

Hexagon Housing Association Townley Road

Inspection report

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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 unannounced inspection took place 29 May and 3 June 2015. The last inspection of the service was on 28 February 2013 when we found the service met all the regulations we looked at.

The service provides care and accommodation to 10 adults with mental health problems. At the time of our inspection there were nine people living at the home.

There was a registered manager who has worked at the service for several years. 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 2008 and associated Regulations about how the service is run.

People told us that they felt safe in the service. Staff had been trained in safeguarding people from abuse and they demonstrated they understood how to safeguard the people they supported in line with their procedure.

There were sufficient numbers of staff on duty to meet people’s needs. Risks to people were assessed and

Summary of findings

managed appropriately to ensure that people's health and well-being were promoted. People received their medicines safely and medicines were managed in line with procedure.

Staff told us they were supported to do their jobs effectively. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments and to maintain good health.

People's choices and decisions were respected. People agreed to their care and support before it was delivered. People made decisions about their day-to-day care and support. People were able to go out and return as they wished. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink throughout the day and staff supported them to prepare food to meet their requirement.

People said staff treated them with respect, kindness and dignity. Care records confirmed that people had been given the support and care they required to meet their needs. People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People's needs and progress were reviewed regularly with the person and a professional to ensure it continues to meet their needs.

People were encouraged to follow interests and develop daily living skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible.

The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided. There were no outstanding actions from audit reports we looked at.

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. The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood how to recognise abuse and how to report concerns following the organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

People received their medicines safely.

Good



Is the service effective?

The service was effective. People were supported by staff who were trained and well supported to meet their needs.

People gave consent to the care and support they received before they were delivered. The service knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink of their choice and were supported to eat a healthy diet.

People were supported to access healthcare services to meet their needs.

Good



Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected by staff. Staff showed compassion and care in the way they attended to people.

Staff understood the needs of people and how to support them. People were involved in planning their care and support and their wishes respected.

Good



Is the service responsive?

The service was responsive. People's individual needs were assessed, planned and care was delivered in a way that met them.

People were supported to do the things they enjoyed and develop new skills for daily living.

People knew how to complain if they were unhappy the service. People were given the opportunity through meetings to feedback and make suggestions about the service and these were acted on.

Good



Is the service well-led?

The service was well led. People and staff told us that the registered manager was approachable and open to new ideas.

There were systems in place to monitor and assess the quality of service provided.

The service worked in partnership with other agencies and community services to provide an effective service to people.

Good



Townley 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 checked 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 unannounced inspection took place on 29 May and 3 June 2015 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service, one person who previously used the service, four members of staff and the manager. We observed how staff supported people and how staff handed over information about people from one shift to the next.

We looked at four people's care records and nine people's medicines administration records (MAR). We looked at four staff files and records relating to the management of the service such as health and safety and complaints.

We received feedback from three members of the community mental health team involved with the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I feel safe. I keep my money myself and it is safe.” Another person told us “They [staff] treat me well. They speak to me nicely.”

The service had a safeguarding policy and procedure in place and staff knew how to report abuse or concerns. They described the various forms of abuse and signs which would help to recognise them. Staff told us that they believed that if they raised concerns that it would be investigated appropriately. They also knew their right to ‘whistle-blow’ and how to do so if necessary. The registered manager had acted in accordance with their procedure to ensure concerns raised were appropriately investigated and actions taken to safeguard people.

People received the support they required to prevent or reduce any risk to their health and well-being. The service conducted assessments to identify conditions and activities that may put people at risk of harm. These assessments explored areas such as physical health, mental health, behaviour, relationships and safety in the community. Detailed plans were put in place with the involvement of professionals such as the psychiatrist or behavioural psychologist where risks were identified. We saw a risk management plan for one person who was at risk of going missing. Individual support from staff was provided for the person when out in the community. Staff ensured the person always had an identity card on them with numbers to contact relevant people in emergency. Another person’s plan stated triggers of their mental health condition, signs of relapse, and types of therapeutic activities to engage the person to prevent or manage the risk of relapse. Staff understood the risks associated with people and the plans on how to support them appropriately. Progress reports showed that staff followed the plans and supported people in line with them.

People’s medicines were managed safely. Only registered nursing staff administered medicine to people. We

observed medicine administration at lunchtime and saw that people received their medicines as prescribed. The nurses spoke to people appropriately explaining what their medicines were for before giving it to them. We checked Medicines Administration Records (MAR) for the nine people living at the service. The MAR were accurately signed and fully completed.

Medicines were safely stored. We saw that medicines were kept in locked cabinets and in a locked room only accessible by staff. Medicines were organised neatly and clearly labelled. Medicines such as insulin and eye drops which required storage in a temperature controlled environment were kept in the fridge. Records showed that the fridge temperature was monitored daily and was within the required level. Medicines received into the service were recorded showing the name of the medicine, the person it was for and the quantity. Record was also maintained for returned medicines. An audit was carried out daily and it showed that all medicines were accounted for.

