

Community Options Limited

Community Options Limited - 19 Wheathill Road

Inspection report

19 Wheathill Road

Penge

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 December 2014 and was unannounced. At our previous inspection 22 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options Limited - 19 Wheathill Road is a residential care home which accommodates and provides support for up to five adults with mental health problems. There was a registered manager in place. A

Summary of findings

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 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Staff had completed training specific to the needs of people using the service, for example, mental health awareness. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. The manager and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Appropriate recruitment checks took place before staff started work.

Risks to people using the service were assessed; care plans and risk assessments provided clear information and guidance for staff on how to support people with their needs. People using the service had been fully involved in planning for their care needs. Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

People said there was a relaxed atmosphere in the home and they felt their views and opinions were valued by staff. Staff encouraged people to be as independent as possible. There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider found out the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager. There was a whistle-blowing procedure available and staff said they would use it if they needed to. They said they were encouraged to talk about their concerns and they could talk with anyone within the organisation right up the director if they wanted to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service, the manager and staff told us there was always enough staff on shift.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

People's care files included assessments relating to their dietary needs and preferences.

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

Good



Is the service caring?

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

Staff encouraged people to be as independent as possible. There were regular residents' meetings where people could talk about things that were important to them and about the things they wanted to do. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider took into account the views of people using the service through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

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

Good



Community Options Limited – 19 Wheathill Road

Detailed findings

Background to this inspection

This inspection was carried out on the 15 and 16 December 2014. The inspection team consisted of an inspector and a specialist nurse advisor. Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also contacted an officer from the local authority that commissions services from the provider and a health care professional about their views on the service.

We spent time observing the care and support being delivered. We spoke with two people using the service, three members of staff, the human resources manager and the manager. We looked at records, including the care records of three people using the service, four staff members' recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "It's quiet here, we all get along together, and I feel safe living here." The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. We saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We visited the human resources department and looked at the personnel files of four staff that worked at the home. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, their full employment history and explanations for any breaks in employment. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out.

At the time of our inspection the home was providing care and support to five people. People using the service, the manager and staff told us there were always enough staff on shift. One person using the service said, "There are always staff around when I need them." The organisation had a team of bank staff. These staff were mainly used to cover staff annual leave or sickness. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. The rota included the details of bank staff that regularly worked at the home when required. The manager said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. We spoke to a bank member of staff,

they said they had worked for the organisation for over 20 years and they worked regular shifts at the home. They knew the people using the service and the staff team well. They received the same training and supervision as regular staff and attended team meetings.

Assessments were undertaken to assess any risks to people using the service. The manager showed us a standard checklist of risk assessments completed for each person using the service. These included, for example, managing finances, fire safety, risks to themselves and others and self-medication. The risk assessments included information about action to be taken to minimise the chance of the risk occurring.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. One person using the service said, "The staff always check the fire alarm and I know what I have to do if it's not a false alarm." People using the service had individual fire risk assessments. A member of staff showed us a fire risk assessment for the home. We saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety.

People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person was supported to administer their own medicines through a self-medication programme. We saw they had a self-medication risk assessment in their individual medicines folder. This person said, "I take my own medicine, I feel that I have some independence with that." We saw that staff had carried out spot checks to make sure they had taken their medicines. Another person using the service said, "Staff help me with my medicine at the moment, I dispense it myself and they observe that I take it. That helps I suppose."

Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medication audits carried out by staff. We looked at two people's medicine folders. These included their photographs, medicine administration records, self-medication risk assessments, weekly medicine counts

Is the service safe?

and medicines returned to the pharmacist. We checked medicine administration records; these indicated that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Our findings

People using the service said staff knew them well and knew what they needed help with. Training records showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety and infection control. Staff had also completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and training specific to the needs of people using the service for example, mental health awareness and the recovery star approach. Staff had the knowledge and skills required to meet the needs of people who used the service.

