. We spoke with five people who used the service, two members of care staff, the registered manager and the provider's human resources manager.

Before the inspection we looked at the information we held about the service including notifications they had sent us. After the inspection we spoke with one person's Community Psychiatric Nurse and another person's care coordinator about their views on the service.

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person said, “I feel safe here. There are no problems. We all just get along and the staff are alright too.” Another person said, “I feel safe. It’s quiet enough here.”

There were safeguarding adult’s procedures in place and staff had a clear understanding of these procedures. The home had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager told us they were the safeguarding lead for the home. We spoke with two members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, 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. If the manager was not available they would report to the deputy manager or the director of operations. The manager told us they and the staff team 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. Staff told us they went through a thorough recruitment and selection process before they started working at the home. They attended an interview and full employment checks were carried out. The manager told us that recruitment records were held at the organisation’s head office. They showed us staff information sheets held at the home. These sheets included criminal record check reference numbers and recorded that all other required pre-employment checks had been completed. We spoke with the providers human resources department who confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They had obtained criminal record checks, two employment references, health declarations and proof of identification.

People said there were always enough staff on duty. One person using the service said, “There is always plenty of staff around.” Another person said, “There is always enough staff around as far as I can see. There’s always someone here at night.” A member of staff said, “There are always enough of us around to meet people’s needs. If we need

more staff then the manager would arrange for bank staff to come.” The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for 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.

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, for example, managing finances, fire safety, risks to themselves and others and medicines. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. The manager showed us a fire risk assessment for the home. We also saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and reports from quarterly fire drills. People using the service had individual fire risk assessments in place which indicated how they should be supported in the event of a fire. Training records confirmed that all staff had received training in fire safety. We saw that people using the service had also received training in fire safety.

Medicines were managed safely. People received their medicines as prescribed by health care professionals. None of the people using the service self-medicated. They told us staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person said, “Staff help me with my medicine at the moment, we do it together and they observe that I take it. I hope to be able to look after my own medicines in the future.” Another person said, “I get help from staff with my medicines. They remind me when I need to take it and go with me if I need to see my community psychiatric nurse or the GP. This is all good because it helps me keep well I suppose.”

Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medicines audits carried out by staff. We

Is the service safe?

looked at three people's medicine folders. These included photographs to formally identify people, medicine administration records, medicines risk assessments,

weekly medicine counts and records of medicines returned to the pharmacist. We checked medicine administration records which showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. Staff had the knowledge and skills required to meet the needs of people who used the service. Training 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 also completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and training specific to the needs of people using the service for example, in personality disorders and mental health awareness.

We spoke with two staff about training, supervision and appraisals. One told us they had completed an induction when they started work and they were up to date with their training. 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. They said, "I think the training I get here really helps me to support people with their needs. In particular the training on mental health awareness has helped me to work with people more effectively." The other member of staff said they had started work at the home eight weeks ago. They had completed an induction and training on safeguarding adults, fire safety, whistle blowing and personality disorders. They had received regular supervision from the manager and had good support from the staff team.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us that all of the 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 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 they would work in line with the Mental Capacity Act 2005.

People had access to sufficient amounts of nutritional foods and drink to meet their needs. People told us they bought their own food and cooked for themselves. One person said, "We cook all our own meals here. We can use the kitchen at any time to make snacks and drinks. The staff will help me if I ask them. We all put £2 in a kitty for a Sunday roast. That is really great and we all enjoy it." Another person said, "I buy my own food and cook it here but I sometimes like to have a meal in the local café. I enjoy the Sunday roast and I always help in the preparation." People's care plans included sections on their diet and nutritional needs, alongside their support needs, for example with shopping, cooking and meal planning.

