

Community Options Limited

# Community Options Limited - 56 High Street

## Inspection report

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Kent

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Date of inspection visit: 31 March 2015

Date of publication: 27/05/2015

### 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?

Requires Improvement 

### Overall summary

This inspection took place on 31 March 2015 and was unannounced. When we last visited the home on 2 May 2013 we found the service met all the regulations we looked at.

Community Options 56 High Street, Chislehurst, Kent provides accommodation and support for up to ten people with learning disabilities and mental health issues. At the time of our inspection the home was providing care and support to ten people.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During our inspection we found that the provider had breached a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Staff showed an awareness of the providers safeguarding policies and procedures and the whistle-blowing procedure should they need to use it. Assessments were undertaken to assess risks to people using the service. Risk assessments documented information and offered clear guidance to staff on what actions were required to reduce reoccurrence.

The provider had safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff received regular support, supervision and training that supported them to meet people's needs effectively.

People's medicines were stored, recorded, managed and administered safely.

The home was clean and well maintained. Records showed that if maintenance issues were identified action plans were put into place to resolve issue quickly.

Staff demonstrated a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interest. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure where appropriate requests to the local authority were made in accordance with the MCA to deprive people of their liberty where necessary to prevent harm.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet.

Care plans and records highlighted people's specific nutritional needs and how they could be supported to promote a healthy diet. People had access to health and social care professionals when needed.

Staff displayed kindness and compassion toward people and we saw positive interactions between staff and people using the service. Staff responded to people respectfully when offering support and care plans detailed people's preferences, likes and dislikes and expressed wishes.

People were provided with information about the home and external agencies and were provided with opportunities to feedback about the service they received. People were involved in the planning of their care and staff encouraged people to be as independent as possible. Staff provided support to enable people to engage in a range of activities that reflected their interests.

The home had a complaints policy and procedure in place which was located in communal areas throughout the home. People told us they were aware of the home's complaints procedure and would tell a member of staff if they had any concerns.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service we found that procedures were not always followed. The provider did not always ensure that notifiable incidents and accidents were reported to the CQC as required.

The home encouraged involvement from people, their relatives where appropriate and health and social care professionals in the monitoring and assessing of the quality of the service. Audits were conducted on a regular basis which included areas such as housekeeping, infection control, catering, health and safety and administration of medicines. Audits were up to date and records of actions taken to address highlighted concerns were completed.

# 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.

Processes were followed as appropriate in relation to the reporting of abuse and risk of abuse. Staff were aware of safeguarding policies and procedures and whistle-blowing procedures should they need to use it.

Assessments were undertaken to assess risks to people using the service and documented information and guidance to staff on what actions were required to reduce reoccurrence.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

People's medicines were stored, recorded, managed and administered safely.

Good



### Is the service effective?

The service was effective.

Staff were aware of people's right to make informed choices and decisions independently. Staff were knowledgeable in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure where appropriate requests to the local authority were made in accordance with the MCA.

Staff received regular support, supervision and training that supported them to meet people's needs effectively.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet.

Good



### Is the service caring?

The service was caring.

Staff responded to people respectfully when offering support and care plans detailed people's preferences, likes and dislikes and expressed wishes.

Good



### Is the service responsive?

The service was responsive.

People were involved in the planning of their care and staff encouraged people to be as independent as possible.

Staff provided support to enable people to engage in a range of activities that reflected their interests.

The home had a complaints policy and procedure in place which was located in communal areas throughout the home for people to access.

Good



# Summary of findings

## Is the service well-led?

The service was not always well-led.

Steps were not always taken to report incidents and accidents as required and refer to CQC as appropriate.

Audits were conducted on a regular basis and were up to date. Records of actions taken to address any highlighted concerns were completed.

We saw that the home promoted an open culture that encouraged feedback and enhanced good practice. We saw that the registered manager was available and spent time with people who used the service and staff.

## Requires Improvement



# Community Options Limited – 56 High Street

## **Detailed findings**

### **Background to this inspection**

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

The inspection was carried out by an inspector on 31 March 2015 and was unannounced. Prior to the inspection we

reviewed information we held about the service which included notifications they had sent us. We also spoke with commissioners of the service, health and social care professionals and the local authority safeguarding team to obtain their views.

