

Community Options

Community Options Limited - 4 Sandford Road

Inspection report

4 Sandford 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 25 March 2015 and was unannounced. At our last inspection on 11 September 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options Limited - 4 Sandford Road is a residential care home which provides support for up to five adults with mental health needs. At the time of our inspection the home was providing care and support to four 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, mental health awareness and the recovery star approach. Safeguarding adult's procedures were robust and 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 using the service were had been fully involved in planning for their care 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 had jobs,

attended colleges and gyms and enjoyed visiting the local area. 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 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 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. 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 safeguarding adult's procedures in place and staff had a clear understanding of these procedures. 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 on shift.

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. Their care files included assessments relating to their dietary needs and preferences.

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

Good



Is the service caring?

The service was caring. Staff were caring and spoke to people using the service in a respectful and dignified manner. People were consulted about and involved in developing their care plans and recovery plans.

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

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.

People had jobs, attended colleges and gyms and enjoyed visiting the local area.

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.

Good



Summary of findings

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

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

Community Options Limited – 4 Sandford 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 one inspector on 25 March 2015 and was unannounced. We spent time

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

Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider. We also spoke with a Community Psychiatric Nurse about their views on the service.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "I feel safe living here. The residents and staff all get along well together, there are never any problems." Another person said, "Sure I feel safe. This is a nice place, very relaxed and there's no need to worry about anything."

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" to guide staff in protecting people. The manager told us they were the safeguarding lead for the home. We spoke with three members of staff about safeguarding. They 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 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 provider's 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 using the service, the manager and staff told us there were always enough staff on shift. One person using the service said, "There is always plenty of staff around." Another person said, "There's always someone here day and night and the manager is usually here every day." 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 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 regular 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 self-medication. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. We saw that crisis and behaviour plans were in place to support people when they were unwell or experiencing personal difficulties. These had been completed by people using the service in their own words and detailed how they wished to be supported. A person using the service said, "I have talked with my keyworker about the help I need when things are not going well and staff know what to do to help me."

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 fire drills. People using the service had individual fire risk assessments in place; this 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.

People's medicines were well managed and they were receiving their medicines as prescribed by health care professionals. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person told us they were supported to administer their own medicines through a self-medication programme. We saw they had a self-medication risk assessment in their individual medicines folder. This person said, "I am moving out to my own place in a few weeks. I take my own medicine. The staff have really helped me with this. They just check that I

Is the service safe?

take it.” We saw that staff had carried out spot checks to make sure they had taken their medicines. Another person said, “Staff help me with my medicine at the moment, I dispense it myself and they observe that I take it. We both sign the sheet when I take it. I want to take the next step soon so that I can look after my own medicines.”

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 looked at two people’s medicine folders. These included photographs to formally identify people, medicine administration records, medicines risk assessments, weekly medicine counts and medicines that were returned to the pharmacist. We checked medicine administration records; these indicated 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. This 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 Deprivation of Liberty Safeguards and training specific to the needs of people using the service for example, mental health awareness and the recovery star approach. The recovery star is program designed for people to manage their mental health and support them to recover from mental illness.

Staff 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. One member of staff said, "I am up to date with all of my training. I have had a lot of training on mental health awareness which really helps me to understand people's needs and enables me to support and empower them." Another member of staff said, "I get all the training I need. I can talk to the manager if I need any more. We also talk about training at supervision and at appraisals."

The manager 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 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.

People told us they bought their own food and cooked for themselves. One person said, "We all buy our own food and cook our own meals. I have learned a lot of new skills since I came here and cooking is one of them. The staff encourage us to eat healthy meals." Another person said, "I am moving to my own place soon and I know that I can look after myself when it comes to budgeting, buying food and cooking for myself." Another person said, "I cook my own meals. I like healthy food; I like to cook curries and pasta. Sometimes I go out with other people to local pubs, cafes and restaurants and we have a meal." People's care plans included sections on their diet and nutritional needs, alongside their support needs, for example with shopping, cooking and meal planning.

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. The manager told us that all of the people using the service were registered with a local GP. 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 and opticians if and when they required them. We saw that peoples care files included records of their appointments with healthcare professionals. One person said, "I get to see the community psychiatric nurse (CPN) about once a month or when I need to. The GP and dentist practices are just up the road and I see them if I need to." Another person said, "I can see my GP if I need to. I have been seeing a lot more of my CPN and the CMHT lately but that's because I am getting ready to move out." A community psychiatric nurse (CPN) told us the manager and staff were very "clued up" on their client's health care and support needs. Staff always kept them informed of any changes in their client's 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 am leaving soon but I am going to miss this place and the staff. The staff have been really caring and supportive to me. They understand me and my needs. I can't thank them enough for what they have done for me." Another person said, "Everyone that comes here likes it here. It's homely and the staff are great. They encourage us to do things for ourselves and the atmosphere is always positive and friendly." Another person said, "It's all good here, the staff are helpful, friendly and supportive." A community psychiatric nurse (CPN) told us, "When I visit people are always well dressed and look happy. They seem to have good relationships with the manager and staff."