People had access to a GP and other health care professionals when needed. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. The manager told us that all of the people using the service were registered with a GP of their choice. People had regular contact with the local Community Mental Health Team (CMHT) and had access to a range of other health care professionals such as dentists, chiropodists and opticians if and when they required them. We saw that people's care files included records of their appointments with healthcare professionals. One person said, "I am usually quite healthy but I can see the GP if I need to. I can also see the community psychiatric nurse (CPN) when I need to." A community psychiatric nurse (CPN) told us the manager and staff always kept them informed of any changes in their client's health care needs or if any extra support was required from them or the Community Mental Health Team.

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, “I think the staff here are very caring. My room has just been decorated. I have a new double bed and a new wardrobe. It’s lovely. They look after everybody well here.” Another person said, “I am getting the right care here. This place is nice and the staff are caring.” Another person said, “The staff are really good. They do the best they can to help people.” Another person said, “The staff are very kind, they let me do what I want to do. I have no qualms with the home.” A community psychiatric nurse (CPN) told us, “When I visit the home people always appear to be well looked after and cared for.”

People had been consulted about their care and support needs. One person said, “I have a care plan and I know what’s in it. I have a keyworker and we often meet to talk about how I am doing. I also have a CPN who I see when I need to.” Another person said “I have a care plan and a recovery plan. I don’t understand the recovery plan and I not sure what it does but I fill it in with my keyworker and they tell me what it’s about. I have forgotten but I suppose these plans are helping me to get better. I have a CPN who comes here for review meetings and sometimes I visit them.” Another person said, “I have been through the recovery plan with my keyworker. The recovery plan gives me the ability to make things happen for me. I also have a care plan and I can talk to my keyworker about that too.” The manager told us that keyworkers were working with some people to help them understand their care, support and recovery plans.

There were regular residents meetings where people could talk about things that were important to them and about

the activities they wanted to do. We looked at the minutes from the last residents meeting held in March 2015. The meeting was well attended by people and their comments and suggestions had been recorded. Items discussed at the meeting included the Sunday lunch club, key working, house maintenance and ideas for activities. People said they found the residents meetings helpful. One person said, “The residents meetings are important so we can all have our say. We meet as a group and say what we want from the home and the staff.”

People were provided with information about the home. One person showed us a resident’s handbook provided to them when they moved into the home. This book included important information such as the complaints procedure, emergency fire procedure, how the home would meet their needs, visitors’ information, local area information and a copy of the last Care Quality Commission inspection report. They said they found the information in the book helpful when they first moved in.

One person using the service said, “The staff are okay. They are not nosey. They don’t just walk into my room unannounced. They might knock on my door to see if I am alright. I think my privacy and dignity is respected.” Staff were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. Staff told us how they ensured people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and made sure information about them was kept confidential at all times. We saw that people’s care records were stored in a locked cupboard in the office. Staff told us that all of the people using the service were independent and did not require any support with personal care; however on occasions they might prompt people to purchase toiletries, shave or change their clothing.

Is the service responsive?

Our findings

People told us they had keyworkers and they had regular discussions with them about their care and support needs. One person said, “The staff know me and respect me I think. They understand me and my needs. They are as helpful as they can be.” Another person said, “The staff ask me what I need help with. They know me well and know what they need to do for me.”

People’s needs were assessed and care files included detailed information and guidance for staff about how their needs should be met. People’s health care and support needs were assessed before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans, recovery plans and risk assessments. The files were well organised and easy to follow. They also included evidence that people using the service, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in the care files had been reviewed by staff on a regular monthly basis.

We saw Care Programme Approach (CPA) review meeting reports in people’s care files. The CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health needs. A community psychiatric nurse (CPN) told us they saw their client on a regular basis. They attended six monthly placement reviews and six monthly CPA meetings. They told us that since their client had been there they had made significant improvements. Their client had learned new skills such as cooking and managing their money. They said plans put in place to support their client were followed by staff and staff were very good at providing them with updates and information relating to their client when they requested it. A care coordinator told us the home provided a very good service to people with complex needs. They attended

regular review meetings for their client and staff followed their clients care and support plans well. Their client’s quality of life had improved greatly at the home. They now managed their own money and went shopping for food.