People told us that there were enough staff to support them with their needs. We saw that there were suitably qualified and experienced staff on each shift to safely meet the needs of people. There was at least one qualified nurse and two support staff on duty all the time. Staff we spoke with expressed no concern with the number of them on duty to safely support people. We observed that people were given the support they required promptly. The registered manager told us that they planned staffing level using a dependency rating tool and this was working well for the service. The manager told us that they provided additional staff if required based on the needs of people, or if people had appointments. Staff absence was covered by bank staff.

Staff had the support of their manager and the community mental health team to appropriately respond to emergency situations. People had individual crisis plans in place and staff knew what actions to take in the event of emergency situations. There was an on-call procedure with contact details of people to seek support from if required.

Is the service effective?

Our findings

People told us that staff knew their jobs well and how to support them. One person said, “The staff are really good and know when you are beginning to get unwell and what to do.” Another person said “Staff are excellent.”

Professionals we spoke with told us that staff understood the needs of people and supported them in a way that met their needs.

Staff told us that they had the right support from their manager to carry out their roles effectively. One staff member said “We have regular supervisions. We discuss concerns and find solutions together.” Staff met with their manager regularly for support and supervision. Supervision meeting records showed that staff were able to discuss concerns about the people they supported, team issues, performance and learning and developmental needs. Staff received annual appraisals where they got feedback on their work performance. The goals and targets set for the previous year were reviewed and new goals were set. Staff were confident in discussing the objectives of the service, their job roles and responsibilities in ensuring they were achieved.

Staff told us they received the training they required to improve their knowledge and skills and to provide effective support to people. One staff member said “We have loads of training here.” And another staff told us “I get the training to do my job.” Training records confirmed that all staff members had completed training relevant to providing appropriate care and support such as mental health awareness, managing behaviour that challenges, safeguarding adults from abuse, communication skills, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). Staff meetings were also used as opportunity to learn. Staff shared learning experience with their colleagues and together they reflected on an area of their work and how to improve practise. Staff told us it helped them continue to learn and were able to apply knowledge gained from training in their work. This ensured all staff were effective in meeting the needs of people.

Record showed that all staff had completed a period of induction when they started working at the service. The induction included reading through people’s care plans, policies and procedures and observing how experienced staff supported people.

People told us they consented to their care and support before they were delivered. Staff understood that people had the right to refuse care and support. One staff member said “It’s the person’s choice that matters and not mine.” Staff told us they communicated with people to explain the care and support being offered and gave the person time to make a decision. They explained the process to follow if a person lacked mental capacity to make decisions in their best interests. Meetings were held involving relevant professionals and advocates to ensure decisions were made to the person’s best interests.

The registered manager understood their responsibility to ensure that people were not unlawfully deprived of their liberty and their rights were protected. At the time of our visit, two people were subjected to DoLS. Their records showed that the correct process had been followed and the local authority safeguarding team had been involved.

People were supported to have food and drinks that were healthy and met their dietary requirements. People told us they enjoyed the food provided at the service. People’s care records stated their dietary requirements and preferences such as their cultural food. There was a weekly food menu prepared with people. People confirmed that they were involved in planning the menu and told us that they could request something different. The menu had a range of options which included various cultural/ethnic foods. We saw people request for food of their choice at different times of the day and staff supported them to prepare it. Two people told us that they were regularly supported by staff to prepare their cultural food. We also saw that the menu included food suitable for people with diabetes and they were supported to eat healthily.

People told us staff supported them to see their GP when they felt unwell and they regularly had health reviews and checks to ensure their health was maintained. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). The team visited the service every two weeks for an update and to prescribe and review people’s medicines. Care programme approach reviews with people’s care coordinator took place as when required. The person was involved in monitoring their progress and setting new goals. Staff told us that they were able to contact the CMHT team for advice and support if required and they found them helpful. The professionals we spoke with said staff kept them

Is the service effective?

up-to-date with information, communicated effectively and implemented actions as agreed. For example, where a person's medicine needed to be changed, staff acted on this promptly.

Is the service caring?

Our findings

People told us that staff respected them and were kind to them. A person said, “Staff are kind and caring.” Another person said “Staff are friendly and you can chat with them.” Professionals told us that staff interact with people in a polite, kind, respectful and dignified manner at all times, even in the face of challenging behaviour.

We observed positive interactions between staff and people. People were comfortable to speak to staff about their plans for the day and any matter of concern. Staff listened to them with interest and provided advice and support where required. We also saw staff provide comfort to a person who was agitated and distressed. The staff member stayed with the person, spoke to them in a gentle manner and asked them what the problem was. They talked about the problem and the staff gave them reassurance and supported the person until they became relaxed.

People had keys to their rooms and before staff entered a person’s room, they sought permission. Staff understood why people’s personal space should be respected. One professional told us that staff ensured people had private

room to meet with them so they could talk without being overheard. We saw that people’s personal records were kept secure and meetings about people were conducted in private rooms to maintain confidentiality.

