

Community Options

Community Options Limited - 73 Repton Road

Inspection report

73 Repton 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 took place on 30 April 2015 and was unannounced. At our previous inspection in May 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options Limited - 73 Repton Road provides accommodation and support for up to five people with mental health difficulties. At the time of our inspection the home was providing support to five people. The

home had a registered manager. 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.

Summary of findings

People told us they felt safe living at the home and staff treated them well. There were policies and procedures in place for the safeguarding of adults from the risk of abuse and staff were knowledgeable in how to report any concerns appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health and these were reviewed on a regular basis. There were arrangements in place to deal with foreseeable emergencies.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were suitable staffing levels to meet people's needs.

Medicines were stored, recorded, managed and administered safely and the home environment appeared clean and well maintained.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff demonstrated a good understanding of people's right to make informed choices and decisions independently.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet and people told us they had access to health and social care professional when required.

People were provided with appropriate information and were supported to understand the care and support choices available to them. People told us they had been involved in the development of their care plans and were consulted about their support needs.

People's needs were assessed and individual care plans were developed with people's participation to ensure people's choices, safety and welfare was considered.

Staff displayed kindness and patience toward people and there were positive interactions between staff and people using the service. People were supported to be independent and were encouraged to engage in a range of activities that reflected their interests.

There was a complaints policy and procedure in place and copies of the complaints procedure leaflets were available in communal areas throughout the home. People told us they knew about the home's complaints procedure and would tell a member of staff or the manager if they had any concerns.

There were procedures and systems in place to evaluate and monitor the quality of the service provided. Staff and people using the service worked well together to promote the providers purpose and values and in supporting and improving people's lives within local communities.

The home promoted an open culture that encouraged feedback from people to drive improvements and enhanced good practice. The home also encouraged involvement from health and social care professionals when required. The provider took account of people's views about the service provided through the provider's annual service user surveys and through the homes comments and suggestions box.

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 policies and procedures in place for safeguarding adults from the risk of abuse and staff were knowledgeable in how to report any concerns appropriately.

Medicines were stored, recorded, managed and administered safely and the home environment was clean and well maintained.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were suitable staffing levels to meet people's needs.

Good



Is the service effective?

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs.

People were supported to eat and drink sufficient amounts to meet their needs and had access to health and social care professional when required.

People were provided with appropriate information and were supported to understand the care and support choices available to them.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and respect. People were supported to be independent and were encouraged to engage in a range of activities that reflected their interests.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and individual care plans were developed with people's participation to ensure people's choices, safety and welfare were considered. There was a complaints procedure in place.

Good



Is the service well-led?

The service was well-led.

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

The provider took account of people's views with regard to the service provided through annual service user surveys and through the homes comments and suggestions box.

Staff and people using the service worked well together to promote the providers purpose and values and in supporting and improving people's lives within the local community.

Good



Community Options Limited – 73 Repton 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 a single inspector on 30 April 2015 and was unannounced. Prior to the inspection

we reviewed information we held about the service which included notifications they had sent us. We also spoke with commissioners of the service and the local authority safeguarding team to obtain their views.

During the inspection, we spoke with two people using the service, three members of staff and the registered manager. We spent time observing the support provided to people in communal areas, looked at three people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the home and staff treated them well. One person said “The staff are very good and all of them are kind.” The provider had policies and procedures in place for the safeguarding of adults from the risk of abuse and a copy of the “London Multi Agencies Procedures on Safeguarding Adults from Abuse” for staff reference. Contact details for the local authority safeguarding team and the police were displayed within the staff office for easy reference. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and knew how to report any concerns they had. Staff were also aware of the provider’s whistle-blowing procedure and how to use it. One member of staff said “I always report any concerns I have to the manager and would use the whistle blowing procedure if I needed to.” Staff had received training on safeguarding adults from abuse. The home had several notice boards displaying the local authority safeguarding contacts and health and safety information.

