

## Community Options

# Community Options Limited - 33 Albemarle Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 4 January 2017 and was unannounced. At the last inspection of the service on 30 March 2015, we found the provider was meeting the regulations in relation to the Health and Social Care Act 2008.

Community Options - 33 Albemarle Road is a small residential care home that provides accommodation and personal care support for up to seven adults with mental health needs. At the time of our inspection the home was providing care and support to seven people.

There was a deputy manager in post at the time of our inspection and an acting manager had been appointed and was due to be in post the following week. The service had a registered manager in post, however they were absent from the service for an agreed significant amount of planned time. 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.

Medicines were administered and stored safely, however the management and recording of medicines was not always consistently safe. This required improvement. We made a recommendation that the provider follows best practice and guidance in relation to the safe management and administration of medicines. We will check on this at our next inspection of the service.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People's support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. There were systems and processes in place to monitor and evaluate the service provided. People were asked for their views about the service through residents meetings and satisfaction surveys.

## 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** 

The service was mostly safe.

Medicines were administered safely but not always managed safely. We have made a recommendation to the provider to follow safe best practice and guidance in relation to medicines management.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

People were supported by staff that had appropriate skills and knowledge. Staff were supported through supervision and appraisals.

Staff received training that enabled them to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people in a respectful and dignified manner.  
People's privacy and independence was respected.  
People were consulted about their care and support needs.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People were provided with information about the home.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

Staff encouraged people to be as independent as possible.

People were aware of the provider's complaints procedure.

### Is the service well-led?

Good ●

The service was well-led.

There was a deputy manager in post at the time of our inspection. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

There were systems and processes in place to monitor and evaluate the service provided.

People were asked for their views about the service through residents meetings and satisfaction surveys.

# Community Options Limited - 33 Albemarle 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.

The inspection was carried out by one inspector on 4 January 2017 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were seven people using the service at the time of our inspection and we met and spoke with three people living at the service. We looked at the care plans and records for two people and spoke with four members of staff including the deputy manager.

As part of our inspection we looked at records and reviewed information given to us by the deputy manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

# Is the service safe?

## Our findings

People told us they felt safe and staff supported them to ensure they took their medicines safely. One person said, "I feel very safe and the staff are great. They remind me to take my medicines and make sure I don't run out of them." Another person commented, "I can take my medicines myself but staff keep them safe for me. They are good and always support me when I need it."

Medicines were administered and stored safely. Staff told us they received medicines training and undertook medicines proficiency assessments to ensure their continued safe practice. Staff records we looked at confirmed this. Medicines were kept securely in a locked medicines cabinet within a locked medicines cupboard in the staff office that only trained staff had access to. We saw that temperature checks of the medicine cupboard were conducted to ensure medicines were stored at the correct temperature and were safe to use; however we noted that there were some gaps in the recording of temperature checks and drew this omission to the attention of the deputy manager. They showed us evidence of a recent staff meeting in which they had addressed the staffing team about these issues and showed us recent checks that had been conducted in line with best practice.

We looked at medicines records and Medication Administration Records (MAR) for two people using the service. Medicines records included photographs to formally identify people, MARs, medicines risk assessments including self-administration, records of medicines returned to the pharmacist and weekly medication checks and discrepancies. We checked medicine administration records which showed that people were receiving their medicines as prescribed by health care professionals. We saw that weekly medication checks were conducted by staff as appropriate and these had highlighted occasions when medicines stock counts showed discrepancies. However we spoke with the deputy manager who advised that although actions were taken to address any discrepancies in medicines counts and stock they were unable to show us a record of actions taken. Staff we spoke with told us and confirmed how the registered manager discussed these issues with them at staff meetings and how actions were taken for example by providing staff with further training to ensure safe practice. One member of staff said, "I miss counted the medicines one day and this was noted. The manager picked this up with me and I was supported and received more training to ensure errors were minimised." Although actions had been taken to address medicine record errors, medicines records were not managed appropriately in line with best practice which details that care provider's should ensure that records about medicines are accurate and up-to-date. These issues required improvement.

We recommend that the provider follows best practice and guidance in relation to the safe management and administration of medicines.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy to ensure their continued well-being and safety. Risk assessments detailed the support people required to ensure risks were minimised and included guidance for staff in order to assist them in promoting people's physical and mental health whilst reducing the risk of reoccurrence where possible. For example one person was at risk of displaying aggressive behaviour. We saw that detailed information and

guidance was documented for staff on the indicators to look out for, how best to support the person when becoming agitated or aggressive and actions staff should take in the event of a crisis. Risk assessments were conducted and reviewed on a regular basis for areas such as medicines, mental health, behaviour, physical health and finances amongst others. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety without limiting independence, choice and autonomy.

