St Mungo Community Housing Association

St Mungo's Broadway - 53 Chichester Road

Inspection report

53 Chichester Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 27th and 28th November 2014 and was unannounced.

During our previous inspection on 18 November 2013 we found that there were no breaches of legal requirements. St Mungo's Broadway - 53 Chichester Road provides care and support for 26 people who have used alcohol in the past or currently using it. During the day of our inspection there were 24 people living at the home. Although the service supports men with life-long alcohol addiction, the service is rated because it is registered to provide residential accommodation with personal care. People who use the service can continue to consume alcohol in a controlled environment; this is called 'harm reduction'. There is no pressure on people to move into other accommodation, the service provides 'a home for life'. St Mungo's Broadway is close to public transport, shops and community facilities.

Summary of findings

The provider informed the Care Quality Commission that the registered manager was on one year sabbatical leave until 1 August 2015. A temporary manager had been appointed to act in the registered managers' absence. 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.

People who used the service told us they were very satisfied with the care they received. People said they felt safe at the home. Risks to people who used the service were managed appropriately and guidance was available for staff to ensure people were able to take risks safely. We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and a robust procedure ensured that care workers had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

The temporary manager and staff had been trained to understand when an application should be made, and how to refer people who were assessed as having limited capacity to the supervisory body. This meant that people were safeguarded and their human rights respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

Staff demonstrated a caring attitude towards the people living at 53 Chichester Road. Throughout our inspection we saw innovative and creative examples of good care that helped make the service a place where people were included and consulted.

People were involved in the planning of their care and were treated with dignity and respect. People were offered a wide range of activities which were facilitated in-house or in the local community. Complaints were responded to appropriately and resolved in line with the project complaints procedure.

The service was well-led. Accidents and incidents were appropriately recorded and analysed. There were robust quality assurance systems in place. The provider encouraged feedback from people who used the service, care staff, relatives and outside professionals, which they used to make improvements to the service. The service demonstrated innovative practices of involving and engaging the local community to work together with the service to improve the lives of people who used the service and people living in the community.

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?

Good

The service was safe. Staff knew how to keep people safe and how to identify the signs of abuse and respond to abuse.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

Is the service effective?

Good

The service was effective. Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

The service obtained people's consent to the care and support they provided. The manager understood the Mental Capacity Act (MCA) 2005 Code of practice and the Deprivation of Liberty Safeguards (DoLS) was and could explain when an application was required.

People's health and personal care needs were supported effectively. Their nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring. During our visit staff were kind and compassionate and treated people who used the service with dignity and respect. When people required staff support they were responded to swiftly.

There were private spaces in the home for people to go if they wanted to be away from other people.

Is the service responsive?

Good

The service was responsive. People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Is the service well-led?

Good

The service was well-led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

The provider monitored incidents and risks to make sure the care provided was safe and effective.

St Mungo's Broadway - 53 Chichester 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 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 27th and 28th November 2014 and was unannounced.

The inspection was carried out by one inspector, one professional advisor who had expert experience in alcohol and substance abuse and one expert by experience who had experience in alcohol and substance abuse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed our records including previous inspection reports.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with15 people who used the service, the activity co-ordinator, four care workers, the cook, the deputy manager and the temporary manager. We looked at five care plans and care records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, staffing records, accident and incident records, staff rotas, menus and quality assurance records.

Good

Is the service safe?

Our findings

People who used the service told us that they felt "very safe". Comments included, "Staff does listen to what I have to say and act on my requests if they are able to", "I would be living on the street if I wasn't here. I feel safe and secure here, if I ever have a problem I can go to staff who help me to get it sorted", "I am very happy with the staff and the care I receive here", and, "Staff is excellent and is always available when you need them."

We asked staff members what they would do if they suspected abuse was taking place. They were confident in their answers and were able to tell us the correct action to take. Staff told us they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. Records confirmed that the majority of staff had received safeguarding training and regular refresher training was available to update employees' knowledge of changes within the safeguarding processes. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. Numbers were clearly displayed on the notice board in the staff office on the ground floor. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. There had been no allegations of abuse within the last twelve months.

