Care Quality Commission

Providence Row Housing Association

Edward Gibbons House

Inspection report

Flat 1 Edward Gibbons House
Parmiter Street
London
E2 9NG
Tel: 02075314790
Website: http://www.prha.net/

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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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on 15 December 2015 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure that someone would be available. At the last inspection on 5 January 2015 the provider had not met the regulations that covered risks to people who use the service when planning and delivering their care, safeguarding and consent.

Edward Gibbons House provides high level support for people who are alcohol dependent and have complex needs. At the time of the inspection 34 people were using the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken appropriate action to address the breaches previously identified. All statutory notifications were being reported

Summary of findings

to CQC as legally required. Risks to people were assessed and effectively managed to ensure people were protected. Staff took action in response to known risks to keep people safe. The provider had revised their policy and procedures to ensure that care and treatment of people was only provided with the consent of the relevant person.

People told us they felt safe and well supported and staff took appropriate action in response to significant incidents affecting the welfare of people, raising safeguarding alerts to the local authority where required to protect people and established procedures to record their actions. People were supported to maintain good health, and had access to healthcare services and ongoing healthcare support.

Staff were sufficient in skill-mix and numbers to support people who had complex needs. They had developed positive relationships with people based on trust which helped them to work effectively with people in working to achieve their aims. People who used the service held staff in high regard and said they were kind and caring and responded well to any issues they raised.

Staff helped to promote and encourage people to become more independent, to gain more control and enable them to make their own decisions about their care. Support plans were in the process of development and the new format was more detailed and personalised including people's needs, wishes and how to meet these.

People received care and support in a way that enhanced their sense of wellbeing and quality of life. This resulted from a service that was highly personalised and tailored to their needs and delivered by staff who were skilled, experienced and committed to their work. There was an innovative approach to working with people with complex needs, enabling staff to have more successful engagement with people to work towards and achieve their recovery plan aims.

A complaints procedure was in place, however people said they had no current complaints. Previous complaints made had been promptly addressed.

People benefitted from using a service that was well managed and organised to ensure their needs were met. The registered manager understood their responsibilities and promoted a positive, open culture. Staff said they were happy with how the service was managed and received good training and ongoing management support. There were effective quality monitoring systems in place to check the quality of service and care delivered. A high percentage of people whose views were sought about the quality of care and service provided said they were highly satisfied with the service overall.

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. People benefited from using a service that assessed and managed risks to them.

Staff were appropriately recruited and sufficient in numbers and skill-mix to keep people safe.

People received their medicines safely and as they needed.

Good

Is the service effective?
The service was effective. People were cared for by staff who were knowledgeable about their needs and trained in effective ways to support them.

The provider ensured care and treatment was provided only with the consent of the relevant person.

There was a multi-agency approach to working with people.

People who used the service were consulted and supported about their needs and preferences in relation to their food and meal preparation.

Good

Is the service caring?
The service was caring. People using the service said staff were kind and caring and we observed a caring approach in all staff interactions with people.

The views, preferences and diverse needs of people were taken into account when planning and delivering their care. People pursued their chosen leisure interests and daily activities.

Good

Is the service responsive?
The service was highly responsive. There was an innovating approach to working with people with complex needs, enabling more successful engagement with them in working towards their recovery plan aims.

Outstanding

Is the service well-led?
The service was well-led. The service was well managed and organised to ensure the service achieved the best possible positive outcomes for people who used the service.

Staff were happy with how the service was managed and support they received.

There were effective systems in place for monitoring the quality of service and people were overall satisfied with the quality of the service provided.

Good

Edward Gibbons House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We gave the provider 48 hours' notice that we were undertaking this inspection. This was because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This announced inspection took place on the 15 December 2015 and was carried out by one inspector. It included looking at information the Care Quality Commission (CQC) held about the service, including notifications of significant incidents, over the last 12 months.