The provider had up to date policies and procedures in place for safeguarding adults from abuse and local authorities safeguarding information accessible to people using the service. Staff had received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse and knew what action to take. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that where there had been concerns, these were recorded, completed and managed appropriately. Where required staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

There were arrangements in place to deal with emergencies. The provider had a 'Grab pack' in place in the event of an emergency which contained important information about people using the service that emergency services may require for example, details of people's next of kin. People had detailed personalised evacuation plans in place which documented any support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff had received fire training and frequent fire alarm tests and evacuations were conducted. People had a detailed photographic 'missing person's' form in place to ensure and assist with their safe return to the home in the event that they went missing. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular maintenance and safety checks were carried out on gas and electrical appliances. The home environment appeared clean, was free from odours and was appropriately maintained at the time of our inspection.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. The deputy manager told us that recruitment records were held at the provider's head office. We spoke with the provider's human resources department who confirmed and showed us that all staff had completed full employment histories, references, health declarations, proof of identification and criminal record checks.

Throughout our inspection we observed there were sufficient numbers of suitably qualified staff deployed throughout the home to meet people's needs appropriately. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. Staffing rota's demonstrated that levels of staff were suitable to ensure people's needs were met and staff told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

## Is the service effective?

### Our findings

People told us they were supported by staff that had appropriate skills and knowledge to meet their needs. One person said, "They are very good. They know me well and they know what they are doing." Another person commented, "Staff are very good at what they do". There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues to enable them to become familiar with the service and people living there.

Staff were supported through regular supervision and appraisals of their performance. Records showed that staff had received supervision on a regular basis and had an appraisal in line with the provider's policy. Staff we spoke with told us they felt supported through the supervision process and were able to approach the manager and deputy manager at all times. One member of staff said, "I feel very supported by the manager and colleagues. I have regular supervision and the training we get is very good." Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff. The provider's training programme included first aid, food hygiene, medicines management, manual handling, safeguarding adults and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards amongst others. Training was also provided to staff that was specific to the needs of people using the service for example, mental health awareness, managing behaviour and de-escalation techniques.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and spoke with the deputy manager who demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us that all of the people using the service had capacity to make decisions about their own care and treatment and some were subject to the Mental Health Act 2007. However they explained that if they had any concerns regarding a person's ability to make a decision they would work with the person and any relevant health care professionals to ensure appropriate capacity assessments were undertaken.

People had access to nutritional foods and drink to meet their needs and were supported by staff where required to purchase their own food and to cook meals independently or with support from staff if required. One person said, "I buy all my food and keep it in my fridge in my room. I can cook dinners myself but staff



sometimes help. We all put money in a kitty for a Sunday roast which we all do together." Another person said, "Staff sometimes come with me to get my food. I like to cook myself but also like the Sunday roasts." People's care plans documented and monitored any risks relating to people's nutritional needs and guidance by health care professionals such as dieticians were in place to ensure people received the appropriate support to meet their needs.

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People's health care needs were documented within their care plans highlighting any risks relating to their health and these were also discussed at regular keyworker meetings. We saw that people using the service were registered with a GP of their choice and people had regular contact with the local community mental health team, dentists, chiropodists, opticians and other health and social care professionals when required.

## Is the service caring?

### Our findings

People told us that staff treated them with respect, kindness and consideration. One person said, "The staff are really good. They are all friendly and kind." Another person told us, "I can't fault them. They are all wonderful." Interactions we observed between staff and people using the service were positive and indicated that staff had developed good relationships with people. Staff treated people in a respectful and dignified manner and the atmosphere within the home was calm and relaxed and staff took their time and gave people encouragement when supporting them with daily living tasks. Staff respected people's choice for privacy and we saw some people preferred to spend time in their rooms whilst others spent time in the communal lounge or ventured out.

People were consulted about their care, treatment and support needs and care plans contained guidance for staff on how best to support people. One person told us, "I am always involved in my care. Staff meet with me often and I can make any changes to my care plan if I need to." Another person said, "I have a care plan and I meet with my keyworker to discuss any issues or if I want to change anything." Staff told us that keyworkers met with people on a regular basis to help them understand their care, support choices and treatment and recovery plans.

Staff were familiar with people using the service and knew how best to support them. They told us how they promoted people's privacy and ensured their dignity and independence was respected. They explained that people were supported to be independent and held their own door keys which supported greater independence and freedom. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review and Care Programme Approach (CPA) meetings and any other relevant meetings or events held. The CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health needs. One person told us, "I visit my family every week and I enjoy seeing them." People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were given a 'service user guide' which provided information about what people could expect from the service. The guide included information such as the provider's complaints procedure, emergency fire procedure and visitors' information.

