East Living Limited

Coxley House

Inspection report

Coxley House, 28 Bow Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 28 October 2015 and was unannounced. The last inspection to this service was a follow up inspection on 29 August 2014 which looked at breaches from the previous inspection of 11 September 2013. We found that the provider was meeting the requirements of the regulations we inspected at the follow up inspection.

Coxley House is a registered care home for adults who have mental health needs run by the East Thames Housing Group. It comprises of 13 flats for people who use the service. There were six people using the service at the time of inspection.

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 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.

Staff did not consistently follow safe practice when recording the medicines people were taking. We found gaps in one person's chart where signatures were required. The registered manager acknowledged that staff had not followed their own good practice in this

Summary of findings

instance and said he would address the issue with the relevant staff and with the staff team as a whole. The medicines policy and procedure was not specific to this service and needed to be updated.

People who used the service said they felt safe and had no concerns about their safety. Staff completed training and knew how to keep people safe from abuse. Staff took appropriate action in response to incidents and clearly recorded these and the actions they took.

People who used the service had been settled over a long period of time. No-one who used the service had been admitted to hospital for treatment as a result of a relapse in their mental health. Risks to people were assessed and reviewed at least every three to six months. Staff took action in response to known risks to ensure people were safe. Staff carried out daily health and safety checks to ensure the safety of the premises.

There was a stable staff group who knew people well, the majority of whom had worked in the home over a long period, and were sufficient in skill-mix and numbers to meet people's needs.

People who used the service said they liked the staff who supported them with their identified needs. Staff said they enjoyed working in the service.

Staff were supported by the provider and received training to ensure they were effectively able to carry out their roles and responsibilities. Staff had received training about the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge about MCA issues.

The nutritional needs of people using the service were met according to their known needs and people said they were happy with the food. People were able to have their preferred ethnic foods.

People were supported to maintain good health, and had access to healthcare services and ongoing healthcare support.

People who used the service gave positive feedback about the staff and said they were kind, caring and treated them well. We observed good interactions between staff and people using the service. Relatives gave complimentary feedback about the staff and the service their family members received.

Staff helped to promote and encourage independent living skills and enable people to make their own decisions in relation to their own personal and domestic care, their daily leisure and social activities. Support plans included people's likes and dislikes, which enabled staff to provide a more personalised service.

People received care that was tailored to and responsive to their needs. Personalised support plans identified each person's needs and how these would be met. Needs were assessed prior to admission. Staff monitored changes and took action to maintain people's health and welfare needs on an ongoing basis, reporting any issues or concerns to professionals, such as consultants and care-coordinators for specialist advice and support. People's needs were regularly reviewed by multi-agency health and social care professionals.

A complaints procedure was in place, however people said they had no complaints. We saw that several compliments had been made by relatives and people who used the service.

People benefitted from using a service that was well managed and organised to ensure their needs were met. The registered manager understood their responsibilities and promoted a positive, open culture. Staff said they were happy with how the service was managed and how they were supported. There were systems in place for the service to check and deliver quality care on a daily basis. Management were committed to addressing areas where staff performance fell short of expected standards in order to maintain the safety and quality of the service. People's views were sought about the quality of the service and records showed that people and their relatives were overall satisfied with the service.

We identified one breach of regulation in relation to the safe management of medicines.You can see what action we have told the provider to take at the back of this report.

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?

Requires improvement

Aspects of the service were not safe. Staff did not consistently follow safe practice in relation to recording the administration of medicines. The medicines policy and procedure was not specific to the service and needed updating.

Staff were sufficient in skill-mix and numbers to meet the needs of people.

Risks to people were assessed and managed.

Is the service effective?

Good

The service was effective. Staff were supported and received training to ensure they were effectively able to carry out their roles and responsibilities.

Staff had received training about the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge about MCA issues.

People liked the food and their nutritional needs were met.

People were supported to maintain good physical and mental health and had access to healthcare services when they needed.

Is the service caring?

Good

The service was caring. People who used the service said staff were kind, caring and treated them well. People were treated with dignity and respect by staff who said they enjoyed working with people.

Staff enabled people to remain independent and make their own decisions . People could choose from a range of activities available to them. Support plans included people's likes and dislikes, enabling them to have a more personalised service. People's cultural and spiritual needs were met.

Is the service responsive?

Good

The service was responsive. People received care that was tailored to their needs. Personalised support plans identified how each person's needs would be met.

Staff monitored people's health and welfare needs on an ongoing basis, seeking specialist advice to access further support appropriate to people's needs where required.

A complaints procedure was in place and complaints were managed effectively.

Summary of findings

Is the service well-led?

Good

The service was well-led. The service was well managed and organised to ensure people's needs were met. The registered manager understood his responsibilities and promoted a positive open culture.

