

# One Housing Group Limited

## Burghley Road

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

This unannounced inspection took place on 10 November 2015. Our previous inspection took place on 9 May 2014 and we found all of the regulations we inspected were met.

Burghley Road is a residential care home for up to 24 adults with a history of alcohol dependence situated in Kentish Town in Camden. There were 22 people staying at the home at the time of our visit.

There was a registered manager was 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.

During this inspection we found that risk assessments were not always updated appropriately after there had been an incident of threats and violence at the service.

People were permitted to smoke in their bedrooms but a risk assessment had not been completed for each person.

# Summary of findings

There were issues with regard to the disposal of medicines. We saw how bottles of prescribed eye drop medicines were not used in the correct date order.

You can see what action we told the provider to take at the back of the full version of the report.

There were not always adequate formal or informal activities to engage and occupy people. Pathways to move people on appropriately after detox had not been established.

We have made a recommendation about improving engagement with people by offering more formal and informal activities. Also the service should explore ways to work with other agencies to appropriately support people after detox to move on to more suitable accommodation and continue their alcohol reduction.

We made a recommendation in relation to people refusing care and treatment as well as refusing to sign consent forms. This should be clearly recorded on people's records to evidence the fact.

There were no call bells or panic alarms located in the corridors, communal areas or medicine room. This meant that staff were unable to call for assistance in an emergency situation.

We have made a recommendation about introducing an emergency communication system to summon assistance if required.

Staff had a good understanding of safeguarding issues and the types of abuse that may occur. They were also able to tell us how to report and record concerns and use the whistle blowing procedures if required.

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, health and safety and medicines.

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.

People currently staying at the home were not 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 were able to tell us how they ensured people's cultures, beliefs and the way they wished to live their lives were recognised and supported.

Staff knew how to support people to make a formal complaint and they told us that most issues were resolved effectively before they got to a formal stage.

There was effective communication between all staff members including the managers. Staff received daily verbal handover and we saw evidence of regular staff meetings that also covered more strategic issues such as policy briefings, staffing issues and updates.

Audits and quality monitoring visit took place regularly. Quarterly audits of support plans, including risk assessments and reviews were undertaken. A traffic light system was used as quality grading to prompt action and ensure compliance.

# 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 not always safe. Systems in place for disposing of medicines were not appropriate to ensure safety and effectiveness.

Risks were not always reviewed and recorded appropriately to minimise a reoccurrence of an incident and ensure safety.

Staff had a good understanding of safeguarding issues and the types of abuse that may occur.

Recruitment checks were completed to ensure staff were suitable to work with people using the service.

**Requires improvement**



### Is the service effective?

The service was not always effective. Evidence on care records did not clearly show when people refused treatment or refused to sign their consent form.

Staff received appropriate training and were suitably skilled and knowledgeable to perform their roles.

People were encouraged to eat a healthy balanced diet. They had a choice of food and staff monitored what people were eating.

**Requires improvement**



### Is the service caring?

The service was caring. Staff showed dignity and respect as well as demonstrating an understanding of people's individual needs.

Staff received training and had a good understanding of equality and diversity issues.

People interacted well with each other and developed meaningful relationships.

**Good**



### Is the service responsive?

The service was not always responsive. There were not always enough formal or informal activities to always engage or occupy people and pathways for supporting people with detox and move on had not been established.

Support plans were detailed; person centred and provided good information for staff to follow.

People knew how to make a formal complaint and staff were clear about how to support people to do so. The complaints log gave details of the complaint, outcome and any learning to be shared.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service well-led. The support provided was person centred and collaborative and staff were committed to working towards achieving the best possible outcomes for people.

Feedback was sought via a number of mechanisms, including keyworker sessions, coffee mornings and customer surveys.

Regular checks and audits of service quality and delivery were carried out to ensure a good quality service was provided.