The risk assessments we looked at were detailed and comprehensive. They were reviewed quarterly or when people's needs and risks changed. For example, one of the risk assessments provided detailed information of how to respond appropriately to a persons increased risk due to the person getting older and therefore less able to self-care. Another risk assessment provided information in how to respond to one person's increased wandering and risk of going missing, by talking to this person regularly of places which were of great importance to them. All risk assessments viewed were regularly analysed by staff within the service and externally by a designated team in the provider's head office. We also saw that risks formed part of the agenda to be discussed during team meetings and hand overs. This ensured all staff were aware of people's risks and provided a coordinated response in minimising these to people who used the service.

People who used the service told us that there were always sufficient staff available. One person told us "Staff are great, they are always available and go out with me if I need some help to see the doctor or buy stuff." This was echoed by care workers we spoke with. One care worker told us "We are a very good team and work well together to make a positive change to people's lives." We saw that sufficient care staff and senior staff were on duty to meet the needs of people during the day of our inspection. The staffing number was consistent with the rota. The rota included the manager, one deputy manager, two senior project workers, two care assistants, one chef and one cleaner and one maintenance worker. The manager told us that the home was currently fully staffed, but would make use of agency workers to cover for annual leave or sickness or if people's needs were to change.

We looked at seven staff files which contained the necessary documents and checks required to work with vulnerable adults. Documents included an enhanced criminal records check, two references, proof of the right to work in the UK and proof of address. This ensured that people who used the service could be confident staff were suitable and appropriately vetted to work with vulnerable adults.

There was a detailed medicines procedure. Staff received regular training in the administration of medicines. We assessed medicine administration records (MAR) for five people. These were completed comprehensively with no gaps omissions or gaps in the recording. We checked medicines stock levels against medication administration records and found them to be consistent. Medicines were stored in a lockable, metal medicines cupboard, which was located in the medicines room, which was only accessible by staff. People who used the service told us they had no concerns with staff administering medicines. If people were able to self-administer we saw that a separate risk assessment had been put into place and discussed with the person to ensure that medicines were taken regularly and appropriately. We observed the medicines round during the first day of our inspection. This was carried out by two members of staff who checked the correct medicine and dose was administered. We also saw that people had the right to refuse medicines, which was recorded on the persons MAR and discussed during the hand over meeting.

Good

Is the service effective?

Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good and know what they are doing." During lunch time we spoke with people who used the service. People told us food was "plenty", "tasty" and "You always have a choice". People also told us they were able to go out whenever they wished and were able to do what they chose too.

Staff told us they had an induction which included shadowing experienced staff. This involved working alongside experienced staff to observe and learn elements of the job. Records showed staff also had to complete an induction checklist to demonstrate competence in various areas which was checked by senior staff. Staff told us they had access to ongoing training including training about moving and handling, mental health awareness, food hygiene and care planning. Records showed that most staff member's training was up to date. Where there were gaps in training we saw that appropriate training courses had been booked for staff to attend in the near future.

Staff told us and records confirmed they had one to one supervision meetings with senior staff. Staff said they found these meetings to be helpful and they gave them the opportunity to discuss issues of importance to them such as issues relating to people who used the service and their own performance. We found that staff received annual appraisals. Staff told us the appraisals were helpful and helped their development.

The manager told us that none of the people had a Deprivation of Liberty (DoLS) authorisation in place. People at the home were seen to be able to come and go as they wished and were able to make independent decisions about their lives. The temporary manager told us that staff had undertaken training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives, advocate or friends to get information about their preferences. The manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged. However at present there was nobody living at the home that was not able to consent. We spoke with the manager and were confident that the service was prepared to take appropriate actions if needed if they found that people lost capacity or they admitted a person who had limited capacity. The temporary manager told us that she would contact the supervisory body and apply for a standard authorisation for the deprivation of liberty.

The manager and care staff told us of the importance of involving people in their care and that they were careful to obtain permission prior to providing care. They told us staff used verbal and non-verbal cues to check people were happy. We spoke with four members of staff about how they obtained consent prior to providing care. They all understood the importance of checking people were happy to receive care. Staff told us they got to know people well so that they could pick up on their non-verbal cues.