Accidents and incidents involving the safety of people using the service and staff were recorded and acted on appropriately. For example, one care plan we looked at documented that one person had been involved in an incident where the police had been contacted. We saw that action to support the individual was taken by staff and contact with local health and social care professionals was made to offer the appropriate level of support.

Assessments were conducted to assess levels of risk to people’s physical and mental health. These were detailed and responsive to people’s individual needs and included identified areas of risk such as finances, isolation, mental health relapse, self-neglect, self-harm, control of substances hazardous to health (COSHH), smoking and the risk of fire. Risk assessments contained clear guidance for staff on what actions should be taken to reduce the likelihood of risk occurring. People and their relatives or representatives where appropriate had been involved in assessing and reviewing their individual risks and were signed by people to show their agreement with the proposed outcomes and interventions.

There were arrangements in place to deal with foreseeable emergencies. People’s risk assessments contained emergency contact numbers for health and social care professionals such as community psychiatric nurses, who

could be contacted if a person’s mental health deteriorated. Staff we spoke with knew what to do in the event of a fire and told us that regular fire drills were conducted. There was a fire risk assessment in place for the home and people using the service had individual fire risk assessments detailing any support they may need to evacuate the property in the event of a fire.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff we spoke with told us they attended an interview process and employment checks were carried out before they started work. The registered manager told us that recruitment records were held at the provider’s head office. However they showed us staff information sheets which were held at the home and contained evidence of criminal records checks conducted, pre-employment checks and photographic proof of identity.

People using the service, the manager and staff we spoke with told us there were enough staff working at any one time to meet people’s needs. We looked at the staffing rota’s which confirmed this. Staffing levels were managed according to the needs of people using the service. On occasions when people required extra support for arranged activities or attending health care appointments, additional staff cover was arranged.

Medicines were stored, recorded, managed and administered safely. We observed how staff administered medicines to people. They checked medicine records to ensure the correct medicine was administered to the right person. People’s current medicines were recorded on Medicines Administration Records (MAR) and records we looked at were up to date and corresponded with the amount of medicines administered with no omissions documented. Medicines were stored securely in a locked cupboard in the office. Records of medicines received into the home and returned to the pharmacist were kept and we saw reports of weekly medicines audits that were conducted by staff. People using the service had a detailed medicine folder which contained photographs to formally identify people, medicine administration records and medicine risk assessments.

The home appeared clean and was appropriately maintained. Records showed that quarterly maintenance

Is the service safe?

checks were conducted and where issues were identified these were reported to ensure they were resolved quickly. There were also systems in place to monitor the safety of equipment used such as heating and electrical items.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us “Staff know me well and what I need help with. They are all very good.” Staff completed an induction programme when they started work. One member of staff told us “It was a long time ago but I remember working alongside other staff so I was familiar with people. I also completed mandatory training and worked from an induction training pack. It was very helpful.” Staff told us they received regular supervision and training that supported them to meet people's needs effectively. One staff member said “I feel very supported to do my job. I have supervision on a regular basis and we have a really good staffing team that supports each other.” Another member of staff said “Supervision is frequent and the training provided is really good.” Staff had completed an induction programme, received regular supervision and had completed all areas of mandatory training including specialised training that the service provided. These included mental health awareness, understanding autism and drug awareness. Staff were also supported to undertake accredited qualifications in health and social care.

Staff demonstrated a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. The registered manager told us that people using the service had capacity to make decisions about their care and treatment. However they said if they had concerns about someone's ability to make a specific decision they would assess their capacity in line with the Mental Capacity Act 2005 (MCA) and would work with the person, their relatives and appropriate health and social care professionals to ensure their needs were assessed and met.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. People told us they bought their own food and cooked their own meals. One person said, “Staff support me to cook food and make sure that I eat good foods and not always the bad stuff.” The home had a large communal kitchen which enabled people to have a storage cupboard for the food they bought and room for foods that required refrigeration. People's independence was encouraged and people visited local shops to purchase food and if requested staff supported them to do this. Risk assessments were conducted to ensure that everyone could use kitchen appliances independently and safely. People's care plans included diet and nutritional needs assessments and indicated any support people required such as support with shopping, cooking and meal planning. Care plans also recorded people's likes, dislikes and meal time schedules.