During this inspection we spoke with six people who used the service, four staff including the registered manager and three support workers and looked at four staff files. We also looked at records including medicines administration records, statutory notifications of allegations of abuse, incidents involving police, complaints, satisfaction surveys, records and documents related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and staff treated them well. One person said, "If I feel unsafe we've been told to go to our key workers or the manager. But there's been no need." Another said, "Once in a month there are arguments, but mostly the residents respect each other."

At the previous inspection, a number of serious incidents that required reporting to CQC had not been notified. Since then, 12 incidents affecting the welfare of people who used the service had occurred at the service and all were reported to CQC. These incidents combined police involvement and allegations of abuse, including threatening behaviour displayed by people towards staff and other people. Records showed that staff took appropriate action when handling these incidents, for example, calmly reasoning with people and using effective ways to diffuse confrontational situations.

Where there was concern for the safety of both individuals and others who used the service, staff requested police support. Following an example of such an incident involving one person who had an altercation with another person using the service, staff contacted police, reviewed the multi-agency risk assessment in place and the risk management plans for both people. The registered manager notified all staff about the risk management plans and staff remained vigilant in monitoring the interaction between the two people.

Identified risks to people were assessed and management plans put in place to mitigate and respond to these. For example, there was an established procedure in place for people who were identified as being vulnerable due to their dependency on medicines who had to be seen by staff at every shift. The service had agreed with police a staged escalation if the person went missing and there was an increased risk of harm. This had been discussed in a meeting with police last week who the registered manager said were very satisfied with the way the service was handling these situations.

People's ability to leave their rooms in the event of a fire was risk assessed and the local fire brigade were notified who were satisfied with the outcome and plans in place.

Where other services were involved in people's care, those services contributed their assessment in the same risk assessment format. This new format was being used for all the people who used the service and was to be rolled out to all services in the organisation.

Staff followed safeguarding procedures to ensure people were protected, keeping good records of their contact with the local authority safeguarding teams when alerting them of their concerns and of any actions that followed. A missing person's policy in place used a red flag system where if a person was identified as being at high risk and not seen for 12 hours, staff completed a missing person form and took steps to report a person as missing. Staff took action in keeping with this policy as was evident in people's files.

Staff were knowledgeable about assessed risks to individuals and how to mitigate them and followed procedures to keep people safe. Risks to the health and safety of people were a priority. Daily health and safety room checks were completed to ensure people's rooms did not pose a welfare risk to them. There was a policy and process of escalation in managing risks associated with rubbish, dirt and other hazards that would present a health and safety risk to people who used the service. The policy clearly stated what actions staff should take and when, for example, steps to take on the first day, escalating steps in weeks one and two.

There were sufficient numbers of staff both day and night who were able to respond to and meet people's needs. The permanent staff consisted of two personal care workers who covered a seven day shift between them; a senior welfare worker, manager and deputy manager, four substance misuse workers and two volunteers. People who received support with their personal care said staff took good care of them. We spoke with the senior welfare officer who line managed the personal care staff. They explained that there were 11 people who needed support with their personal care and staff were able to support people's needs well.

Staff told us they had all their recruitment documents in place before they started work. Recruitment records held at the head office and sent to us after the inspection confirmed this. We saw that staff went through a robust recruitment procedure to ensure only suitable staff with appropriate skills, experience and attributes were

Good

Is the service safe?

employed to work with people who used the service. Essential recruitment information had been checked, including criminal record checks, employment histories and suitable references.

People who used the service received their medicines as and when they needed. Staff followed the medicines policy, which set out their responsibilities and the procedure for providing support with medicines, storage, administration, documentation and PRN (as required) medicines. People's ability to manage their medicines was assessed and those who could were supported to take their own medicines. For example one person who took their own medicine was supplied with a fridge in their room to store their insulin. Staff checked that they took their medicine on a daily basis. Medicines administration records were signed by the person and the staff member who administered their medicines. The records clearly stated when medicines were refused or not taken for another reason. Records were clear, fully complete and accurate, showing that staff supported people to take their medicines as prescribed. The use of PRN medicines, the maximum dosage permitted for the person and period between doses was recorded.