Staff were happy with how the service was managed and their support. The provider had systems in place for checking the quality of the service. Management were committed to addressing areas where staff performance fell short of expected standards in order to maintain the safety and quality of the service.

The views of people using the service and their relatives were sought and people were overall satisfied with the quality of the service.

Coxley House

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 inspection took place on 28 October 2015 and was unannounced. It was carried out by one inspector. Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

To carry out this inspection we spoke with three people who used the service, four staff including the registered manager and three support workers. We looked at four files of people who used the service, four staff files, and other records and documents relating to the management of the service. We attended a staff handover meeting and also observed the interaction between staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

Whilst people could usually expect to receive their medicines safely, staff did not consistently follow safe practice in recording the administration of medicines.

We checked medicine administration records (MAR) to ensure that all medicines administered were accounted for. We found that six MAR chart records had been fully signed by staff when people took their medicines, with one exception. In one person's MAR chart there were gaps in signatures over eight days for one of the medicines. Whilst the person was self-administering their medicines and so was responsible for signing their own chart, staff also had the task of making sure the person signed their chart and were expected to report back any issues. The person's blister pack was empty, indicating they had taken their medicine. Therefore the issue appeared related to the records and not to the person receiving their medicines as prescribed. The registered manager acknowledged that staff had not followed the provider's good practice guidance in this instance and that the gaps should also have been picked up earlier with their checking systems. The registered manager said they would address the issue with the relevant staff and with the staff team as a whole. We saw that staff had taken training in the management of medicines and those we spoke with showed they had knowledge about good practice in handling medicines.

One person's medicine was being crushed. This followed an assessment by a speech and language therapist whilst the person was in hospital to prevent the person's risk of choking. We saw that this was recorded in the person's discharge plan and care plan. We also saw that their medicines were reviewed at their patient integrated care review in June 2015.

However, the provider did not have the additional safeguard of having advice documented from the pharmacist to show that it was appropriate to crush the medicine and no changes to dose or form were needed. There was no protocol that covered how the person should take their crushed medicine, preferably recorded in their care plan, for example, how much water to take when diluting the medicine, or what food and how much to take their medicine with. This was required so that any staff could work consistently to ensure the person took all their medicine, rather than, for example, take half a glass or spoonful of it. We discussed this with the deputy manager who said they would consult a pharmacist.

The medicines policy was not related to the residential service and was not in keeping with how staff administered medicines in the service. The registered manager said that senior management in the organisation were aware of this and were currently in the process of updating the policy.

The above issues relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

One person who used the service was taking their own medicine, which was a multi-agency professional decision. The provider followed a process to ensure they were safe to take their own medicines. This included observing the person for a trial period whilst taking their medicines. Medicines were securely stored in people's flats and in the office. PRN (as required) medicines were recorded in people's care plans as well as their medicine record charts.

People who used the service told us they felt safe and made comments such as, "I feel quite safe" and "Yes I feel safe here." People said they could approach staff any time if they needed any help. There had been no concerns or allegations made concerning abuse of people who used the service in the past year. Staff had completed training and knew how to safeguarding people from abuse.

We looked at incident and accident records. The provider appropriately notified the Care Quality Commission of two incidents involving people who used the service. We checked the incident records and information in the people's files, including their support plans and risk assessments. Staff who were present at the time had taken appropriate action involving ambulance services, family and relevant professionals in both cases. Incident records were detailed and clearly recorded about what had occurred and the actions staff had taken.

We found that people who used the service were had maintained their mental health and had been settled over a long period of time. The registered manager told us that in the past year no-one who used the service had been admitted to hospital for treatment as a result of a relapse in their mental health.

Requires improvement

Is the service safe?

Risks to people were assessed when they were admitted then reviewed at least every three to six months, or more frequently if risks were assessed as high. Staff took action in response to known risks to ensure people were safe. One person who had mobility issues, for example, had several occupational therapy assessments and mobility aids fitted in their flat. The service aimed to empower people and maximise their ability to act and live independent lives. As part of this aim, each person's ability to manage their own money was risk assessed. Risks associated with management of finances were used to help identify the type of support people needed from staff.

All staff were required to complete daily tasks and we saw that daily task sheets completed included health and safety checks to ensure the safety of people using the premises.

Staff were sufficient in skill-mix and numbers to meet people's needs. One staff said, "It is safe here overnight. There was one time when someone got up and was a bit agitated. I called the manager and they sent someone else around straight away as a precautionary measure." Three staff said they thought they had enough staff, the registered manager told us if staff were absent, there was a pool of internal flexible staff who could cover sickness or absence, or if this failed, they could use a local agency. Staff said they did not have a problem with absences and this was a stable staff group, the majority of whom had worked for several years.