Staff, including the bank staff, told us they had completed an induction when they started work and they were up to date with their training. They had been well trained by the organisation and they were aware of people's preferences and interests, as well as their health and support needs. They received regular supervision and an annual appraisal of their work performance. They were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said that lots of training and regular supervision had helped them to understand the needs of the people using the service and equipped them with the skills they needed to support them.

The manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about

their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

Staff told us they prompted people towards independence by encouraging them to buy their own food and cook for themselves. One person using the service said, "I go shopping and buy my own food. I cook for myself and I have had lots of cooking sessions with staff since I came here. My cooking skills have really improved. I can now cook chilli con carne or spaghetti bolognaise. This will all help me when I move out to my own place one day." Another person said, "I buy my own food and I cook for myself. I cook everything from fresh but I do enjoy the odd ready meal. Staff encourage me to eat healthy meals like fruit and vegetables but I also sometimes like to go out for a meal at a local café." People's care plans included sections on their diet and nutritional needs, alongside their support needs, for example with shopping, cooking and meal planning.

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals. One person using the service said, "I get to see the community psychiatric nurse (CPN) about once a month or when I need to. I can go and see my GP or dentist or optician when I want to. I always tell staff when I make appointments so they can put it in the book to remind me to go." The manager told us that all of the people using the service were registered with a GP of their choice. People had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. We saw the care files of people using the service included records of their appointments with healthcare professionals.

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. A person using the service said, “The staff understand me and they understand my needs. They help me with things when I need help and let me get on with things when I don’t. They always listen to what I have to say.” Another person said, “I have been here for over two years, I like it. I get on well with the staff and the other people who live here. It’s the friendliest home I have lived in. I am in good hands with the staff. They are very supportive.” The manager told us people were encouraged to discuss social activities and outings at keyworker and residents meetings. They showed us a “Choose and book” request book. People used the book to request support from staff with various activities, for example, cooking, attending health care appointments, eating out or going on day trips. The manager told us that the staff rota was arranged to meet these requests.

People using the service told us they had been consulted about their care and support needs. One person said, “Before I moved into the home I slept over for a couple of nights first before deciding to come here. Staff showed me around the house, they introduced me to the other people living here and made me feel welcome. They asked me what things I liked and what I needed. I have a care plan and I know what’s in it. I have a keyworker to talk with and I have care coordinators in the community who visit me occasionally.” Another person said “I have a keyworker and I meet with them once a week. We talk about what I need and if anything has changed. We talk about my recovery plan and how things are going for me. They help with things when I need help. I also have a care coordinator, I meet them about once a month or when I need to.”

People told us about regular residents’ meetings where they were able to talk about things that were important to them and about the activities they wanted to do. We looked at the minutes from the last four residents’ meeting. These meetings were well attended by people using the

service and their comments and suggestions had been recorded. Items discussed at the last meeting in November included a recovery exercise, planning and discussing outings and social activities, health and safety and the homes complaints and safeguarding adult’s procedures. One person using the service told us they regularly typed up the minutes from the meetings and distributed them to people using the service and staff. They said, “I find the residents meetings really useful. It gives us a chance to get together and express ourselves and to hear one another’s views.”

The relationships between staff and people using the service were discussed in supervision. The staff supervision record included a section entitled “recovery promoting competency review”. This covered areas such as developing positive relationships with people using the service and helping them to develop relationships with others, empowering people and facilitating their capacity to make choices and supporting the development of self-esteem, identity, meaning and purpose. The manager told us they assessed staff members’ competency in these areas at least once a year. This helped staff to focus on the ethos of the service.

Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and they made sure information about them was kept confidential at all times. One member of staff said that all the people using the service were independent and did not require any support with personal care, however on occasions they might prompt people to purchase toiletries or washing powder, shave or change their clothing. One person using the service said, “I have a key to my room. I can have all the privacy I want, when I want it. Staff always knock on the door if they want to speak with me or to check if I am okay.” Another person said, “We have no problems having visitors here. My friend comes to visit me. I just have to let staff know they are here. I have my own keys to my room. Staff always knock on the door and ask me if they can come into my room.”

Is the service responsive?

