

Providence Row Housing Association

Edward Gibbons House

Inspection report

Flat 1 Edward Gibbons House
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25 January 2021

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Edward Gibbons House is a supported living service that provides care and support for up to 35 men with health and social care issues linked to drugs or alcohol misuse. There were 32 people living at the service at the time of this inspection. The premises contained five en-suite bedsits and 30 single bedrooms with shared bathroom facilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to understand about safeguarding themselves and others. They received information about how to raise concerns and complaints. People told us they felt comfortable speaking with staff if they were worried about their safety or any other aspect of their care.

People were provided with a safe environment which was clean and hygienic. They were protected from the risks of COVID-19 by staff who advised them about the dangers of the pandemic.

People were encouraged to co-produce their own care plans and risk assessments to enable them to understand their health and social care needs, so they could actively participate in their recovery. Other parts of the care plans and risk assessments were written by staff who undertook assessments and liaised closely with external multi-agency staff, including social workers and community nurses.

People received their care and support from staff who were well trained and supported to carry out their roles and responsibilities. There were sufficient staff rostered to support people to meet their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People commented on the approachable manner of the registered manager and staff team. They felt the service was well organised and properly managed. People were encouraged to take part in the daily running of the service, although it wasn't possible to continue with established groups and meetings due to COVID-19 restrictions.

We have recommended the provider seeks guidance from a reputable source about the use of a call bell system and the extension of the existing provision of CCTV in communal areas to increase safety for people within the premises.

Rating at last inspection

The last rating for this service was outstanding (published 25 May 2018). The overall rating for the service has not changed following this targeted inspection and remains outstanding.

Why we inspected

We undertook this targeted inspection to check on a specific incident following which a person using the service died, having sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. We checked whether the provider had robust systems in place to identify and reduce risks to people's safety and wellbeing, deliver individual care and support in line with people's needs and wishes and ensure people were supported by sufficient staff with suitable training and guidance.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm.

Please see the safe, effective, responsive and well-led sections of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edward Gibbons House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. We may inspect again if we receive any further concerning information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Edward Gibbons House

Detailed findings

Background to this inspection

This was a targeted inspection to check on a specific incident following which a person who used the service died. We will assess all of the key questions at the next comprehensive inspection of the service.

Inspection team

The inspection was conducted by two inspectors and an inspection manager. One inspector and an inspection manager visited the service and a second inspector conducted telephone calls to people who use the service and staff following the site visit.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced with short notice. We notified the registered manager on the day before to ascertain if it was safe for us to proceed with an inspection site visit, in accordance with COVID-19 safety protocols. Inspection activity commenced on 13 January and concluded on 25 January 2021.

What we did before the inspection

We spoke by telephone with the registered manager in relation to the specific incident and requested additional information to be sent to us. We also reviewed other information we held about the service. This included the last inspection report and notifications of important events which the provider is required by law to send us, for example safeguarding referrals and incidents when the police were contacted. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, who provided us with a tour of the premises. We discussed with the registered manager how people could urgently summon staff support in the event of an emergency, accident or any other unforeseen event.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke via video conference with five people who used the service and spoke by telephone with seven members of the staff team. We requested and reviewed a range of records which included care records for four people, staff rotas and training records, and infection prevention and control guidance. A variety of records relating to the management of the service were reviewed, including policies and procedures.

We contacted local health and social care professional with experience of the service and received written comments from two professionals. We completed the inspection by providing feedback via a video conference with the registered manager and the nominated individual, who is responsible for the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Assessing risk, safety monitoring and management