Staff files contained essential recruitment documents to show that only staff who were vetted and suitable staff were employed to work with people. Staff files contained, for example, application forms with full employment histories, police checks, two references and proof of identification.

Good

Is the service effective?

Our findings

People who used the service told us that they liked the staff who supported them as they needed. One person told us, "They do a good job." Staff had worked in the service for several years and knew the people well. One support worker reflected the views of other staff we spoke with when they said, "I have worked here for years. I enjoy my job – everything about it; the clients, paperwork and support I get from management and the team. The team work well together."

Staff said they had supervision once monthly with their line manager and the records confirmed this. Staff attended mandatory training and said they had extra training to help support them in their roles, depending on the needs of people who used the service. For example, staff had training in diabetes awareness and dementia, to better support the needs of people with these conditions. Training records and certificates in staff files provided evidence of a range of training being undertaken, including positive behaviour support, advanced mental health, person-centred planning, first aid, moving and handling people, managing behaviour that challenged and infection prevention and control.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS earlier in the year and had a good understanding of the MCA and its principles in practice. No one was subject to a DoLS at the time of inspection, however the registered manager demonstrated his knowledge about MCA issues and his responsibilities.

The nutritional needs of people using the service were met and people said they were happy with the food. One person told us, "They cook for me, I like the food. I eat what I want, they ask us what we want at menu time and they order it for us. I'm very happy with them." Another person said, "We have prawn cocktail today and I like that. The food is nice."

Staff prepared soft meals for one person who needed this due to a health condition. People were supported to prepare meals for themselves where they could. One person, for example, liked to prepare Asian meals for themselves and also took food brought in from their family. Such preferences were recorded in individual support plans. We observed three people having their lunch time meal and found the atmosphere was relaxed and friendly. We saw that staff offered one person an alternative to the options listed on the menu as they wished. People told us they enjoyed their lunch and that they helped to plan the menu on a weekly basis.

People were supported to maintain good health, have access to healthcare services and ongoing healthcare support. One person told us, "When I'm not well I see my family doctor and they take me to hospital for check ups." A range of diaries and records documented appointments with a variety of health and community care services, including opticians, occupational therapists and professionals from the older people's team. Two people who used the service were receiving hospital treatment for physical health reasons and one person visited their GP during the inspection.

Good

Is the service caring?

Our findings

People who used the service gave positive feedback about the staff and said they were kind, caring and treated them well. We observed good interactions between staff and people using the service. Staff told us they enjoyed working with people. One staff member said, "I think there are positive relationships with people, the approach they have with us and us with them. We talk to people, ask how they slept and what they are doing. We have a laugh with them, all within professional boundaries."

We noted a compliment from a family member this year which said, 'I want to thank staff for being friendly and helpful; a very homely place, felt very welcomed, especially the staff are very kind, friendly and happy with a genuineness in them.'

People who used the service said they felt they could talk with any member of staff. They said they had one to one meetings with key staff assigned to them, however key workers also swopped around so that people using the service and staff could get to know each other better.

People were enabled to be independent where they could be and make their own decisions. For example, people attended to their own personal care, went shopping, took part in individual and group domestic activities such as taking out communal rubbish and laying the tables for lunch. We observed one person cooking for themselves in the communal kitchen and then cleaning up the cooker and kitchen surfaces afterwards. People were supported to keep their rooms clean and provided with support as they needed. Their choice of in-house activities included bingo, exercise, baking days, games days, coffee mornings, knitting and social groups. One person went to a day centre using transport organised between the service and day centre. This was a centre that also catered for their cultural needs. Another person liked to visit their place of worship. In addition to their support plans, each person had an activities plan, which clearly stated the person's daily activities in the week.

People using the service were treated with dignity and respect. For example, staff said they always knocked before entering people's rooms; ensured bathroom doors were locked and shower curtains were closed. Some of the people who used the service had communication or complex needs. We saw that staff took time to listen to people and took into account their wishes. For example, when staff prompted and encouraged one person to go out and buy new clothes, they listened and postponed this activity to another day, recording that the person said they were not yet ready to do this. Staff were sensitive to people's needs, and interacted and communicated with people in a caring and respectful way that was appropriate to their needs and circumstances. Support plans included people's likes and dislikes, which enabled staff to provide a more personalised service.

Staff made notes of their monthly meetings with people using the service, in which they described what people were doing and their observations of how people presented and were feeling. These observations were communicated between staff in handover meetings, so that incoming staff were aware of people's current situation and how best to support them.

People who used the service maintained good links with their families when staying at Coxley House and staff consulted and worked closely with families to ensure people's needs were met. People using the service told us they and their relatives visited each other regularly. A staff member we spoke with said that no one was using an advocate at the current time, although people were aware they could access this service if they wished. We saw that one person used to have a befriender and advocate but preferred not to be using this service at the present time.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person using the service said, “They look after me well. If you want anything they help you.” We had a similar comment from another person who said, “Staff are very good. They look after me lovely. Good as gold.”