Our findings

People told us they were provided with a resident's handbook when they moved into the home. This book included important information such as the complaints procedure, emergency fire procedure, how the home would meet their needs, visitors' information, local area information and a copy of the last Care Quality Commission inspection report. They told us they had keyworkers and they had regular discussions with them about their care and support needs. They said they had care plans and recovery plans which they kept in their rooms.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans, recovery plans and risk assessments. The files were well organised and easy to follow. Care plans included detailed information and guidance for staff about how people's needs should be met. The files included evidence that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in the care files had been reviewed by staff on a regular monthly basis.

We saw reports from Care Programme Approach (CPA) review meetings were available in people's care files. A community psychiatric nurse (CPN) told us they saw their client on a regular basis. They attended six monthly placement reviews and six monthly CPA meetings. They said they had always found the staff at Wheathill Road to be caring and responsive to their client's care needs. They

confirmed that staff had really helped their client with issues they had found problematic in the past. The person they visited had made good progress at the home and the CPN received weekly email updates from staff.

A person using the service said there were plenty of opportunities to do things both in and out of the home. They said they tidied their room and did their own washing, cooking and shopping. There were board games and movies nights for people using the service to take part in if they wished. They told us they liked to frequent a local café; they attended a coffee morning at a local church on Mondays and Wednesdays and a local music group once a month. They said they were thinking about going on a holiday next year and would be discussing this with their keyworker. Another person said, "I like to watch TV in my bedroom and I like to go for walks. I see my family regularly and I am seeing them over Christmas. I go to an arts and music class on Tuesdays."

We saw copies of the complaints procedure were located in communal areas throughout the home. People said they knew about the home's complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

People using the service told us there was always a relaxed atmosphere in their home and they felt their views and opinions were valued by staff.

Throughout the course of this inspection it was clear from the manager, staff, people using the service and the community psychiatric nurse we spoke with that the ethos of the home was to improve people's confidence in their own abilities. One member of staff said, "We have a very proactive team, the relationship between people using the service and staff is really good. There are no blurred boundaries and people know we are here to help them. There is always the drive to support people with independent living skills so that in time they can move in to their own place." Another member of staff said, "I really enjoy working here; it's a nice home and a nice environment. The management are really supportive. If I am not happy about something I am encouraged to talk about it. I can talk with anyone within the organisation, right up the director, if I want to."

Staff felt they could express their views at team meetings and handovers. One member of staff said we can talk about people's needs and what the team needs to do to support them. We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the November meeting included health and safety and maintenance issues, annual leave and the needs of people using the service.

The provider took into account the views of people using the service expressed through surveys. We saw the action plan from the last service user survey. This included action on, for example, promoting a healthy lifestyle through menu planning; ensuring people were given a copy of their support plans and using house meetings to promote a culture of respecting and valuing the opinions and views of others. The action plan indicated that some of these

actions had been fully addressed and some would be completed within set timescales. For example ensuring people were given a copy of their support plans had an action to be completed by 31 December 2014. The manager told us they had just sent out questionnaires to gather the views of health care professionals with an interest in the service. They showed us one completed questionnaire which they had received back. The healthcare professional commented that the home was well run and managed, there was good communication with staff. They said the home offered people a flexible person-centred approach and the home was well maintained and people lived in a pleasant environment.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included maintenance, health and safety, medicines administration, fire safety and care file audits. They also showed us completed audit reports which monitored the homes compliance with the regulations associated with the Health and Social Care Act 2008. We saw that accidents and incidents were recorded and monitored. The manager told us accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. The manager told us that senior managers and trustees carried out regular unannounced quality audits. We saw reports from quality audits completed in August, October and November 2014. We saw action plans for these audits and confirmation that the actions had been completed.

The local authority that commissioned services from the provider told us they carried out an audit of the service in December 2013. This was to ensure that people who used the service were safe, that they received support to attain their individual goals and aspirations and that the service was compliant with regulatory requirements. Some recommendations were made following the visit which the manager had addressed. The local authority said there were no current concerns about the service.