- People were protected from risks to their safety, health and wellbeing. Care plans contained detailed risk assessments, for example where people were at risk due to substance misuse, anti-social behaviour, arson and/or accidental fire, hoarding, violence and various risks associated with their physical and/or mental health needs. Appropriate risk management guidance was in place which was devised where applicable with input from relevant professionals including community mental health nurses and district nurses. Risk assessments were kept under review and amended when necessary.
- People were supported by staff to identify risks to their own safety, health and wellbeing so that they could co-produce individual risk agreements. This included risk agreements in relation to recognising and managing behaviours that could escalate into conflict with other people living at the service. This approach enabled people to actively participate in decisions to promote their own safety and the safety of others.
- Regular safety checks were carried out by staff on each shift where people were identified to require higher levels of monitoring due to their support needs and/or behavioural risks. These checks were recorded on forms that provided space for staff to write comments about their interactions with people and observations. Staff told us they received a detailed handover at the beginning of each shift which included information about people's current needs and circumstances. They were provided with handheld transceiver radio sets to rapidly respond to any situations where the safety of people, themselves or colleagues could be in jeopardy.
- Equipment was used to promote the safety of people and staff; however, we noted areas of practice where the provider could consider installing additional safety measures. People did not have a call bell or pendant alarm in their bedsits or bedrooms, although panic alarms were available and could be issued to people assessed as being particularly vulnerable or at risk of harm.
- The provider acknowledged the present arrangement did not ensure panic buttons were available for all people and therefore did not address unforeseen and urgent situations that could arise. There was an existing approved plan for the refurbishment of the communal bathrooms which included fitting emergency call alarms. The registered manager and nominated individual confirmed to us they were interested in researching different types of call bell systems for residential care services in order to identify suitable models.
- We found CCTV was installed in specific corridor areas of the first, second and third floors, where people lived. However, CCTV did not cover all corridor areas on these three floors which limited opportunities for staff to effectively monitor people's safety.
- The registered manager told us a consultation exercise took place several years ago to gain people's views about extending the current provision of CCTV within the premises. We were advised that people declined the suggestion of extending the coverage of CCTV along the corridors which housed bedrooms. However, the registered manager stated his intention to carry out a new consultation to reflect some new people had

moved into the service and their views had not been formally sought.

We recommend the provider seeks guidance from reputable sources about the use of call bell systems and surveillance technology to enhance safety at the service.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse and harm as the provider had implemented robust and detailed practices. The registered manager and senior staff team understood the necessity to swiftly raise safeguarding alerts to the local authority and also notify CQC without delay. Records showed the provider effectively liaised with the local authority, police, health care professionals and other relevant parties to ensure thorough plans were developed to protect and support people.
- People told us they felt safe and were assured the registered manager and staff team would appropriately respond if they reported any concerns about their safety. Systems were in place to enable people to understand the importance of safeguarding, for example staff gave people verbal and written guidance about how to protect themselves and other people from abuse. People were given this information when they initially moved into the service and the significance of safeguarding was regularly highlighted during individual key working sessions and group meetings.
- Staff understood the provider's safeguarding policy and procedures and were aware of how to report any concerns about people's safety within the organisation and externally. The staff members we spoke with stated they were confident their line managers would act professionally and promptly if they raised any concerns about people's safety. Records showed staff had received safeguarding training although one staff member was noted to have last attended this training in 2015.

Staffing and recruitment

- People told us there were enough staff on duty to safely meet their needs. People said they were able to spend time with their assigned key worker or another staff member if they needed individual support, for example to complete a form, attend an appointment or they wished to speak privately.
- Staff described their roles as being challenging at times and also very fulfilling. They reported there was enough time to carry out frequent safety checks and spend time with people to meet their general support needs and emotional needs. They confirmed the provider was vigilant about ensuring sufficient staff were rostered, including at least one team member employed at project officer grade or above to support and guide colleagues. This was demonstrated in the rotas we reviewed.
- Due to our focus on the specific incident and whether there were sufficient staff with a suitable skill mix deployed at the service, we did not review recruitment practices at this inspection.

Preventing and controlling infection

- There were appropriate practices in place to protect people from infections, including COVID-19. Upon arrival at the service we were directed into a designated room for hand washing and noted there were bottles of hand sanitiser available at the reception. The premises were clean, hygienic and free from malodour and we observed housekeeping staff carrying out the disinfecting of high touch areas.
- People told us staff had spoken with them about the importance of following the provider's COVID-19 procedures, for example about hand washing, social distancing and wearing masks. One person commented, "They (staff) always talk to us one to one and remind us if we forget, I know it's about keeping us safe and that's alright with me." The provider had produced a wide range of signage and posters to alert and advise people to remain as safe as possible.
- Testing for people and staff was in place and we were informed following the inspection visit that most people had now received their COVID vaccine.