People told us they had access to health and social care professionals when required. One person said “I visit the doctors when I need to and go to appointments.” Staff monitored people's physical and mental health needs and if required people were referred to appropriate health care professionals for advice or treatment. People were registered with a GP of their choice and had regular contact with the community mental health team and a range of other health care professionals such as dentists, opticians and chiropodists. Care plans recorded people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff we spoke with had a good awareness of people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis.

Is the service caring?

Our findings

We observed staff speaking to and treating people in a respectful and dignified manner. Staff displayed kindness and patience towards people and interactions between staff and people using the service were positive. One person told us “Staff are great. They are always kind and caring.” Communal areas were warm and inviting and although at the time of our inspection most people were out, some people were relaxing watching television in the lounge or in their rooms.

Relationships between staff and people using the service and the support people required was discussed in team meetings, staff handovers, keyworker meetings and in supervision sessions. This promoted effective communication between members of the staffing team and ensured that people’s change in needs were met effectively. We observed a staff handover meeting where issues relating to the support provided to an individual was discussed.

People were provided with appropriate information and were supported to understand the care and support choices available to them. People told us they had been involved in the development of their care plans and were consulted about their support needs. One person said, “I know about my care plan. Staff speak with me all the time about it and I have a keyworker that helps me to change it when I need to.” Staff were knowledgeable about people’s needs with regards to disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs. Care plans and risk assessments detailed people’s preferences and

expressed wishes with regards to the care and support they received. Care plans showed that staff supported people to attend local community services, take holidays and meet their cultural needs.

Staff ensured people’s privacy and dignity was respected at all times. Staff gave us examples of how they promoted people’s privacy and dignity for example by knocking on people’s doors before entering their rooms, ensuring information held about people was kept confidential and respecting people’s wishes and choices. One member of staff said “We work with people to develop their skills and promote their independence; this ensures the best outcomes for them.” Discussions with staff demonstrated their commitment to meeting individuals’ preferences and recognising what was important to each person.

People were provided with information about the service and about other events or services that could be useful. For example there were several notice boards throughout the home which displayed information about health and social care topics such as mental health services, social events and clubs, provider’s values, health and safety issues, provider’s complaints procedure and local authority services. People were also provided with a service guide detailing the provider’s statement of purpose and values. We saw a comments and suggestions box placed in the entrance hall of the home which provided people and visitors with the opportunity to provide feedback and drive improvements.

Residents meetings were held on a monthly basis which provided people with the opportunity to discuss issues relating to the support provided and the general running of the home. Minutes of meetings held were documented and shared with people using the service. Any actions required following meetings held were documented to ensure actions were taken.

Is the service responsive?

Our findings

People told us staff listened to them and support them appropriately. They told us they were involved in their plans of care and had an allocated keyworker who supported them when required. One person said “Staff know me well and are always there when I need them.”

People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered. Pre admission assessments had been completed of people's physical and mental health care needs ensuring that the service could meet people's individual needs appropriately prior to admission. Care plans we looked at included assessments of people's physical and mental health needs. Each person had a recovery plan which detailed people's strengths, aspirations and objectives and risk assessments to support positive risk taking in a safe and controlled way. Care plans documented guidance for staff on how to meet people's needs in line with their individual goals for increased independence.

Care plans showed that people, their relatives where appropriate, keyworkers and health and social care professionals were involved in the on- going development of individual's plan of care. People's behaviour that may challenge the service had been identified in care plans and guidance for staff was recorded to ensure effective interventions were provided. Care plans were up to date and reviewed in line with the provider policy. Where people's needs had changed or staff had concerns about an individual, staff responded appropriately by consulting with relevant health and social care professionals.