Staff encouraged people to be as independent as possible. People had weekly activity planners. These planners included people’s activities for example domestic tasks, food shopping, cooking, visiting family and the local community. People said there were opportunities to do things both in and out of the home but most said they liked doing their own things. They told us they tidied their rooms and did their own washing, cooking and shopping. One person said, “We all get on well together here and we all just do our own thing really. I like to play cards or dominoes or listen to music but some people like go out all day to visit their friends or family.” Another person said, “They put on film nights and that’s alright. I am out a lot of the time and I don’t really need any help from staff to organise anything for me, I can do that for myself. I see my friends and go to the gym. I am happy just going out to do what I want to do. I prefer my own company.”

The home had a complaints procedure in place. We saw copies of the complaints procedure were located in communal areas throughout the home. People said they knew about the home’s complaints procedure and they would tell staff or the manager if they wanted to make a complaint. One person said, “I would complain to the manager if I wasn’t happy about something. If the manager wasn’t here I would tell the staff. I am sure they would do something if I did complain. But honestly I have never had any problems here.” The manager showed us a complaints file which included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

One person using the service said, “I think this place is organised and runs smoothly. We have a say in what happens here. I think the manager and staff know what they are doing.”

The manager and staff told us that the ethos of the home was to support people to become more independent, help them to learn or relearn skills so that they could move back into the local community. A member of staff said, “People usually stay here for two years then they move on. Our goal is to prepare people for independent living. We work hard as a team to do that. There is nothing more satisfying as seeing someone move out to a place of their own.” Another member of staff said, “I have only worked here a short time but seeing little things happen for people each day motivates me. For example, one person going for a long walk. Something they hadn’t done for a while, they felt good and that in turn makes me feel good.” The community psychiatric nurse (CPN) told us they saw good leadership from the manager and felt the home was well run. The manager and staff had a very good working relationship with the Community Mental Health Team. One person’s care coordinator said the home was well organised and staff knew what they were doing.

All of the staff we spoke with said they enjoyed working at the home. They said the manager had an open door policy, listened to what they had to say and they were very supportive. Staff felt they could express their views at team meetings and handovers. We saw that team meetings were held every month and were well attended by staff. Items discussed at the March 2015 meeting included people using the service’s well-being, activity planning, focussed handovers, key working sessions and fire safety. A member of staff said, “I think there has been really good teamwork here since the day I started. I am well supported by the manager; they are always on the end of the phone. If they are not around I can call the on call manager or even the

director of Community Options.” The manager and two members of staff told us they discussed people’s care and support needs and any tasks that needed to be completed at daily handover meetings. Focussed handover meetings were held if any person using the service was experiencing difficulties or they were unwell so that the team had a plan in place to support them.

The provider took into account the views of people using the service expressed through annual surveys. For example the 2014 survey indicated that some people using the service did not understand how setting goals for themselves was related to their care and recovery plans. The manager showed us an action plan and evidence that people had been supplied with diary’s to use as a method of recording their goals. They also told us keyworkers were working with some people to help them understand their care, support and recovery plans.

The manager recognised the importance of regularly monitoring the quality of the service. They showed us records that demonstrated regular audits were being carried out at the home. These included health and safety, infection control, maintenance, medicines administration, fire safety and care file audits. They also showed us completed audit reports which monitored the provider’s compliance with the regulations associated with the Health and Social Care Act 2008. The manager told us that senior managers and trustees carried out regular unannounced quality audits. We saw reports from quality audits completed in July, September 2014 and February March 2015. We saw action plans for the February and March 2015 audits and confirmation that the actions had been completed. Accidents and incidents were recorded and monitored. The manager and staff told that any incidents and accidents were discussed with staff at team meetings and focussed handover meetings. This was so that the team could learn from them and reduce the risk of similar incidents happening again.