Care plans included information about how to support people to make decisions and we observed staff following the guidance in one care plan. We saw staff offer the person different choices during lunchtime and the person was able to tell staff what they wanted. We saw other examples during the day of staff supporting people to make choices, for example about their involvement in activities and meals. This showed people were supported to make choices and give consent to their care.

People were supported to eat a balanced diet that they enjoyed. The chef and the temporary manager told us that it was very important for people to have one healthy, nutritious and well prepared meal a day. This ensured that their physical well-being was maintained, while they were still drinking alcohol. We observed lunch time and saw that people had a choice of two meals as a main course, one starter and fresh fruit, ice cream or cake for dessert. A cook was employed who told us that people who used the service were regularly consulted and the menu was planned based on suggestions made by people who used the service. We saw evidence of this in one of the resident meeting minutes we viewed during this inspection. Meals were provided between 12:00pm and 01:30pm which allowed people to take their time and eat at their own pace. People who used the service told us that meals were always hot and were kept aside if they were not able to have lunch during designated times due to appointments

Good

Is the service effective?

or meetings. Alternatives were made available for people who did not like the meal options offered and we saw that people who required support to eat were assisted by staff to consume their meals.

Records showed people had regular access to health care professionals including GP's, opticians, and psychiatrist and district nurses. There was evidence that appointments were arranged for people when a need was identified, for example a change in someone's physical condition. There was evidence that the advice received from health care professionals was put into practice and led to changes in the care plans. For example, we saw one case where a person developed age related illnesses, which had been discussed with the GP and referrals were made to see a specialist in the hospital. The manager told us that the local GP visited the home regularly and the home had an 'excellent' relationship with the local GP surgery.

Good

Is the service caring?

Our findings

People using the service commented positively about the care provided. Comments included "They provide good care, I can't fault them", "Staff treat us with respect and fairly, I feel well cared for", "I attend house meetings regularly and try to get involved in the running of the service" and "They are a good bunch of understanding staff".

We observed positive caring relationships between people who used the service and staff. Staff took time to talk to people and showed a genuine interest in their life and day. We observed staff not to judge people on their behaviours. For example, one care worker told us that at times people can become sick due to drinking too much alcohol. The member of staff told us "This is part of my job and the reason why people live here. I just clean it away, make the person comfortable and get on with my day." This was confirmed by the mission statement of the service, which stated 'to use the best skills and resources we can provide to work with our clients, respecting their experience, valuing their qualities, and believing in their aspirations, in order that they find practical, lasting and real ways to achieve their potential.' We observed this throughout our two days of inspecting the service, for example one person had a history of challenging behaviour. We saw care staff supporting the person by talking him through his problems and offering him alternative support and opportunities to challenge his anger and anxieties more appropriately.

People who used the service had regular opportunities to comment on the care provided, for example we saw that people were consulted during residents meetings in how the environment should be decorated. The temporary manager confirmed that the home would be redecorated before Christmas and the colour scheme was chosen by the people who used the service. People who used the service and minutes of one residents meeting confirmed this. We also saw that various events such as Black History month, Diwali, Christmas and St Patrick's Day were celebrated and parties such as BBQ's, birthdays and special meals were arranged to mark these events. People who used the service were involved in the planning of these events and told us that they were able to invite friends and families. Apart from people having the opportunity to attend monthly residents meetings, we saw throughout our inspection that staff spent time with people to discuss events of the day or any other issues which were important to people. We observed that for example people who chose to spent time on their own were checked regularly to ensure they were ok and safe. We had the opportunity to observe one of the handovers and saw that all people were discussed in detail and comments made by people had been noted by the temporary manager and were followed to ensure their contribution was valued. For example one person mentioned to a care worker that the lunch during the day of the inspection was not to his taste and we overheard the temporary manager discussing this with the chef after the handover meeting.