Good

Is the service effective?

Our findings

People using the service told us they were cared for by staff who knew about their needs and how to support them. One person said, "The staff are trained. They know what to do." Staff told us they had positive experiences of working in the service and as a group of staff. One staff member said, "Everyone gets on well. We are like a family. If you have a passion for the job you back each other up. And we do." The registered manager told us the staff were highly committed and believed in what they did. We saw the positive relationships built up between staff and people who used the service.

We spoke with staff about their training and support, who told us they received ongoing relevant training. Staff had training in working with people who challenged others and working with people with alcohol dependency. One staff member said, "We all have induction. I've been doing training throughout the year. It is more intense now that my role has changed. It's about once a week." Training records showed that staff received mandatory training.

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. The Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS. Staff had received training in the MCA and DoLS. Since the last inspection, the provider had made much progress in their approach to working within the principles of the MCA. All staff had had training and policies and procedures were in place. Staff discussed mental capacity issues in their one to one and team meetings. Records of meetings showed they were asked if they understood and were comfortable to use the Act. Staff showed awareness of MCA issues and the importance of obtaining consent to care and treatment from the relevant person. The registered manager was committed to ensuring good practice in relation to the MCA. They described how they had taken action to protect the rights of one person whom they suspected lacked capacity to make decisions about their care and sought the involvement of an independent mental capacity advocate (IMCA). This was so that they could recommend a course of action for the person's care using the best interest decision-making process.

People who used the service were consulted and supported about their needs and preferences in relation to their food and meal preparation. People's evening meals were cooked and people were supported to prepare other meals or staff went out with people to buy food of their choice. The registered manager had put in a request to have the kitchen refurbished to make it easier for people to prepare their own food.

The registered manager explained the significant difficulties of engaging other agencies due to people using the service having multiple complex needs. Despite this, there was evidence of repeated efforts to make referrals and work jointly with other health and social care professionals to meet people's needs. We saw the provider's engagement in a range of multi-agency case conferences, for example, to help plan the care of people who used the service. There was a room dedicated for healthcare check-ups and treatment used by a doctor who visited every week. There was an established procedure for recording people's engagement with the visiting GP service. A community nurse visited daily to administer injections for one person. Other people needed treatment for conditions related to their substance misuse. Care plans included information about people's health and care needs. Case files contained copies of assessments, documents and correspondence from medical and healthcare professionals. All the files we looked at had essential contact details of professionals who were involved in the care of people using the service.

We found that maintenance issues were not always addressed in a timely way. However, the registered manager had reported and escalated these matters internally and after we raised issues, these were all addressed the following day.

Good

Is the service caring?

Our findings

We were concerned about the lack of privacy to people as a result of a shower lock being broken on one of the floors. Whilst there were alternative bathing facilities which people could use, one person told us they still used this room. We pointed out our concern to the registered manager, who had reported the issue to the maintenance team. However we were advised that the maintenance issue were addressed the day after our inspection.

People using the service told us that staff were kind and caring. One person reflected the views of others in their comment, "I must say, staff treat me well. They respect us." They told us that staff respected their privacy and dignity. For example, people said in their daily health and safety room checks, staff always knocked on their doors and asked for permission before entering their rooms, and before opening draws or checking wardrobe contents, in order not to invade the privacy of the person.

We saw warm and friendly interactions between people using the service and staff. Staff engaged respectfully with people who approached them when they needed to talk. They acted consistently in a way that was quiet, calm and assured, which we observed had a positive effect on the behaviour and attitude of people using the service. One staff member said to us, "It's the clients who keep me here. I love it." Staff were patient and sensitive to people's needs, giving them plenty of time and space to explore how they felt and wished to be supported. People had good opportunities to communicate their needs and wishes and said that staff were sensitive and always listened to them. During the inspection we observed the way in which one staff member handled a situation arising during our tour of the premises. The staff took prompt action, skilfully providing a distressed person with the support they needed. The staff member helped to calm the person down and diverted a risky situation that had the potential to escalate.