The provider used a document called ‘ My Support Plan’ which outlined each person’s needs and how these would be met. Support needs were identified in areas, including, physical and mental health; meaningful use of time; level of motivation; ability to take responsibility; self-care and living skills; money management; relationships and socialising and managing accommodation.

People’s needs were assessed prior to their admission. Their plans were personalised, written from the person’s point of view and their support needs clearly stated. For example, where staff assisted one person with their money, their care plan clearly recorded where the money was securely located and what support the person needed to access their money. The service was tailored to meeting individual needs and preferences. Where one person did not like socialising or being around people, for example, their plan made this clear and how best to approach them. The plans helped to promote and encourage independent living skills. For example, one person’s plan described the most appropriate utensil used by the person to assist them to have their meals independently.

Staff monitored changes in people’s health and welfare needs on an ongoing basis, and responded to any changing needs.. One person at risk of emotional and mental health issues, for example, was encouraged to continue with their medicine and current treatment. Staff were required to report any problems with this to the person’s consultant and care-coordinator to seek specialist advice and support. People’s wellbeing was discussed in their one to one meetings. We saw that staff recorded any changes in people’s mood or circumstances, including what action they took to address their needs.

The registered manager confirmed that no-one had been admitted to hospital for treatment as a result of a mental health relapse. A support worker said that if a person showed signs of neglecting themselves, they would contact the person’s GP, care coordinator and psychiatrist to assess their needs and ensure the person was not relapsing. They said that joint working with professionals had helped to prevent self-neglect and deterioration due to a relapse in their mental health. They said this happened occasionally, but with professional support, the individual’s situation had improved.

People had regular input and reviews from multi-agency professionals. Their needs were reviewed by care coordinators and psychiatrists every three to six months. This helped to ensure the service was able to meet and respond to people’s ongoing needs.

During the inspection we observed a staff handover meeting where staff gave each other feedback about the day’s’ events, people, their activities and current situation. This helped ensure incoming staff were prepared for the shift ahead and knew what action they needed to take to meet people’s individual needs.

A complaints procedure was in place, however people told us they had no complaints. There were

four complaints logged in the complaints book over the last year. The nature of the complaints and the outcomes were recorded.

We also saw there were eight compliments from relatives in the last year. Each compliment offered thanks and appreciation to staff for the care and support they provided their family member. Compliments included, “Brought staff chocolates in appreciation of the care and support received by [person] while residing at Coxley” and another, “[Doctor] said they were pleased with [person’s] progress and appearance. Thank you for everything.”

Good

Is the service well-led?

Our findings

People benefitted from using a service that was well managed and organised to ensure their needs were met. People told us they felt comfortable about speaking with the registered manager if they had any issues and that the registered manager would listen to them. The registered manager understood his responsibilities and promoted a positive open culture. People using the service approached the registered manager throughout the day and we observed relaxed, friendly and positive interactions between them.

Residents' meetings took place regularly where people could talk about any issues or needs they had. One person told us, "Once a month we have residents' meetings. We talk about a lot about ourselves and the home. We talk about what we think.

Staff told us they were happy with how the service was managed. One support worker said, "The management is open and supportive and [the registered and deputy managers] are always around when I need them." Another staff member said, "They listen to us if we have any complaints or worries, even something personal. We can speak to them in confidence."

Staff said they had monthly team meetings where they could discuss any concerns they had about people who used the service and minutes of meetings we saw confirmed this. They also discussed any practical and maintenance issues and said these were acted apon. Staff were kept up to date about what was happening in the organisation. Although management put items on the agenda, staff could also raise issues for discussion. Staff said all their policies and procedures were on the intranet and these were available to them whenever they needed.

There were systems in place for the service to check and deliver quality care on a daily basis. This system had not picked up the gap in signatures against one person's medicine record, however the management team told us this would be addressed. Records showed, that the management team had taken actions with staff to address other areas for improvement where performance fell short of expected standards, in order to maintain the safety and quality of the service.

Staff were required to ensure they carried out daily tasks, confirming they had done these in records and in staff handovers. In addition, approximately every month, processes in the home were checked by a senior manager who focused on a different aspect of work each month. This included, for example, the quality of support plans and how people's care was being managed. As part of this people who used the service and staff were asked for their views on the quality of care, any complaints, issues and areas for improvement. We saw reports of these visits which recorded the areas looked at and where action was needed. From available records and compliments, we could see that people's views were sought about the service and people and their relatives were overall satisfied with the quality of service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care was not always provided in a way that protected service users against the risks associated with the unsafe management of medicines.