People told us they 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 to talk with and I have a community psychiatric nurse who visits me." Another person said "I have a care plan and a recovery plan. I can talk to my keyworker when I want to. We talk about how things are now and what I want to do in the future. I also have a CPN; I meet them when I need to." Another person said, "I see my CPN every fortnight, they see how things are going for me here at the home. I meet with my keyworker to talk about what things I want and need to do."

People told us about regular residents meetings where they were able to talk about things that were important to them and about the activities they wanted to do. People said they found the residents meetings helpful. We looked at the minutes from the last residents meeting held in February 2015. The meeting was well attended by people

using the service and their comments and suggestions had been recorded. Items discussed at the meeting included DVD nights, Sky TV, healthy breakfasts and two people using the services leaving parties. One person said they had arranged DVD nights and enjoyed some healthy breakfasts on Saturday mornings following the meeting however the Sky TV could not be arranged as it was too expensive.

The manager told us 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 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. The manager told us they assessed staff members' competence in these areas at least once a year. This helped staff to focus on the ethos of the service.

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 a payphone was available in the hallway for people to make calls to friends and family. The manager told us that people could use the office phone in private for more sensitive issues, for example discussions with health care professionals. A member of staff said 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. One person using the service said, "We all have keys to our rooms. The staff might knock on my door to see if I am okay. I think my privacy and dignity is respected."

Is the service responsive?

Our findings

People told us they were provided with a resident's handbook 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. People said they had keyworkers and they had regular discussions with them about their care and support needs. They said they had care plans and recovery plans which they kept in their rooms.

Assessments were undertaken to identify people's support needs 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. Care plans included detailed information and guidance for staff about how people's needs should be met. 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 reports from Care Programme Approach (CPA) review meetings were available 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 said that Sandford Road provided a great service. Staff had been really successful at rehabilitating people and teaching them new skills. They had a number of clients

with complex needs who had been supported by the home to move on to independent accommodation. They said the Community Mental Health Team were always happy to place people there."

People said there were plenty of opportunities to do things both in and out of the home. There were quiz and movies nights for people to participate in if they wished. They told us they tidied their rooms and did their own washing, cooking and shopping. There were trips to London and Brighton and some people said they liked to visit the local pub together to play pool. One person using the service said, "When I came here I was very low. I used the recovery plan with my keyworker to monitor how things were improving for me. I have matured and learned so much about myself. I feel more outgoing and confident." We looked at this person's care file and saw they had completed and signed their recovery plan along with their keyworker on a regular basis. They said they worked as a dog walker every day. They had also been supported by staff to enrol on a college course on website design. Another person told us they worked at a local animal sanctuary and also attended an art class at a local college. Another person told us they worked voluntarily at a local charity shop.

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 were unhappy or wanted 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. 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

A person using the service said, “Everything works here. We come here to get better and find a place to live. They do what they say they are going to do because people move on. The staff are organised, the home is always clean. I think this place is very well run.”

Throughout our inspection it was clear from the manager, staff, people using the service and a community psychiatric nurse (CPN) we spoke with that the ethos of the home was to rehabilitate people, support them to learn new skills and help them to move on to independent living accommodation. The manager told us the aim of the home was to provide people with an environment where they could re-learn and develop skills, lead more independent lives and maintain good mental health. The team supported people with activities and goals they enjoyed which supported their recovery journey. They worked closely health care professionals and family members but kept people using the service central to any decision-making. A member of staff said, “Our aim is to help people develop their wellbeing, social skills and improve their quality of life. As a team we all work towards doing that and I think we do a good job. It’s great to see how people change over the time they stay here until they leave and find their place in the community.” Another member of staff said, “We all work to help people recover. We empower them to do things for themselves. When I see someone come here with low self-esteem and see them grow in confidence it really motivates me to do a good job.” The CPN told us the home was well organised and well run. They said the manager and staff had a very good working relationship with the Community Mental Health Team.

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. A member of staff said, “We are

always talking about people’s needs and what the team needs to do to support them.” We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the January 2015 meeting included fire safety, risk assessments, residents meetings and the Care Quality Commissions inspection methodology. A member of staff told us they discussed peoples 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 people using the service did not understand the concept of recovery and they wanted clear and simple documentation on the topic. The manager showed us an action plan and evidence that documentation had been developed on the concept of recovery and given to people using the service.

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, staff training, fire safety and care file audits. They also showed us completed audit reports which monitored the homes compliance with the regulations associated with the Health and Social Care Act 2008. We saw a report from an annual audit carried out by the provider in November 2014. The manager showed us an action plan with a recommendation made following this audit and evidence confirming that the recommendation had been met. We saw that 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.