Good



# Burghley Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 November 2015 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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

Provider Information Return (PIR) was not requested at the time of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five staff including the senior team manager and deputy managers. We also spoke with a visiting professional. During the inspection we spoke with three 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 five 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 Burghley Road. During the inspection, we saw that people were talking with staff and each other as well as discussing appointments and other activities. People were coming and going freely from the service and staff were aware of people's whereabouts and plans for the day.

There were risk assessments on each of the care records we looked at. These assessments were specific to the individual, for example, where a person's was at risk of malnutrition, there was guidance for staff about how to encourage the person to eat. In another, where there was a risk assessment around a person's mental health, a section on patterns and triggers was included. These assessments were updated every three months. However, on one, where there had been an incidence of threatening violence recorded, the risk assessment in the period following this incident did not make any specific reference to the incident. There was no guidance on how to deal with a possible recurrence. On another person's record we saw there had been an incident of violence and threats towards staff. A risk assessment had not been updated and did not make any specific reference to the incident. There was no guidance on how to deal with a possible recurrence. We did note from the records of the team meeting on 3 November 2015, there was reference to an intermediate safety management plan regarding the incident of violence towards staff, being emailed to staff as they waited for a formal review of the person's support by professionals. It indicated that the email included instructions that staff should provide two to one support to the person involved in the incident.

Although we saw there was a Personal Emergency Evacuation Plan (PEEP) on each record, specific to the individual's needs, people were permitted to smoke in their bedrooms, but a risk assessment had not been completed for each person. We discussed this with the senior team manager who told us that staff discouraged people from smoking in their rooms and regularly conducted room checks around health and safety. He also told us he had liaised extensively with the provider's legal team about having a designated smoking room but had been told it was unlawful. He confirmed that he would be instructing

staff to undertake risk assessments for people at risk of smoking their rooms. We could not be sure that risks to people and staff were identified and managed effectively to ensure their safety.

During this inspection we found there were issues with regard to the disposal of medicines. We saw how bottles of prescribed eye drop medication were not used in the correct date order. Unused medicine bottles were not returned to the pharmacist and there was no apparent explanation for the excess number of bottles still on site, with varying amounts of medicine in them. We checked the contents of the fridge and noted how there were several bottles of eye medication for two people. For one person, there were two bottles of the same medicine opened, which had no date when opened written on them. This made it impossible to tell whether they had been opened longer than the recommended four weeks, after which it must be discarded. For another person, there were nine bottles of eye drops in the fridge, with dates ranging from July 2014 to September 2015, two of which were partially used but had no opening date on them. The Medicines Administration Recording Sheet (MARS) for both these people were signed as given, but the amount of unused or partially used medicines suggested that the medicines continued to be used after the recommended four week disposal date.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely in a locked trolley in a dedicated medicines room which was also locked. There were individual MAR sheets for each person using the service, their photographs, details of their GP, and information about any allergies they may have. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Where there were medicines in bottles, we checked the balance of medicines in them against the MAR sheet for three people and found there to be the correct balance of medicine left, indicating people were receiving their medicines as prescribed by health care professionals. The MAR sheets were up to date, accurate and there were no gaps evident. We observed a medicines round and saw how they were administered safely.

The staff member giving the medicines demonstrated good knowledge of the person to whom they were giving it, and

## Is the service safe?

was able to explain to them what it was for. In one instance when a person refused their medicines, the worker told them they would speak with them later about this. They then revisited the person at the end of the medicine round, at which point, the person agreed to take their medication. We saw on one person's folder how advice was sought from a Community Psychiatric Nurse (CPN) about the timing of their medicines, in order to maximise the probability of them taking it. The CPN agreed to the suggestion from staff, and we saw from the related MAR that the refusal rate had dropped to zero.

We looked at the provider's medicines policy which included safe administration of medicines and 'as required' [PRN] medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was sufficient information for staff about the circumstances when these medicines were to be used. We heard staff asked people using the service whether they had any pain and whether they wanted any painkillers.