- Staff knew how to protect people from infection as they had received suitable training, guidance and support from the management team. Rigorous cleaning schedules were implemented at the onset of the pandemic and staff confirmed they always had access to sufficient personal protective equipment (PPE), domestic hygiene products and masks to distribute to people living at the service. Staff expressed their confidence in how the provider had enabled them to carry out their roles and responsibilities as safely as possible.

Learning lessons when things go wrong

- The provider had clear systems for recording and responding to incidents, accidents and other events. Action was taken to ensure people's safety, investigate the circumstances in a detailed manner and minimise the risk of recurrence. For example, the registered manager had provided us with detailed information after they notified us of a medicine error last year, which included measures to mitigate the risk of it happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to competently meet people's needs. The provider's training and development programme consisted of induction core training for newly appointed staff followed by a wide range of mandatory training to be completed within the probationary period. Staff told us they had ongoing opportunities to attend training that was relevant to their roles as well as refresher training for topics including health and safety, fire safety, food hygiene and emergency first aid at work.
- We received very positive comments from staff about the quality and scope of their training, and how they felt well supported by the registered manager and/or their line managers. Comments included, "I feel I am supported to gain the skills and knowledge I need" and "My manager is very supportive. I can speak with him whenever I need advice and I can ask for training."
- The provider supported staff to undertake training that was tailored to the individual needs of people who used the service. This included mental health awareness, dealing with difficult and dangerous behaviour, conflict management and challenging behaviour, risk assessment and management coaching, basic and intermediate drugs, setting professional boundaries and lone working.
- A psychologist provided a weekly session for staff where they could seek advice about how to support people with their complex needs and speak about challenging and stressful situations at work. Staff we spoke with told us this support was invaluable at all times but particularly at present as they all felt sad and shocked following the death of a person they knew well.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Processes were in place to properly adhere to the principles of the MCA. People were encouraged to participate in developing and reviewing their care plans and sign these documents to show they were

involved in decisions about their care and support.

- Mental capacity assessments were carried out where necessary and these were specific to particular areas of people's lives, for example whether a person had capacity to make decisions about their finances. Staff had received MCA training, were aware of the provider's policies and understood their responsibilities to uphold people's human rights. This included the use of the best interests process if people lacked capacity to make decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed by health and social care professionals and the provider before they moved into Edward Gibbons House, to determine whether the service could meet their needs. Additional assessments were conducted upon admission which included close consultation with people to understand their needs and wishes in order to develop individual care plans.
- People's care plans were regularly reviewed and updated and the service responded suitably to people's changing needs. New care plans were written if people presented with changes to existing behaviours or a new health care condition. A person told us their care plan reflected they were progressing well with gaining independent living skills as part of their goal to move into their own flat in the wider community.
- Each person using the service had an assigned key worker who supported them to review their needs, aspirations and achievements. People spoke favourably about the input of their key workers, for example one person told us they were due to attend a medical appointment with the support of their key worker. Staff explained to us that in addition to their key working roles they often provided one to one support to people they did not key work, as the designated key worker was on days off or other leave and it was important that people received the support, advice and/or reassurance they needed without delay.
- People spoke positively about how staff supported them. One person told us, "I had heard good things about this hostel and they turned out to be right. Staff are really good and I am getting the right help." Some people chose to speak with us about the loss of their friend and said the registered manager and staff had reiterated they were available to speak with people and offer their support whenever people wished to chat.
- People's care plans contained an agreement form they completed with staff about how to be a 'good neighbour' when living at the service. This document explained about unacceptable and anti-social behaviours. People were also given written guidance about the importance of not borrowing and lending money or other items, as this could lead to conflict.