During the inspection, we spoke with five people using the service, two members of staff and the registered manager. We spent time observing the care and support provided to people in communal areas, looked at four people's care plans and records, staff training records and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person said “The staff are very good. They know me well and how to help me”. Another person told us “Staff are kind and I feel safe here”. Processes were followed as appropriate in relation to the reporting of abuse.

Staff we spoke with in relation to safeguarding and identifying risks demonstrated an understanding of the types of abuse that could occur, the signs they would look for and the action they would take to protect people. They told us they would report any concerns to the manager and they would take action as appropriate. Staff also told us they were aware of the provider’s whistle-blowing procedure and would use it if they needed to. We spoke with the registered manager who told us they and the staffing team had received training on safeguarding adults from abuse. Training records we looked at confirmed this. We saw information relating to safeguarding was displayed in communal areas within the home for people advising them on who they could contact if they had any concerns.

Assessments were undertaken to assess risks to people using the service. These were detailed and responsive to individual needs and included areas of risks such as managing finances, smoking, fire safety, mobility, aggression, behavioural risks and medicines. One risk assessment showed how staff supported the person to maintain their independence and choice to smoke on the premises but at the same time minimised risks to others. Risk assessments documented information and offered clear guidance to staff on what actions were taken to reduce reoccurrence. People and their relatives where appropriate had been involved in assessing their individual risks. For example we saw that one person wished to go out and participate in community based activities safely. We saw this was documented in line with the person’s risk assessment and recorded that they were accompanied by a member of staff.

We saw that when people became distressed, anxious or aggressive staff responded in a sensitive way to ensure people’s safety and wellbeing. Staff were able to explain how they managed situations where some behaviour presented risks to themselves or others. They explained

how they responded to each person's behaviour in a way that met their individual needs and took account of other factors such as communication needs and the triggers for types of behaviour.

The provider had safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff told us they attended an interview process and full employment checks were carried out before they started work. The registered manager told us that recruitment records were held at the providers head office, however they showed us staff information sheets held at the home which included criminal record check reference numbers and recorded that all pre-employment checks had been completed such as employment references, employment history, photographic proof of identity, health declarations and proof of eligibility to work in the UK.

People told us there were enough staff working to meet their needs. One person said, “There is always staff around if I need them”. Another person told us “The staff are here all the time, even at night”. Staff we spoke with confirmed that staffing levels were appropriate to meet people’s needs. One member of staff said “There is always enough of us around to support people. If we need more staff the manager arranges for extra staff to come”. We spoke with the registered manager who showed us the staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They told us that if extra support was required to enable people to attend social activities or health care appointments additional staff support was arranged.

People told us that staff supported them with their medicines and when they needed to attend health care appointments. One person said “The staff help me with my medicines. They always remind me when I need to take them and when I need to see the doctor”.

People's medicines were stored, recorded, managed and administered safely. We observed staff supporting and administering people with their medicines during the day. Staff checked medicines and medicines records to ensure the correct medicine was administered to the right person and stayed with the person while they took their medicines. People’s current medicines were recorded on Medicines Administration Records (MAR) and records we looked at were up to date and corresponded with the amount of medicines administered with no omissions documented.

## Is the service safe?

Medicines were stored securely in a locked cupboard in the office and daily temperatures were recorded to ensure medicines were fit for use. Records of medicines received into the home and returned to the pharmacist were kept and we saw reports from weekly medicines audits that were conducted by staff. People using the service had a detailed medicine folder which contained photographs to formally identify people, medicine administration records and medicine risk assessments.

The home was clean and well maintained. Records showed that if maintenance issues were identified action plans were put into place to resolve issue quickly. There were systems in place to monitor the safety of equipment used and checks on services such as water, heating and electrical items were completed and recorded appropriately. Fire alarm tests were conducted on a weekly basis and practice evacuations were conducted every six months.

# Is the service effective?

## Our findings

People were supported by staff that had the skills and knowledge to meet their needs. One person said “The staff are all very nice. They know me so well, the things I like to eat and places I like to go. They are very good”. Another person told us “Staff know us very well and we know them. They are very good at what they do”.