People were provided with opportunities to give feedback on the service and the support they received. There were regular residents meetings held where people could talk about things that were important to them and things they wanted to address. We looked at the minutes from the last residents meeting held in November 2016. We noted that the meeting was well attended and items discussed included house maintenance, staff shifts, ideas for planning the Christmas party and also involved doing a recovery exercise. We noted that ideas for planning the Christmas party and for other activities had been actioned.

## Is the service responsive?

### Our findings

People received care and treatment in accordance with their identified needs and wishes and people told us they had regular discussions with staff about their support. One person said, "I am able to talk to staff whenever I want. They are always around but I do have planned meetings as well. We discuss how I am and if there is anything I need help with."

Detailed assessments of people's needs were completed upon admission to the home to ensure the home environment and staff support could meet their needs safely and appropriately. Care plans provided guidance for staff about people's varied needs and behaviours and how best to support them, for example knowing when to offer emotional support in times of crisis and encouragement when low in motivation or mood. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and contained guidance for staff in managing people's conditions and treatments such as supporting them to manage their medicines. Care plans also recorded people's progress to achieve their desired goals that were monitored by staff in the form of a recovery plan.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy and daily records were kept by staff about people's day to day wellbeing.

People's diverse needs, independence and human rights were supported, promoted and respected. People were supported and encouraged by staff to promote greater independence whilst ensuring their physical and emotional needs and risks were met. For example by supporting people to manage their finances and medicines independently. People had weekly activity planners that detailed people's activities, for example completing domestic tasks, food shopping, cooking and attending local activities or educational courses. People told us there were opportunities to do activities both in and out of the home. One person said, "We do play games sometimes and we also watch films which I like. I also like to spend time in my room watching television or playing music." Another person said, "I go out a lot. I like to go for walks and I go shopping to buy my food."

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at residents meetings which were held within the home. We noted there was also a 'compliments and complaints' book located in the entrance hall providing people with the opportunity to feedback about the service or make any suggestions. People told us they knew who to speak with if they had any concerns or complaints. There was a complaints policy and procedure in place on display in the entrance hall of the home for people and visitors to review. Complaints records showed that where appropriate actions were taken to address any reported concerns. The deputy manager told us that all complaints received were analysed by the manager and provider and the results and outcomes were used as a learning exercise for staff.

## Is the service well-led?

### Our findings

People told us they were happy with the support and service they received and thought the home was well-led. One person said, "I like living here. I give them 100%. It's well managed and everyone knows what they are doing." Another person commented, "The staff are organised and everything seems to run smoothly."

At the time of our inspection there was a deputy manager in post and an acting manager was due to start the following week. They advised that the registered manager was on long term leave but would be back. The deputy manager knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the deputy manager had good knowledge of people's needs and the needs of the staffing team.

Staff told us the deputy manager was supportive and open to suggestions they had in relation to assisting them to drive improvements. One staff member said, "The registered manager is very good and the deputy manager is also very supportive. We work well together as a team to ensure people are well and supported when needed." There were systems in place which promoted effective communication within the home providing staff with the opportunity to meet and communicate on a regular basis. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs and staff team meetings were also held on a regular basis. We looked at the minutes for the last meeting held in November 2016 which included discussions on environmental issues, key working, feedback on the last resident's survey results and staff training.

The deputy manager and staff told us that the ethos of the home was to support people to become independent, confident and to help them to learn or relearn skills so that they could move back into fully independent living accommodation. We noted that the provider's core values and mission statement was on display in the entrance hall of the home for people to review. The deputy manager and staff informed us of the good working partnerships they had with the community mental health teams and other health and social care professionals in order to support delivery of their core values.

We looked at the systems in place to ensure the quality of the service. Quality assurance and governance systems in place included checks and audits conducted in areas for medicines, health and safety, infection control, maintenance, fire safety and care file audits. Completed audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted issues or concerns were documented and recorded, however audits and action plans in relation to medicines management required some improvements as referred to earlier in this report. The provider took account of the views of people using the service through resident surveys that were conducted on an annual basis. We looked at the results for the survey conducted in 2016. Results were largely positive showing that 80% of people said they were given information and support to help make choices, 100% said they felt staff believed in their recovery and well-being and 100% said since receiving the service they were more aware of how and when to access GP and emergency services. The deputy manager showed us the action plan they had developed in response to addressing any identified areas that required improvement. We saw that as

part of the feedback in the survey some people wanted support to stop smoking. We noted that the service took action and implemented a survey that is completed before people move into the home to support them to go smoke free.