People were asked for their views about their support and treatment and were provided with opportunities to discuss their needs with staff at weekly keyworker meetings. Care plans documented keyworker meetings and demonstrated that changes in people's needs and wishes had been discussed and actioned. For example one person's care plan documented that they wished to travel and recorded that staff were working with them to plan and facilitate their wish.

People were supported to be independent and were encouraged to engage in a range of activities that reflected their interests. People's care plans detailed preferred activities such as visiting friends, shopping and attending social clubs or events. People told us there were opportunities to do things both inside and outside the home within the local community. One person said, “I like going to the high street to get my shopping and visiting friends. I can come and go when I want and have my own keys.”

The service had a complaints policy and procedure in place and we saw copies of the complaints procedure leaflet located in communal areas throughout the home. People told us they knew about the home's complaints procedure and would tell a member of staff or the manager if they had any concerns. We looked at the home's complaints file and noted that one complaint had been made about smoking within the home. We saw that appropriate action had been taken by staff to address the concern. The registered manager told us that they promoted an open door policy whereby people and staff could come and speak with them directly and openly at any time.

Is the service well-led?

Our findings

There were procedures and systems in place to evaluate and monitor the quality of the service provided and at the time of our inspection there was a registered manager in post. People told us they thought the service was well run and staff were supportive. One person said “The manager and staff are all very good. I like it here very much, If I didn’t I wouldn’t live here.”

During the course of our inspection it was evident that the manager, staff and people using the service worked well together to promote the providers purpose and values and in supporting and improving people’s lives within local communities. Staff told us they enjoyed working at the home and felt supported by management. One member of staff said “I enjoy my work very much. The organisation is very good to work for and all senior managers are very supportive.” The registered manager told us that the organisation had been accredited by the ‘Sunday Times best company to work for award 2014’ and was rated as outstanding.

The home promoted an open culture that encouraged feedback from people to drive improvements and enhance good practice. We observed that the registered manager was available to staff and people using the service when requested even though they spent some time at other homes. We saw that the registered manager and staff spent time with people throughout our visit and supported them appropriately. Staff team meetings were held every month and were well attended by staff. We looked at the minutes of meetings held and items discussed included people’s health and well-being, staff handover meetings, day trips, mental health forums and training. Staff ‘handover meetings’ were held twice a day so staff finishing or starting their shifts were well informed about people’s well-being and activities of the day. We observed a staff handover meeting which included discussions about people’s daily health needs, people’s desired outcomes and goals, staff concerns and planned social events. A log book of staff handover meeting minutes was maintained to ensure all staff had access to the information even in their absence. The registered manager also told us that after each handover meeting any actions that required attention by staff were sent as a reminder to staff via a group e mail which ensured good communication within the staffing team.

The home encouraged involvement from health and social care professionals in assessing the quality of the service by surveys and feedback. The home had frequent contact with local health and social care professionals to meet people’s identified needs which were fully documented within people’s care plans. Health and social care professionals we spoke with told us they thought the service was well run and responded well in meeting people’s physical and mental health care needs.

The provider took account of people’s views about the quality of the service provided through the provider’s annual service user surveys and through the homes comments and suggestions box. The registered manager told us the next service user survey was due to be conducted in May 2015. We looked at the results for the 2014 survey conducted which showed that 81% of people across the providers services were very happy with the service they received and 75% of people across the providers services felt they had improved their general wellbeing. Where improvements in the service had been identified the registered manager implemented action plans to address and resolve issues.

We spoke with the local authority that commissions the service from the provider and they told us they carried out an audit of the service in December 2014 and January 2015. This was to ensure that people who used the service were safe and that care and support was provided as appropriate. They told us there were no concerns about the service; however some recommendations were made following their visit which the service had addressed.

There were systems and processes in place to monitor and evaluate the service. We spoke with the registered manager who showed us audits that were conducted in the home on a regular basis. These included environmental, health and safety, care plans and records and administration of medicines. Audits were up to date and records of actions taken to address highlighted concerns were completed. The registered manager told us that senior managers and trustees of the company also conducted regular unannounced quality audits which were developed by the provider and linked directly to the CQC Regulations.