Improving care quality in response to complaints or concerns

- The provider demonstrated a positive approach to receiving and responding to complaints. People were given clear information about how to make a complaint and had been consulted by the provider for their views about the quality of the complaint's procedure. People told us they knew how to make a complaint but had never formally used the complaints procedure as they were able to informally speak with the registered manager or staff if they had any concerns.
- There were four complaints in the past year in relation to maintenance requests, which were successfully addressed by the provider. People told us the systems in place including regular one to one meetings with key workers, group meetings prior to COVID-19 and the availability of staff to speak with on a daily basis enabled them to easily express any problems. They felt assured the management and the staff team would

take appropriate action to support them and resolve any issues of concern.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager maintained a continuous oversight in relation to monitoring the quality of care and support, to ensure people received safe care that met their individual needs. These checks included audits of people's risk assessments and care plans. The provider had developed a tool for key working staff and the management team to check that risk assessments and care plans were up to date and included documents completed by people about their own perception of their needs, along with their own objectives and wishes.
- Monitoring visits were undertaken by the provider's senior management team. The monitoring reports showed the registered manager was given an action plan with required improvements to be met within a stipulated timescale.
- The provider sent notifications of significant events to CQC in a prompt manner, in line with legislation. Written guidance was produced for staff to follow so that notifications could be sent in the absence of the registered manager and deputy.
- There were clear processes in place to monitor and audit different practices at the service. This included the production of case studies which sought the views of people who used the service, staff and external stakeholders where applicable. For example, a case study had been carried out since the previous inspection for people and staff to collectively look at the quality and scope of the in-house catering service, including ideas about how to attain improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the management team demonstrated a comprehensive understanding of their legal responsibilities. Accidents, incidents, investigations and other events were recorded in a transparent way and documents such as financial audits were made available for scrutiny.
- Where incidents have been complex, the registered manager had spoken with CQC to provide additional information to accompany the notification. For example, where people had declined to accept medical care from an ambulance crew following an accident or onset of ill-health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the registered manager and the staff team were approachable and helpful. One person commented, "I can talk with [registered manager] anytime, his door is open."
- Prior to the onset of COVID-19 the provider organised 'residents' meetings' to enable people to give their

views about the quality of the service and any suggestions about how to improve the service. People told us they now had increased opportunities to speak with their key workers and other staff on a one to one basis and they felt listened to.

- During our discussions with people who use the service, some of them told us about their plans for a more independent future. People acknowledged that their plans had not progressed in the way they had wished due to the impact of COVID -19. However, people said they remained hopeful and felt staff continued to provide the encouragement and guidance they needed to pursue their recovery objectives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people using the service were supported to actively engage with the day to day life of their home. People told us prior to COVID-19 they joined cooking groups in a communal kitchen and took part in arts and crafts sessions. Although specific groups were paused due to social distancing requirements, the gardening group became particularly active since the first lockdown.

- The provider shared photographs with us last summer to showcase the achievements and commitment of people who took part in the gardening group. With staff support, people had transformed a courtyard area so that it could provide a relaxing and enjoyable open space for the wider Edward Gibbons House community.

- People were supported to maintain contact with relatives and friends during periods when visiting had not been permitted due to COVID-19. Staff provided communication equipment to people if they did not have their own, for example electronic devices to simultaneously speak with and see family members and other significant individuals.

- Staff confirmed they felt consulted by the provider and encouraged to share their opinions with the management team. We were told by staff that the usual frequency of monthly one to one supervision with their line manager had reduced since the pandemic commenced. However, staff felt they could sit down informally and speak with their manager and/or ring them if they wanted to speak about issues normally covered within supervision sessions.

- Some of the staff we spoke with told us they had joined the service at a lower grade and then successfully applied for a promotion or pursued an opportunity to gain experience in another role at the service. Staff conveyed a positive view of their positions, stating it was a field of social care they loved working in and they felt able to continuously learn and develop.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team undertook projects to improve the quality of the service. This included a project to support people to safely receive their prescribed methadone during the first lockdown. The project was evaluated by the provider to check whether it had improved outcomes for people using the service and the findings were shared with external organisations including CQC.

- The provider sought guidance from external bodies including the CQC medicine team about their plans to ensure people's methadone was safely organised over the Christmas period.

- The nominated individual informed us that the provider was planning to carry out its own in-depth investigation in relation to the tragic death of a person who used the service.

- We received positive comments about the quality of the service from two local authority professionals with knowledge about the hostel and the provider organisation. We noted the registered manager provided detailed quarterly reports for the attention of the local authority commissioning and housing departments.

- People's care plans demonstrated how external health and social care professionals were consulted for their views, which were constructively used to improve people's care.