Staff told us they received regular supervision and training that supported them to meet people's needs effectively. One staff member said “I always receive supervision on a regular basis and I can always discuss any concerns with the manager at any time. The training I have is very good and appropriate to the work that we do. There is e learning and class based training in many different areas such as safeguarding and medication. It's all very good”. Training records we looked at demonstrated staff had completed an induction programme into the service and all areas of mandatory training and specific training that the service provided such as mental health awareness.

Staff told us they felt supported and the registered manager was approachable. One member of staff said “We are a good team of staff here. Most of us have been here for years and really enjoy our jobs. We all work well together and the manager is very supportive”. Monthly staff meeting minutes showed that staff were provided with regular opportunities to discuss any concerns or issues and to provide feedback about the service and staffing needs. We noted that where care or staffing issues had been discussed, actions required were identified and addressed.

Staff had a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interest. Staff were knowledgeable about people's individual needs and how best to effectively communicate with people and understand when they wished to make choices about their care and support.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure where appropriate requests to the local authority were made in accordance with the MCA to deprive people of their liberty where necessary to prevent harm. Staff had a good understanding of the legislation and the process to

follow. We spoke with the registered manager who showed a clear understanding of the MCA and DoLS and told us that people using the service had capacity to make decisions about their care and treatment independently. However they explained that if they had concerns regarding someone's ability to make an informed decision they would work with the person, their relatives if appropriate and relevant health and social care professionals to ensure an assessment was undertaken.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. One person told us, “The food is usually good. There is a choice and we do get to plan what's on the menu.” Staff held regular meetings with people to discuss food options and menus which were planned in advance. Menus were created in consultation with people to ensure that they reflected people's individual choices and preferences. We observed that people were offered a choice at meal times and whether they wished to join others eating their meal in the dining room.

Care plans and records highlighted people's specific nutritional needs and how they could be supported to eat a balanced diet. For example one care plan showed a pictorial nutritional assessment had been completed which detailed specific foods that the person was unable to consume due to their physical health needs. Care plans also contained ‘physical health checks’ which monitored peoples weight and nutritional needs and also provided staff with guidance on how people's needs should be met and actions to take if there were problems identified.

People told us they had access to health and social care professionals when needed. One person said “If I am not feeling well the staff always help me and if needed call the doctor who visits. They are very good.” Care plans and records showed that where appropriate staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis.



# Is the service caring?

## Our findings

People were treated with respect and people's preferences in relation to the way their care and support was provided was acknowledged and acted on by staff. One person told us "The staff are very caring. They look after me well."

Another person said "I love living here. Everyone is very nice and caring."

Throughout the course of our visit we observed staff displayed kindness and compassion toward people and we saw positive interactions between staff and people using the service. Communal areas within the home were inviting and people appeared relaxed either watching television in the lounge, listening to music or talking to others in the dining room. We observed one member of staff supporting one person who had become anxious. They sat with the person and reassured and supported them until they were feeling better.

Staff responded to people respectfully and sensitively when offering support with personal care. Care plans detailed people's preferences, likes and dislikes and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that staff supported and enabled people to practice their religion and attend local community services that reflected people's wishes and cultural needs.

Care plans demonstrated that people and their relatives had been involved in and consulted about how they wanted their support to be provided. Care plans were person centred and showed that people were an integral

part of their development. Staff we spoke with told us that people had a named key worker who had responsibility for working with that person and carried out additional tasks with them. For example ensuring their well-being on a daily basis, ensuring their room and environment was tidy and checking that they have things like toiletries or enough money. Key worker meetings were held weekly with people to discuss their care plan and how their needs were being met identifying any changes in people's needs so they were reflected within their care plan.

People were provided with information about the home and external agencies. For example we saw a notice board in the hallway which displayed information about health and social care issues such as mental health service and the local authority safeguarding contacts. People were provided with a service user guide that detailed the provider's mission statement. Important information such as the provider's complaints policy and procedure, emergency fire procedures, visitors' information and local community information was also displayed within the home readily available for people to access. We saw a feedback book placed in the entrance hall which provided people and visitors with an opportunity to provide the service with feedback. Comments recorded included "Warm welcome from staff", "Staff are wonderful with the residents", and "Thank you for taking such good care of my loved one."

Residents meetings were held on a monthly basis with people using the service at which issues regarding the general running of the home were discussed. Minutes of the meetings held were written in a way that supported people who used the service to understand and participate in decisions.