The views and preferences of people who used the service were taken into account when planning and delivering their care. People pursued their preferred leisure interests, such as going out for walks or to places in the local community. People told us how much they enjoyed the various games they took part in in the home and were particularly enthusiastic about the weekly game of pool which they played together with the staff. They said that people were financially rewarded when they won the games. One person said they enjoyed going out to the London Aquarium and the London Eye and they had trips out like this about every three months. Notice boards around the premises provided people with information about work, educational, social and leisure opportunities. Staff told us people were also paid for doing maintenance work on the premises.

People attended monthly resident's meetings with staff and the registered manager. During the meetings people were able to raise any issues and share their opinions about their service, including their activities, house rules, meals and day to day interactions with staff and other people using the service.

People's individual diverse needs were taken into account when assessing and planning their care. For example, staff told us that whilst they were able to communicate with a person on a basic level where English was not their first language, they also had access to an interpreter for more complex communications if they needed. Visits by family and close friends or partners were welcomed.

Outstanding ☆

Is the service responsive?

Our findings

People's needs were assessed by the referring agencies and by the provider prior to people using the service. These took into account people's personal background and histories, needs, wishes, short and long term support objectives, from which their support plans were developed.

The provider was in the process of moving to a more personalised format for planning people's care. At the time of the inspection some people's care plans had yet to be transferred to the new format and were therefore not very personalised. However, the intention was to replace all the old plans with the new ones and we found significant evidence of personalised care being provided to people. Staff regularly reviewed people's care and completed daily records of their care.

People who used the service had a range of complex needs that included alcohol dependency, brain damage resulting from substance misuse and complex mental health needs. The registered manager explained that as a result it had been difficult to secure support from other health and social care services. We saw that despite this challenge, the registered manager had made repeated attempts to request specialist input from other agencies. All the people who used the service were highly resistant to care and treatment and difficult to engage with any activities. Two thirds of the people who used the service had been rough sleeping prior to their placement at the service and a number of them for over 10 years. Other people who used the service had multiple failed placements for a variety of reasons, such as eviction, for example.

Due to the significant challenges to the service, the aim had been to provide containment and to keep people safe from harm. However a significant shift had taken place in the past two years with a focus that was once about harm minimisation to one now of recovery. Much progress had been made towards this aim, so that, where people had no alternative support options available, the service provided them with a pathway towards recovery and independent living.

The remit of the service was to provide a two year placement, however due to the high needs of people and the lack of other services available, their length of stay varied enormously. There were two main objectives: for people to become abstinent and move to independent living or to acquire skills to reduce their dependencies and improve their health and wellbeing to maintain their supported tenancies. People who were unable to become abstinent continued drinking in a supported and managed environment in the service. A 'wet' and 'dry' lounge was available to enable this, where people could continue to drink safely. Those who were not ready for independent living but demonstrated they were able to maintain their rent could eventually step down to a lower needs hostel managed by the provider with less intensive support.

The service demonstrated their success in being able to meet their objectives. The service demonstrated their success in being able to meet their objectives. Last year 16 people had moved on positively, 4 of them to abstinence based services and twelve to more independent accommodation with lower levels of support.

Staff had worked with one person who was previously highly resistant to services. The service had turned things around for the person and with a carefully targeted support plan and successful management of their alcohol consumption, the person had been admitted to hospital only three times this year, which included health checks not linked to alcohol misuse. This was major progress for the person whose health and wellbeing had improved and as a consequence needed less intensive support from health and social care staff.

A major contributory factor in the progress achieved by the service had been the introduction of the Recovery Club in September last year. This was hailed by staff and people who used the service as an overwhelming success. The recovery club was a weekly meeting between people who used the service and a guest speaker who discussed their experience of recovery. The club was organised by staff and a volunteer who were themselves in recovery. Before the introduction of the Recovery Club, the people who used the service were previously not willing to engage with mainstream services. As one staff member said, "The Recovery Club has had a massive impact. Before people used to think this was a place they could come and drink. Now people's views have changed dramatically." Records of the meetings showed that people were fully engaged in discussions with each other and with the guest speaker. People we spoke with told us that the Recovery Club helped them to regain respect, confidence and hope in their own recovery, taking inspiration from other people like themselves who were also in recovery.