As the service supports people who have an alcohol dependency, this gave rise to incidences of aggression and violence from time to time. We noticed that staff did not carry any form of personal alarm or means by which they could call for help (for example, a hand held communication system), should a difficult situation arise. We asked a member of staff whether they felt safe within the working environment and how they might summon help if a potentially violent situation arose. They told us, "to be honest, I would just have to shout for help and hope for the best, but it would certainly be an issue." They told us how the medicine room was "very isolated and does not have a panic button." We visited the medicine room, which was some distance away from the busier areas of the service. Most people came to the medicine room for their medicines, which was issued by a lone worker. This worker would be very vulnerable if a person became aggressive or violent whilst receiving their medicines. We spoke with the senior team manager later, who acknowledged that the lack of personal alarms or some such system left workers vulnerable. He told us that staff were encouraged to carry mobile phones although recognised that it would not

always be appropriate to use them in an emergency. He also confirmed that each room had an emergency call system but that this had not been extended to the corridors or other rooms in the building. This issue had been recognised by the service and senior managers were considering safety options, with a view to them being initiated in the near future. Another staff member told us that this had been raised at a recent staff meeting and this was confirmed in the meeting minutes.

**We recommend that effective emergency communication systems are put in place to summon assistance if required.**

There were adequate numbers of staff on duty on the day of our inspection and the rotas we looked at confirmed this. One staff member told us there was enough staff and time to meet people needs. Another told us that whilst they thought the staffing levels ensured the safety of those who used the service. They said, "I wish there was enough key work time, to spend on a one to one basis with people."

The deputy managers and staff had a good understanding of safeguarding issues and the types of abuse that may occur. They were also able to tell us how to report and record concerns and use the whistle blowing procedures if required. One member of staff told us, "I always tell people that if they tell me something in confidence, I may have to share it with some else, it's about protection." Staff had completed training and policies and procedures covering the steps to take were in place. We saw that safeguarding issues were referred to the local authority and notifications came to the Care Quality Commission (CQC). We discussed the increased safeguarding referrals and notifications received by the CQC and noted that staff had acquired greater awareness of such issues and felt more confident in reporting.

We were provided with recruitment information for staff at Burghley Road and saw that appropriate recruitment checks had place before staff started work. This included two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).



# Is the service effective?

## Our findings

Although it was difficult to engage in conversation with people, as they were not always happy to talk to us, they did tell us they felt staff knew how to support them and address their needs. This was also demonstrated in the interactions we saw with people and staff. It was clear that people trusted the staff who supported them.

Staff had the knowledge and skills to enable them to support people effectively. The senior team manager showed us their newly introduced training programme called 'One Support'. This was a model of training with three levels covering a range of areas such as therapeutic skills, trauma awareness, anxiety and depression, personality disorder, addiction awareness and self-harm awareness. We saw from the training records that staff completed an induction programme and mandatory training in areas such as safeguarding, health and safety and medicines.

A member of staff told us, "There are always training opportunities." They also told they had one week induction which included shadowing a more experienced member of staff when they started work and said, "So much of this work is about learning on the job." Another told that their induction covered all mandatory subjects and they had recently started the specialist training, level one. They said it was very useful and assisted them in their role.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Records indicated 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 for the staff files we looked at. We saw that the content of supervision sessions recorded were relevant to individuals' roles and included topics such as reviewing performance, goals set and achieved, diversity and positive risk taking, practice issues, training and development. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive. One said, "I feel supported, I've been here for 13 years." Another said they received supervision and it was helpful, "but it can get cancelled because managers are so busy."

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.

The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. We saw evidence of signed consent forms for sharing information and holding people's medicines on the records we looked at. However, where there was unsigned consent forms, staff told us this was because a person refused to sign. We were told that one person had refused medical treatment for a life threatening condition. Whilst this person had capacity, there was no evidence of their refusal to treatment on their record. We spoke with the senior team manager about this who agreed that refusal to sign and to receive treatment should be written on the record in order to evidence the fact.