# Is the service responsive?

## Our findings

Staff knew how to meet people's individual needs that were identified in their care plans. People spoke positively about staff and the support they received. One person said "I have been living here for a long time and can say that the staff are wonderful. It's just like home and I can come and go when I like as long as I let the staff know." We observed that staff understood how to meet people's needs and the importance of supporting people in meeting their social, cultural and religious needs within the local community.

People were involved in the planning of their care and were aware they had a plan of care to meet their identified needs, risks and desired outcomes. People's physical and mental health needs were assessed before they moved into the home. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their needs. Care plans we looked at included assessments of people's physical and mental health needs, recovery plans which detailed people's strengths, aspirations and objectives and risk assessments which promoted positive risk taking. Care plans were organised, contained pictorial assessments, were easy to follow and up to date. Care plans demonstrated that people, their relatives where appropriate, keyworkers and appropriate health and social care professionals were involved in their development. Care plans were reviewed in line with the provider policy and where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff.

People were provided with the opportunity to discuss their needs with staff during weekly key worker meetings that

were held. Records of these meetings were kept within people's care plans and demonstrated that changes in people's needs and wishes had been discussed and actioned. For example one person's record showed that staff supported the person to access and attend a social group that met on a weekly basis.

Staff encouraged people to be as independent as possible and provided support to enable people to engage in a range of activities that reflected their interests and met their needs. People had weekly activity planners which detailed their preferred activities for example going for walks, shopping, visiting friends and family and attending local social clubs. People told us there were opportunities to do activities both in and outside of the home. One person said, "I like to go out to the local shop every day and sometimes in the afternoon just stay at home and talk." Another person told us "I enjoy it when my family visit and we go out. Sometimes to the coast."

The home had a complaints policy and procedure in place and we saw copies of the complaints procedure located in communal areas throughout the home. People told us they were aware of the home's complaints procedure and would tell a member of staff or the manager if they had any concerns. One person said, "I would tell the manager if I had a concern and I know they would help me to sort it out." We looked at the home's complaints file and noted that no formal complaints had been made.

We spoke with the registered manager who offered people the opportunity to come and speak with them openly at any time. Although at the time of our inspection there were no complaints made the manager had a good understanding of the provider's complaints policy and procedure and would be able to respond to complaints appropriately in order for concerns to be addressed.

# Is the service well-led?

## Our findings

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided and the manager demonstrated elements of good leadership we found that procedures were not always followed.

The provider did not inform the CQC of a person's admission to hospital as they were required to do. For example one person's care records documented they were found unwell and unable to respond to staff when support was offered. An ambulance was called and the person received medical treatment as appropriate, however the home failed to notify the Care Quality Commission (CQC) regarding the reportable incident.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People told us they thought the home was well run and the manager was approachable. One person said "The staff know what they are doing and the manager knows their job. Everyone is very good." We saw that the home had an open culture that encouraged feedback and promoted good practice. We saw that the registered manager was available and spent time with people who used the service and staff. Staff we spoke with told us the registered manager was open to suggestions and ensured that staff were meeting people's needs. One staff member said "We all work really well together and do our best for people. I feel very supported." Staff team meetings were held every month and were well attended by staff.

The home encouraged involvement from people, their relatives where appropriate and health and social care professionals in monitoring and assessing the quality of the service. The registered manager had regular contact with health and social care professionals and acted on feedback received to improve how the service met people's needs. Health and social care professionals we spoke with told us the service responded well to feedback and delivered care based on their recommendations when meeting people's needs. The provider took account of people's views and feedback expressed through annual surveys that were conducted. Where improvements in the service had been identified the registered manager developed action plans to address and resolve issues. Records we looked at confirmed this.

The provider had systems and processes in place to monitor and evaluate the service. The registered manager showed us audits that were conducted on a regular basis which included housekeeping, infection control, catering, health and safety and administration of medicines. Audits we looked at were up to date and records of actions taken to address highlighted concerns were present. They also showed us completed audit reports which monitored the provider's compliance with the regulations associated with the Health and Social Care Act 2008. The registered manager told us that senior managers and trustees carried out frequent unannounced quality audits. Commissioners of the service also visited the home and provided feedback to the registered manager on the home's performance. Records we looked at confirmed this and action plans were developed to ensure actions were taken where required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The provider failed to notify the Commission without delay of incidents that occurred within the home.**