Care records had information about people’s histories and background including education, family, social network, culture, religion and individual preferences. People told us staff knew how to support them as they wished. We heard staff address people by their preferred names. Professionals told us staff understood the needs of the people they looked after and supported them accordingly. Staff knew how people’s lifestyle choices affected their mental and physical health and their activities of daily living. They explained they supported people to ensure their needs were met through regular key-working sessions and engaging them in activities they enjoyed. People had a key member of staff who was responsible for ensuring their well-being and progress.

People told us they were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. People were also involved in their care programme approach review meetings and their key workers supported them to express their views in relation to how their needs should be met.

Is the service responsive?

Our findings

People told us that they got the support they needed from staff to do what they wanted. People's needs were assessed, planned and care was delivered in a way that met their individual requirements. Care records showed that care needs assessment covered people's background, physical and mental health needs, and social relationships, interests and goals they wanted to achieve.

Support plans were in place which clearly set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. Staff had supported people to manage their behaviour as a result of their mental health problems. We saw that people had regular individual sessions with their key member of staff. Notes from these meetings showed that people were encouraged to talk about their feelings and thoughts, and they found ways to deal with them positively.

The service responded appropriately to ensure people's physical health needs were maintained. For example, one person with regular high glucose level was supported to explore the cause of the high glucose level. They were supported to improve their lifestyle by exercising and maintaining a healthy balanced diet. The service had involved the relatives to support the person to eat healthy food options. These interventions had gradually improved the person's health. Staff told us that they gave feedback to the person about any improvement made and the benefits in order to motivate them. Daily notes and minutes of handover meetings showed that staff reported on people's progress or concerns between shifts to ensure appropriate follow ups or monitoring took place.

The service supported people with rehabilitative programmes and they were encouraged to be as independent as possible. People were supported to develop independent living skills. One person had an occupational therapist doing cooking sessions with them to assess their ability to prepare meals. Staff also

encouraged people to do cook their meals themselves or with support. We saw that people had chores they undertook daily including cleaning their rooms and helping out in the kitchen during meal times. People told us they liked doing things in the home. One person said "It keeps me going and makes you feel as part of it."

The service had worked with local educational centres and agencies to provide training programmes for people. We saw that people had completed training in budgeting skills, benefits claims, recovery and moving on, food hygiene, safety awareness and fire safety. People told us it was helpful for them to develop knowledge and skills in these areas.

One ex-resident we spoke with told us that the training and skills they acquired while at Townley Road had enabled them to live independently with minimum support. Staff told us that they got satisfaction through seeing people improve in their health and abilities and then move on to less supported accommodation.

People were supported to do the things they enjoyed and live active lives. We saw people leave the home independently and return as they wished. Each person had an individualised activity plan and staff supported people to participate in these activities where required. We saw staff accompany one person to watch a football match. The person told us they enjoyed watching football. People were able to visit friends and family in the community and they were also able to have their friends and family visit them.

People's views on how their service should be provided were obtained and acted on. The service held regular meetings with people to consult and gather feedback. We saw that people were consulted about the food, activities and house rules. People told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. We saw evidence that a complaint had been acknowledged, investigated and responded to and in line with the organisation's procedure.

Is the service well-led?

Our findings

The service had a registered manager who had worked with the service for several years.

People told us that they could speak to the registered manager about anything and she listened to them and make every effort to resolve their concerns. One person said “She is good and helps a lot.” An ex-resident said “The manager never stops encouraging you. She is very good at her job.” Professionals we spoke with also told us that the service was well managed. We observed positive interactions between the registered manager, staff and people as they shared information with staff about people worked out an action plan.

People using the service had access to the local community and participated in community events. The service worked in partnership with various organisations to deliver services for people. For example, the community police team had presented workshops on safety awareness and anti-social behaviour. They had also worked with a project group to talk to people on topics about empowerment, recovery and moving-on. People told us they found it useful as it related to the issues they faced. Staff told us these projects had been good learning opportunities and helped them deliver a better service to people.

Staff told us that the manager was open to suggestions and feedback and supportive. The registered manager regularly held meetings with the staff team to discuss issues

regarding people and other concerns. Staff told us that they were able to discuss matters freely and as a team they found solutions together. They said team meetings were also used as learning opportunities as they reflected on various areas of their work and experiences which enabled them improve their practice. All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service. They talked enthusiastically about their roles in ensuring people were supported to improve their mental and physical health and developed the skills to live independently in the community.

The service had systems in place to regularly assess and monitor the quality of service provided. These included health and safety, infection control, and quarterly provider reviews. They were conducted by the registered manager and service manager and looked at documentation, speaking with people, staff and managers. Improvement plans were devised following the report where required. There were no actions from the last reports looked at.

The service reviewed accidents and incidents, reported them and ensured lessons were learnt from them to improve the service. For example, house rules had been put in place following reports about people's and conducts in the home, their support plans updated and training provided to staff on how to deal with such behaviours. We saw that the service reported all notifiable incidents to CQC as required by their registration.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.