

One Housing Group Limited Chalton Street

Inspection report

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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 unannounced inspection took place on 26 November 2015. Our previous inspection took place on 11 August 2014 when we found all of the regulations we inspected were met.

Chalton Street is a purpose built care home for up to nine adults with mental health needs. On the day of our inspection eight people were using the service.

There was a registered manager in place at the time of our visit. 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.

We found that people were happy at the service and good, person centred care was being provided. The provider followed the values they had set out and the staff were kind. However, we found a number of areas for improvement but our judgement is that the service was able to address these matters themselves as they were overall a good service and able to take the appropriate action.

Summary of findings

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. They received regular safeguarding training and policies and procedures were in place for them to follow.

There was enough staff to support people safely and to meet their individual needs.

Assessments were undertaken to assess any risks to people using the service and steps were taken to minimise potential risks and to safeguard people from harm.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service.

Staff completed an induction programme and mandatory training in areas such as safeguarding, fire safety and moving and handling.

Records showed that staff had received one to one supervision monthly unless they were on holiday or absent from work. There was also evidence of regular annual appraisals.

Three people at the home were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation to deprive them of their liberty to receive care and treatment. 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 Mental Capacity Act 2005.

Staff showed dignity and respect as well as demonstrating an understanding of people's individual needs. They had a good understanding of equality and diversity issues and care plans included information on how equality and diversity should be valued and upheld.

Staff knew how to support people to make a formal complaint and complaints were logged and dealt with effectively, demonstrating the outcome of the investigation and how learning was shared.

Audits and quality monitoring checks took place regularly. Quarterly audits of support plans, including risk assessments and reviews were undertaken to ensure the service was delivering a high quality, person centred service.

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. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe management of medicines.

Good



Is the service effective?

The service was effective. Staff received induction training and relevant mandatory training to help provide people with effective support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

People were offered a choice of food and drinks and received appropriate support to maintain a balanced diet.

Good



Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Positive caring relationships were encouraged between people at the service and it was evident that this was being achieved.

Staff were trained to ensure they supported people appropriately in relation to equality and diversity.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their needs.

People were involved in planning their support and decisions around how their support was delivered.

The service had a complaints policy in place and people knew how to

Good



Is the service well-led?

The service was well-led. The service promoted a positive culture which was person centred.

There were regular audits and checks taking place to ensure high quality care was being delivered.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Good



Chalton 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.

This inspection took place on 26 November 2015 and was unannounced. The inspection team included one inspector and a specialist nurse advisor with experience of mental health services.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with five staff including the registered manager and the home manager. During the inspection we spoke with four people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed four care records, three staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Chalton Street. One person said, "It's a nice place." People were moving around freely and those who needed supporting were being supported appropriately.

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. One senior staff member said that they would investigate the matter initially and in accordance with safeguarding procedures and that it would also be reported to the local authority and the internal safeguarding team. Staff understood the whistleblowing procedures and they knew they could report issues of concern to an appropriate senior manager in the organisation if they needed to. They told us that they received training and updates on safeguarding and also referred to information leaflets displayed throughout the home. They confirmed that they had access to policies on the computer and there was also a safeguarding folder in the office which contained policies and procedures and other information relating to safeguarding. We saw that the registered manager had attended training in the 'Role of the Investigator' which had been designed specifically for their role in the initial investigation and screening and other staff had completed safeguarding training.

We looked at records relating to accidents and incidents and there was a policy guidance relating to this for staff to follow. In addition there was information about the local authority reporting as well as procedures and a flow chart for staff to follow for Care Quality Commission (CQC) notifications.

We saw that forms were completed when untoward incidents occurred including when people went missing or other accident /behaviour type events. The records included a description of the event as well as follow up actions taken. There were no significant reoccurring themes in the records we saw.

People told us there was enough staff to support and assist them and this was confirmed on the rotas we saw. Staff told us that there had been a recruitment drive and a new member of staff had been appointed, this person was currently on induction. On the day of the inspection we saw three people were being provided with one to one support from care workers employed by an external agency which

had been agreed by their funding authorities. There were also two care workers and a Registered Mental Nurse (RMN) on duty, employed by the provider. We saw there was some use of agency staff during the night although they were all regular and were aware of people's needs, routines and workings of the home.