Staff told us how they promoted people's dignity, choice, privacy and independence. For example, they said they always ensured that doors and curtains were closed when providing personal care to people and we observed staff knocking on people's doors before entering their rooms. One member of staff told us they talked to people as they gave care, asking them what they wanted help with. They said they tried to build up good relationships with people by getting to know them and treating people respectfully. Another staff member told us how they enabled people to make choices. For example, if a person chose to sleep longer they left them and would come back later. Staff told us that where people lacked some ability to verbally communicate choices they would talk slower or used objects of reference to help them to make a choice, for example showing them two sets of clothes so they could pick the one they wanted. They told us they promoted people's independence by encouraging them to manage as much of their own care as possible, for example allowing people to independently wash, go out or choose what they wanted to wear The service promoted people's needs relating to equality and diversity. For example, food reflected people's ethnic heritage and activities offered reflected people's ages.

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective and safe care. One member of staff we spoke with said people received a good quality of care because they had freedom of choice and were supported to be independent.

Good

Is the service caring?

We noted that people who used the service had access to an independent advocate if they chose to and saw reference to advocacy services on the notice board and on the providers' website.

Good

Is the service responsive?

Our findings

People who used the service told us that they knew about their care plans and met their key worker regularly. One person told us "I arrange to meet my key worker once a month, but can see him more often if needs be." Another person talked to us about his activities, "I like to go shopping and will go out tomorrow with a member of staff." People also talked to us about making a complaint. One person told us, "I made a complaint about another member of staff to the manager; he helped us to sort it out."

We looked at people's care plans which were comprehensive and based on information obtained during the assessment on admission or during the stay in the home. Care plans and staff were realistic about the group of people they were working with and the potential limitations of their intervention. People had been dependent on alcohol for most of their life and records were clear that detox was not a favourable option for people who used the service. The manager and care staff told us, the home was providing harm reduction as a more favourable option for treatment of people who used the service living in the home. This meant while people were still able to drink alcohol, however strong lagers above 5% alcohol were not permitted as these had a more negative effect on people's physical health. We saw in people's records that this had resulted in people drinking less and also that two people who used the service stopped drinking completely, which was confirmed by records and staff. People's care plans recorded the best possible approach for working with individuals to support them appropriately and safely. Care plans were reviewed quarterly and people who used the service, outside professionals and staff were involved in the review process. We noted in one care plan that the use of language in the assessment documentation where an unsuccessful detox was termed as 'failed' detox. We brought this to the attention of the temporary manager who reassured us that this would be rectified.

Care plans were sufficiently detailed and personalised to provide guidance to staff about how to meet people's assessed needs. For example, one person's care plan identified the person could become verbally aggressive and provided information about how to respond to the person consistently when demonstrating this behaviour. We found that not all care plans had been signed by people who used the service and told the manager, that this would be good practice and part of the personalisation agenda.

There were two designated full time activity workers employed who arranged a variety of activities such as gardening and a number of "focus groups". For example, there was an Irish focus group and a disability focus group which was chaired by one of the people using the service. Most recently the Irish Focus Group organised a visit from the Irish Minister for The Diaspora to the home. People who used the service told us that they welcomed this visit and it made them feel valued. People also told us they had been on holiday in summer 2014 to Paddington Farm, near Glastonbury, which they told us they enjoyed. We saw people coming and going throughout both days of our inspection to go shopping or visit friends. There was an activity room with a full sized pool table, which was continuously used.

One formal written complaint had been received in the past 12 months. We saw that this complaint had been well documented and records showed that actions had been taken to resolve the complaint to the satisfaction of the complainant. People who used the service told us they felt confident in raising concerns with the temporary manager and told us she would deal with any concerns and complaints made. The complaints procedure was available on the notice board and accessible to people who used the service and staff. Staff spoken with told us they took complaints seriously and would always raise them with the manager. However, staff told us that formal complaints were rare. The majority of times people rather have disagreements which were easily resolved informally, by staff mediating between people and supporting people to find solutions for the disagreement between each other.

Good

Is the service well-led?

Our findings

Staff told us they thought the service had an open and inclusive atmosphere and they found the manager to be approachable and supportive. One member of staff said, "[The manager] is fantastic. I don't have a problem with going to him about anything. He is very supportive." Another member of staff told us, "When I came here the manager explained everything and said to go to him if any problems" and "The staff are very helpful, we work well as a team."