People currently staying at the home were not 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

**We recommend that where a person with mental capacity refuses any aspect of care and treatment or refuses to sign consent forms; this should be clearly recorded on their record to evidence such facts.**

Staff were very much focused on ensuring good nutrition for people as they felt this was particularly important for people with a high alcohol intake. Menus we saw were varied and reflected a balanced diet. People were able to access meals in a set time period, for example, breakfast was between 8.00am -9-30am, however, food would always be available after these hours if required. The chef and staff completed a check list to ensure there was an audit trail of who had eaten at each meal times. Where there were concerns about a person's nutritional intake, advice was sought from a dietician. People told us the food was good and they had no complaints.

Staff worked closely with other professionals to ensure people were supported to maintain good health and



## Is the service effective?

ongoing healthcare support. Staff recorded appointments in a desk dairy and on the electronic diary, “to make doubly sure nothing is missed.” We also saw evidence on care records of multi-disciplinary work with other professionals and in particular with the local mental health team.

# Is the service caring?

## Our findings

People told us they were happy and felt well supported by staff at Burghley Road. We saw from the interactions we observed that the staff team made great efforts to engage with those who used the service. We heard lots of conversations and laughter between staff and those who used the service.

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 were able to tell us how they ensured people's cultures, beliefs and the way they wished to live their lives were recognised and supported. Staff received training in equality and diversity and policies and procedures were in place to support and guide them.

During our inspection a potentially violent situation developed. Staff immediately intervened, assumed certain roles and skilfully defused the situation. They knew how to respond to people in a way that best suited them and allowed them to calm down before things escalated.

People were responded to in a supportive way when they came to the office and staff demonstrated a depth of knowledge about their individual needs, for example appointments, activities they were involved in, choices and preferences.

We saw people interacting with each other and it was clear that people had developed meaningful relationships with each other as well as the staff team. We saw people involved in cleaning communal areas and some were sitting outside and smoking together.

Visitors were allowed into the home at any time up until 10pm and were asked to sign the visitors book on arrival and when leaving. We saw information posters in all communal areas regarding accessing various organisations for support; although some information was out of date and did not fully explain where the various support groups met, times, days etc. This was discussed with a senior member of staff who told us they were in the processes of allocating the arranging and up keep of the board to a staff member to lead on.

# Is the service responsive?

## Our findings

The care and support people received was mostly responsive to people's needs. Care records contained a comprehensive pre-admission assessment, supplied by the referring Community Psychiatric Nurse (CPN) or social worker. There was a large amount of information kept on people's records, which was at times difficult to access as it was not always in the right place or in date order. For example, we found one person's medical appointments in an unrelated section. We later confirmed by looking at the desk diary and electronic diary that these appointments were logged appropriately.

Support plans were detailed; person centred and provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met and were regularly reviewed. A care worker told us "it would be easy for a person to become institutionalised in a place like this. However, we listen to each person and respond to their individual needs." We were told how the service was in the process of moving from being a home for life to assisting people into more independent living as appropriate. The senior team manager explained that this 'Recovery Pathway' needed careful planning and included a commitment from people to reduce their alcohol intake and acquire skills to be able to manage more independently. The recovery pathway describes an agreed plan and path which encourages a person to move towards an improved quality of life.

There was a keyworker system in place which meant people had a designated staff member assigned to them to support them with day to day tasks as well as achieving longer terms goals and aspirations. People met regularly with their keyworkers to discuss and review support plans or any other issues.

On the day of our visit we observed a coffee morning group. It was an informal session and only two people attended. People were engaged, although there didn't appear to be much structure to the group. There were general discussions about how people were feeling and their plans for the day. Staff told us that there had been some good outcomes coming from previous group discussions. These included issues relating to the home as well as an opportunity for people to speak up in a way they had not done before. Each person had a timetable of weekly groups

they were encouraged to attend pinned on their bedroom doors. When we arrived the timetable we saw was out of date and showing activities for the previous week. This was promptly changed when we pointed it out to staff. Groups on the timetable included art therapy, woman's groups, music appreciation and sing along. Staff told us that people were also encouraged to attend external groups, although the take up was not very good.