We saw evidence that appropriate recruitment checks took place before staff started work. This included obtaining two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

We found assessments were undertaken to assess any risks to people using the service. These were person centred and included, for example, physical health, falls, fire risk and mental health relapse. They also included information about any triggers and action to be taken to minimise the chance of the risk occurring. Risk assessments were reviewed three monthly. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. On one care record we looked at we saw that staff had written to a person, expressing concern that they failed to evacuate the building during a fire drill and they were reminded of their responsibilities in order to keep safe. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Fire training was addressed at induction and through annual updates.

Arrangements for administering and storing medicines were safe. During this inspection we observed that medicines were being administered correctly to people by the RMN. The staff member used a non-touch technique, undertook appropriate checks of the medicines against the Medicine Administration Record (MAR) charts, and checked the people by name. There was also a front sheet with a person's photograph on it. The majority of medicines were administered to people using a monitored dosage system, some in blister packs, some in bottles and boxes supplied by a local pharmacist. Allergies were also recorded on the MAR charts.

Medicines were stored securely in a locked cabinet in the clinical room. The medicine keys were retained by the nurse, who had administered the medicines. There were no medicines that needed to be kept cool, although there was a refrigerator for this purpose. The temperature in the

Is the service safe?

refrigerator was being checked and recorded on a daily basis; the records for room temperature were also recorded daily. Medicine counts were undertaken daily and each MAR chart was checked at the handover, this allowed early identification of any gaps or errors and for them to be addressed appropriately.

We saw that where “as required”, known as PRN medicines had been administered, there were instructions written on them as to when they should be given. However we did not see a PRN protocol that provided clear instructions for staff administering these types of medicines. There were no instructions detailing how it should be given, the dose, reason for administration, the frequency and the duration. We discussed this with the registered manager and the registered nurse who took immediate steps to clearly instruct staff, via written guidance of the protocols for the use of PRN medicines. The service had no current homely remedies in use. There were safe systems for storing, administering and monitoring of controlled drugs.

First aid boxes were located throughout the home and in the kitchen. Checks were made on the contents to ensure these were replenished and suitably equipped.

Infection control measures were in place. We saw that staff were using gloves and protective clothing appropriately. There were ample supplies of gloves and aprons in areas throughout the home. Soap and paper towels were at hand basins and hand wash signage above some sinks. Cleaning was on going throughout the morning. The cleaning staff member, when asked, was fully aware of the colour coding for mops and buckets as well as the steps to take to minimise cross infection. The registered manager told us that the staff member, had recently had training updates in spillage and infection control and had a good understanding of the procedures to follow. We saw that Infection control, health and safety training was also addressed at induction and through the annual updates.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles effectively. People we spoke with told us that staff supported them well and understood their needs. Staff told us that they received training from the provider and also had sessions and briefings at the home. Training was a mixture of eLearning and face to face training at an external venue.

Staff told us that they had received induction over a two week period and this was confirmed in the records we saw. It included shadowing more experienced staff as well as covering training topics such as fire safety, moving and handling, COSHH, infection control and safeguarding. Staff felt that they were well prepared for their role. The two permanent staff had both been in post for some years. Staff had completed either a National Vocational Qualification (NVQ) 2 or 3 in Health and Social Care. One agency staff told us they had completed NVQ level 3 in Community Mental Health. Staff received annual updates in the mandatory topics. In addition they received more specialist training in diabetes, HIV care and challenging behaviour. The registered manager confirmed that seven staff were working towards the new care certificate.

We spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision ranging between monthly and six weekly. There was also evidence of regular annual appraisals in the files we looked at. We saw that the content of supervision sessions recorded were relevant to individual's roles and included topics such as training needs, individual progress/projects and service users. The home was in the process of introducing a system whereby the RMN's would receive clinical supervision from an appropriate professional person, with clinical experience employed by the organisation. The first session was due to start in December 2015. This would ensure they receive appropriate clinical support as well as identifying areas where clinical and specialist training may be required. Staff told us and records confirmed that they received an annual appraisal and this was an overview of the year covering personal objectives, performance and personal development.

People told us they were able to make choices about how they were supported. We observed staff asking people

what they wanted in terms of their support, for example we heard a staff member asking a person if they would like to go out and would they like to go for breakfast. Each care record had a consent form, which was signed by the person, to agree the support to be provided and consent to communication and records being retained.