The service had a manager in place and a clear management structure. This included a deputy manager, senior care workers, residential support workers, project workers, a janitor, domestic workers and chef. Domestic staff included cleaning and laundry staff, and senior carers and support workers were in charge of the day to day care and support provided. Staff we spoke with were clear about their lines of accountability and who they should report to in the first instance.

Staff said they felt listened to by senior staff and senior staff acted upon their concerns. One staff member told us they had problems which they discussed with the temporary manager who was empathic and supported the staff member to resolve the problems. The member of staff told us "I can't thank the manager enough, she was so helpful." This demonstrated that staff views were welcomed and acted upon if appropriate. The manager told us that she felt well supported by senior management and told us that she raised with her line manager the need for admin support, which occupies a lot of her time and takes her away from supporting staff and people who used the service. She was told by her line manager that he would discuss this with senior managers, but she was still waiting for a positive response to her request.

Staff told us that the service had regular staff meetings where staff were able to raise issues of importance to them. Staff also told us that the manager initiated discussions during staff meetings about important subjects, including cleanliness in the service and safeguarding adults. We saw minutes of a staff meeting from September 2014 where care staff were able to contribute to the Provider Information Return requested by the CQC prior to this inspection.

There were a number of quality assurance and monitoring systems. The manager told us an annual survey was carried out to gain the views of people that used the service and their relatives. The last survey was completed in November 2014. The feedback received was very positive and 79% of people who used the service responded to the survey. Feedback received included 100% of respondents were satisfied that the project was sensitive to cultural and religious needs, 100% of respondents felt safe and 100% of respondents were satisfied with the overall service provided. The temporary manager told us she planned to discuss the survey during the next monthly residents meeting.

The temporary manager told us the service had various mechanisms for gaining the views of staff. These included one to one meetings with staff, monthly staff meetings, and daily hand over meetings, annual staff surveys or informal discussions with the temporary manager or deputy manager.

Regular and robust monitoring and audit systems were in place, which ensured that shortfalls were dealt with and the quality of care was improved. The system in place included regular fire checks, individual fire risk assessments for all people who used the service, regular health and safety checks, which were carried weekly, monthly or quarterly. First Aid boxes and panic alarms were checked weekly, while a full Health and Safety audit was carried out annually through an external provider. The last full Health and Safety audit was carried out in April 2014 and all areas highlighted and been addressed and resolved. The service had an annual plan in place which looked at further alcohol reduction for people who used the service, providing better information to people and work more closely with the local community. This will lead to further improvements to the service and the quality of life for people who used the service.

We saw that the service had close partnerships with key organisations and health care professionals such as the GP from the local surgery that had been involved in the health care of people using the service for well over a decade and visits the home weekly or more often if required by people. We also saw close links with local mental health support groups, cultural groups, the local police and local shops. The latter had been informed by the home in writing that people who used the service should not purchase strong lagers. The temporary manager told us that all local

Good

Is the service well-led?

off-licences had signed up a pledge with the local police to not sell strong lagers to any of their customers. This innovative and creative way of working with the local community to protect people from excessive alcohol abuse was initially driven by the registered manager. The invitation of the Irish Minister for the Diaspora in August 2014 was another innovative example of how the service involved people who used the service in the wider community and highlighted the positive work the service does and has done in the integration of previously homeless people in the society. People told us that they were very pleased with this visit. One person told us “Why did he come to see us, we are not that important.”

The service had identified areas and priorities for improvements over the next 12 months in the PIR submitted prior to our inspection. These included cyclical decorations to improve the environment and general safety of the home, staff were to receive refresher safeguarding training, arrange End of Life training for residents by January 2015, introduction of 360 degree feedback for all staff working at the service. (360-degree feedback is a feedback process where a person receives feedback from the superior, their peers, and people they support) as part of appraisal process. The service planned for the coming year a publication of a project newsletter with the resident group; explore additional opportunities within the community to expand the Equality and Diversity programme and contact BACES (local college) to identify additional courses that can be offered in-house to people who used the service. This showed the service was able to identify shortfalls and work to make improvements.