Staff told us how they thought there were not always enough activities for people. One said, "There are lots of other things to be done during the day and the activities suffer." Feedback from one professional indicated concern about the lack of a more therapy based approach and another professional spoke about the lack of pathways to move people on after detox. We observed people sitting and walking around the home not doing much apart from waiting for their alcohol allowance. We could not be sure that people's needs were always met in relation to engaging in formal or informal activities. A manager we spoke with acknowledged that this was a challenge and told us, "An 'umbrella' of social inclusion is planned to start very soon." They explained that this was a programme which was separated into basic life skills and creative skills for people. The programme would be facilitated from within the staff group, drawing on their own particular interests and skills. They went on to explain that the service was currently working on a new approach which focuses on the internal pathway/journey of a person using the service, through harm reduction to alcohol recovery.

**We recommend that the service offers more formal and informal activities to engage people more effectively. Also the service should explore ways of working with other agencies to appropriately support people after detox to move on to more appropriate accommodation, in order for people to continue with their alcohol reduction.**

Professionals told us the service provided at Burghley Road was responsive in terms of accessing specialist support from them, and this was done quickly when it was required. A staff member told us, "When I notice changes in patterns of behaviour which give concern, I contact their community CPN or social worker." We heard a member of staff expressing their concerns about a person to a social worker on the day of our inspection.

## Is the service responsive?

Information regarding how to make complaints was given to people. Staff knew how to support people to make a formal complaint and they told us that most issues were

resolved effectively before they got to a formal stage. The complaints log gave details of the complaints, outcomes and any learning that needed to be shared. There was an up to date complaints policy in place.

# Is the service well-led?

## Our findings

It was clear from people we spoke with that they regarded the service as their home. People were happy with the support they received and trusted the staff that supported them.

The support provided was person centred and collaborative and staff were committed to working towards achieving the best possible outcomes for people. This view was supported by the professionals we spoke with. The senior team manager and staff told us they were committed to ensuring the service moved to a model that supported people to recovery and more independent living. This was part of an ongoing programme of improvements that also included refurbishing the interior building to support more one to one sessions and group work.

It was clear from our discussions with staff that morale and motivation was high. One care worker we spoke with said, "I believe that as a service, we are going in the right direction. Managers are conscious of improving the experience of our service users and the working conditions for staff." Another told us, "I get great support from the manager. She listens, is non-judgemental and has an open door policy. She knows her stuff and works well with both service users and staff."

There was effective communication between all staff members including the managers. Staff received daily verbal handover, which we observed on our visit and we saw evidence of regular staff meetings that also covered more strategic issues such as policy briefings, staffing issues and updates. We saw that the team were assigned

individual areas of responsibility to cover areas such as, safeguarding, health and safety and medicines. There are also champions for mental health, physical health and diversity.

A service improvement plan was in place and was monitored and updated regularly by managers. Areas identified for improvement were, social inclusion, physical health, customer involvement and diversity, staff welfare and customer support. We saw that some of the issues we raised, particularly around social inclusion were listed on the plan as areas for improvement.

We saw that the head of service conducted a monthly service audit and quality monitoring visit. Areas audited were care and support, safety and safeguarding, diversity, involvement and empowerment and staffing. The registered manager was responsible for conducting quarterly audits of support plans, including risk assessments and reviews. A traffic light system was used as quality grading to prompt action and ensure compliance.

There was evidence of a customer survey that had been undertaken in 2014 and a further survey was planned in the near future. There was some analysis of the findings in relation to the specific questions and the responses were generally positive. We were told by the senior team manager that the information was used to improve services. People also had an opportunity to feedback through key worker sessions and coffee mornings.

It was clear from the professional that we spoke with that Burghley Road offers a very unique and bespoke service that provides support for people who may otherwise not be suitably supported in alternative settings. They were keen to point out that they were happy to work with the service in the future in order to achieve the improvements they have set out and ultimately improve the quality of care for people.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure a proper assessment of the risks to the health and safety of service users, doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (a) &amp; (b)</p> <p>The registered person did not ensure safe and proper management of medicines.</p> <p>Regulation 12 (f) &amp; (g)</p>