The registered manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they always presumed that people were able to make decisions about their day to day support and if they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional in order for a best interest decision to be made.

The 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 saw that 2 people currently staying at the home had DoLS authorisations in place to legally deprive them of their liberty. Staff received up to date training on the MCA and DoLS.

People were receiving a balanced diet. The service was currently trialling an external catering company to provide meals. There was a four week menu plan and this was on display for people to see. We observed the lunch time meal service, which was unhurried and people enjoyed the food. There were good portion sizes and some had second helpings. One person said "It is well cooked and nearly all to my liking." Another said "I do get food I like, shepherd's pie, meatballs and pasta." We saw that bowls of fresh fruit were available, and drinks given out regularly. However, some items in the fridge were not dated on opening. This was discussed with the registered manager who gave us reassurance that future practice would be changed immediately to ensure dates of opening were on all items.

Is the service caring?

Our findings

People we spoke with told us that staff were helpful and we saw by their interactions that they were trusting of staff and happy with their support. People knew staff names and were asking how they were when they greeted them.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner, there was lots of reassurance given and lots of warm smiles. One staff member said about the service “I absolutely love it here, all the customers and staff.”

We saw that staff took their time and gave people encouragement whilst supporting them. It was evident that staff had a good understanding of people’s individual’s needs and preferences and was respectful of them. For example, some people preferred to stay in their bedrooms and staff respected their choice. One person told us they like to read poetry in their bedroom and others preferred to take their meals in their own rooms.

We saw staff sitting with people engaging in meaningful conversations. People were involved in different activities, some going out for coffee, others watching their favourite programmes. There were signs of well-being, with people engaging with one another, making their views known and on occasions disagreeing with one another. Care plans gave specific information on people’s chosen activities and engagement in the community. For example, one care plan referred to the person being a Christian, and choosing to watch ‘Songs of Praise’. This was specifically detailed as part of their activity programme that should be accommodated. Details of people’s end of life decisions

were also in their care plans. One person had requested to be buried in a different country and we saw staff and relatives were actively looking into the possibilities of it happening.

Staff were aware of how to protect privacy and all said they knocked before entering people’s bedrooms as well as ensuring privacy when providing personal care. They told us how they promoted independence and maximised people’s ability by encouraging them to do as much as possible with support if they needed it. One person told us that they received weekly income support and that they liked music so they bought CDs. Staff also told us that some people had moved on from Chalton Street to more independent living accommodation.

People were seen to come and go throughout the day. Visiting was open and visitors were able to see their relatives either in the communal areas or in the privacy of their bedrooms. One person had a partner that stayed overnight, one night each week and this was encouraged. We were told by staff that it assisted the person to maintain good mental health as well as maintaining a personal relationship for them both.

People at the service were living with a range of mental health conditions and were being supported to maintain their independence as much as possible. Although people considered the service to be a home for life, we heard from staff that at least one person had moved to more independent living.

Equality and diversity was an integral part of peoples care plans and staff were aware of how to ensure peoples differences were respected, valued and upheld. Staff received equality and diversity training.

Is the service responsive?

Our findings

We saw that people and their relatives were involved in planning their care and support as well as decisions about how it was delivered. We saw evidence of this in care records and from discussions with people and staff at the service.

People using the service were receiving care, treatment and support that met their needs. We looked at the care records of four people living at the home. They contained detailed pre-admission information from the placing authority. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of any issues. They also contained missing person's information including photographs which were retained in the files. There was evidence that people, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in these care records had been reviewed by the registered manager and staff and people using the service every three months. We also saw people's placements at the home were kept under regular review by the referring teams as well as annual placement reviews conducted under the Care Programme Approach. (CPA).

The support plan had statements relating to each aspect of activities of daily living and detailed the actions to be taken to support the person. The information provided a short statement and in some areas lacked detail. One example of relevant /individual support was in respect of a person requiring a high fibre diet because of constipation caused by their current medicine regime. In another the person required support around managing their diabetes and possible raised blood pressure. Whilst there was information for staff to follow, this needed to be more detailed to provide them with the appropriate action to take if their monitoring had discovered any concerns. For example whether high or low blood pressure readings or symptoms of high or low blood sugars needed staff to take action. However, when we discussed this with staff they were able to tell us the steps to take if they had any concerns with the readings taken or if they noticed any symptoms relating to their diabetes. We discussed this with the RMN and the registered manager who agreed to update the information available immediately to supply more detailed guidance to staff.