Outstanding ☆

Is the service responsive?

A different guest presented their journey of recovery at every meeting and after the presentation, people were invited to talk about their experiences and ask questions. At one meeting a well-known celebrity came to speak about their own recovery experience, which people said they found highly inspiring. If people were sufficiently motivated the club was used as springboard to gear people towards other treatment services, including Alcoholics Anonymous (AA). After the sessions, staff invited people who were interested to visit AA meetings with them. Since the club's formation, there were a group of people who had become regular attenders at the AA meeting.

The registered manager told us that the innovative approach to assisting this difficult to engage client group had brought attention to the service and was being seen as a model of success being adopted by other services.

People were cared for in an environment where staff could provide support with their behaviours that challenged services. Staff could identify potential triggers, took appropriate action and offered reassurance to minimise episodes of agitation and distress in people. Staff had a successful approach in their response to addressing people's lack of engagement with their personal care at times. When asked about how they handled this, one senior support officer told us, "We negotiate. Most of the time they are fine. It is about knowing the person and about communication skills. Building up that relationship helps a lot. I have a really good relationship with people built up over time with trust." This was clearly evident in the warm interactions between people who regularly approached and chatted with the staff member.

Despite the difficulties involved in targeting specialist services, there was a multi-agency approach to working with people. Staff consulted other care professionals when they required their input to support people's changing or fluctuating needs, which when successful, helped to reduce the number of incidents occurring at the service.

People were provided with information about how to make a complaint if they wished. Records showed that people were happy with the service and did not have any complaints. One person we spoke with told us they had expressed an issue of dissatisfaction some time ago and staff responded promptly to resolve the issue. They said they had no further problems. No one else who used the service had made a formal complaint, however issues of dissatisfaction raised by people were recorded and action promptly taken to address these.

Good

Is the service well-led?

Our findings

People using the service told us the service was well managed. One said you only had to tell the manager something and he would act on it straight away. We saw that the registered manager engaged and talked with people in a friendly, supportive and relaxed manner. We looked at comments from surveys completed by people who used the service and their relatives. These were all positive.

The deputy manager and senior wellbeing worker who had delegated management responsibilities also line managed other staff. Staff told us the managers were always available when they needed. They said they would listen to their views and address any issues they raised. One staff member said, "I feel very well supported. If you have any ideas you will be listened to and not ignored." Another said, "The manager is very good. They are very helpful and respond to any issues straight away." Staff told us they had regular one-to-one supervision meetings with their manager and appraisal reviews, as evident in their staff records. They confirmed they had weekly team meetings where they discussed care issues and caseloads and support they or people who used the service needed.

The provider informed CQC of statutory notifications where required, for example, sending in a notice to inform CQC that the registered manager was absent for 28 days. The provider arranged management cover during this time.

There were good systems in place to manage the health and safety, quality monitoring and effectiveness of the service. There were daily quality audits checks, looking at for example, health and safety matters and how people's medicines, finances and petty cash was managed. We saw the annual internal audit completed by another service manager in September 2015. This was presented to the senior management team board and assessed a broad range of areas, including needs and risk assessments and support planning for people using the service, staff competence and development and relationships between people. This showed that practices followed were in keeping with internal policies and procedures. Any actions required or gaps in information were noted.

In addition the registered manager completed a quarterly report for the local authority commissioners of the service. This enabled the commissioners to have access to quality monitoring data about the effectiveness of the service, including staffing levels, details of people using the service, safeguarding alerts and complaints.

Management sought the views of people using the service about the quality of service they received. The latest satisfaction survey showed that 85 per cent of respondents thought the support provided enhanced their quality of life and 87 per cent were satisfied with the service provided overall.