Prior to people moving into the home, they were assessed by a manager. They were then invited to spend periods of time in the home including staying for a meal and then an overnight stay before any decision to stay permanently was made. This enabled people to adapt to new surroundings and also allowed staff to undertake an assessment regarding the appropriateness of the home and whether a person's needs could be met. Pre assessment records we saw included reports from members of the multi-disciplinary team, housing history as well as information on current health needs.

Each person had an allocated keyworker. A keyworker is a member of staff that is allocated to a person to support them with their needs, choices and preferences. We saw that key working sessions were held weekly and written notes were made by the keyworker which included information on issues such as health, religious activities and future planning.

The service had in-house activity programmes and also personalised one to one activities plans for people, which were focused on the individual's preferences and ideas about how they wished to spend their time. They included activities like shopping, going out to eat or for walks. We saw active links with community resources including arts therapy, befriending service, beauty sessions, local churches and the library.

Copies of the home's complaints leaflet were located in communal areas as well as several notices referring to external bodies such as advocacy, patient liaison services and safeguarding information. People said they would tell staff or the manager if they were not happy or if they needed to make a complaint. The registered manager showed us a complaints file and it included the complaint's policy, local authority complaints information, and external bodies contact details.

We saw only one recent complaint raised by a person and this had details of the issues, and follow up action taken as a result of the investigation and learning shared with staff. Compliments were also recorded and the two seen made positive remarks about a television that had been purchased and the facilities and activities the home provided.

Is the service well-led?

Our findings

People we spoke with told us they were happy at Chalton Street. The registered manager and staff provided person centred support and were committed to promoting a positive culture that put people using the service at the centre. We saw that the six core values of the service included care, compassion, courage, communication, competence and commitment and leaflets were displayed prominently around the home. The managers told us they actively promoted them in their work and amongst the staff team. We saw evidence of this in action during our inspection in the area of communication. There were various ways that people were able to communicate with and feedback to staff. These included weekly to fortnightly house meetings that were attended by people using the service. At the last meeting five people attended and discussed issues around maintenance and individual concerns that they had. Staff followed through actions and reported on progress at each meeting. The keyworker system was another opportunity for people to use as a channel for communication and feedback.

Staff spoke highly of the management team and told us they felt well supported to carry out their roles. Regular team meetings were held and areas covered included, customer issues, referrals and assessments, social inclusion, staffing issues and updates and dignity and respect. Staff told us they found the meetings valuable and they helped to keep them updated on developments across the organisation. There were appropriate policies and procedures in place to support and guide staff with areas related to their work which they could access on the computer system.

A customer survey that had been undertaken in 2014 and this had prompted an action plan for improvements at Chalton Street. Some of the improvements already seen included a personalised approach to what each person

liked and what makes them happy, i.e. shopping trips outings to the hairdresser, restaurant meals, cinema, walks in the park, trips to the local coffee shops and weekly visits to the library. The registered manager told us that a new survey would be commissioned shortly but that they wanted to ensure that outcomes from the 2014 survey were achieved before starting a new one.

Records demonstrated that regular monthly audits were being carried out at the home to ensure the service was delivering a high quality service. These included food safety, health and safety, maintenance, infection control, medicines, fire safety, incidents and accidents, complaints and care record audits.

We saw that there was a monthly head of service check carried out by the senior team manager and areas covered recently included fire safety and management of finances. A new system of financial management had been introduced by a manager at the service that provided greater scrutiny and safeguards with regards to managing people's personal finances. New financial protocols had been developed and each person had their own finance folder. Financial transactions were clearly detailed and monitored in each file and gave an up to date overview of people's finances. The new system was being held up as good practice and was being rolled out across other services.

Health and social care professionals we spoke with told us they had found staff were well trained and skilled to support people and that communication was good. However, one said that they felt that staff did not always use their initiative when dealing with issues for people and the issues would sometimes come back to them to deal with. The registered manager agreed to monitor the communication and interactions with professionals to ensure there were improvements made and they would also keep it under review.