

# Providence Row Housing Association Edward Gibbons House

## Inspection report

Flat 1 Edward Gibbons House  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 5 January 2015. Edward Gibbons House is a 24-hour supported housing project and recovery hub. It provides personal care, support and temporary accommodation for single homeless men with complex support needs linked to poor physical and mental health due to alcohol or drug misuse.

The project has 30 bedrooms and five bedsits and catering is provided. Referrals come from the London Borough of Tower Hamlets.

The service had a registered manager in post. 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.

Safeguarding allegations were not reported to the CQC as required. However, staff were able to explain the possible signs of abuse.

Risk assessments contained some detailed information on some known risks to people, but we saw one set of risk assessments was incomplete. Staff told us they had not received any guidance or training in how to handle the known risks to this person.

# Summary of findings

Staff received first aid training and were able to correctly explain how they would respond to a medical emergency. There were enough, safely recruited staff available to meet people's needs. Staffing numbers were adjusted depending on people's individual requirements.

Medicines were managed safely. Records were kept when medicines were administered, and appropriate checks were undertaken by staff. Records were clear and accurate and regular auditing of medicines was undertaken.

The service was not meeting the requirements of the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. We did not see evidence of mental capacity assessments being completed for two people with fluctuating capacity.

Recruitment procedures ensured that only people who were deemed suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of ongoing training, but we noted that some training was out of date. Staff received regular supervision to support them to meet people's needs. However, the registered manager confirmed they were delayed in conducting annual appraisals of staff performance to carry out their role.

People were supported to eat and drink a balanced diet that they enjoyed and appropriate advice regarding their nutritional needs had been obtained from their GP where required. People were supported effectively with their health needs and had access to a range of healthcare professionals. Healthcare professionals spoke positively about their working relationship with staff at the service.

People told us staff treated them in a caring and respectful way. People's privacy and dignity was respected and we observed positive interactions between people and staff throughout our visit. Staff demonstrated a good understanding of people's life histories and their individual preferences and choices.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The registered manager had not followed CQC reporting requirements in relation to safeguarding incidents and the completion of a Provider Information Return.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these. However we did not see evidence of care plan audits which could have identified the shortfalls we found in these records during our inspection.

Staff worked with other organisations to implement best practice. We saw evidence of multi-disciplinary team working and this was monitored to ensure best outcomes were achieved for people. The service also had good links with the local community. People told us they participated in activities at local recovery teams and that they enjoyed doing so.

# 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 safe. Safeguarding allegations were not reported to the CQC as required.

Identified risks to individuals were not always assessed or management plans in place to ensure that people were kept safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and told us they would report any concerns to the registered manager.

Enough staff were available to meet people's needs and we found that staff recruitment processes helped keep people safe.

Safe practices for administering medicines were followed, to help ensure that people received their medicines as prescribed.

**Inadequate**



### Is the service effective?

The service was not consistently effective. We found staff were not meeting the requirements of the Mental Capacity Act (MCA) 2005 as mental capacity assessments were not always completed where required.

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision of their performance. However, the registered manager confirmed they were delayed in conducting annual appraisals of staff performance to carry out their role. Staff received training in a number of areas, but we noted that some training was out of date.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

**Requires Improvement**



### Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's needs and helped them to meet these.

Staff knew people's life histories and were able to respond to people's needs in a way that promoted their individual preferences and choices.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive. People were involved in decisions about their care. Care records showed that staff took people's views into account in the assessment of their needs and care planning. These documents were detailed with specific advice to staff on how to provide care for people.

People who used the service knew how to make a complaint. People were confident that staff would address any concerns. There was a complaints policy available and we saw records to indicate that people's complaints were dealt with in line with the policy.

**Good**



## Is the service well-led?

The service was not consistently well-led. Safeguarding incidents were not reported to CQC as required. Staff had not filled in and returned a Provider Information Return (PIR) form to CQC in line with their requirement to do so.

Staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these. However we did not see evidence of care plan audits.

Staff had good links with the local community and worked with other organisations to ensure the service followed best practice.

**Requires Improvement**



# Edward Gibbons House

## Detailed findings

### Background to this inspection

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

We undertook an unannounced inspection of Edward Gibbons House on 5 January 2015. The inspection was carried out by two inspectors.

We reviewed the information we held about the service. We made contact with eight health and social care professionals and a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with four people who used the service and four members of staff including the registered manager. We spent time observing care and support in communal areas on the day of our inspection. We also looked at a sample of four care records of people who used the service and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included, “I feel safe here” and “I feel safe. Staff are always on call.” People told us they knew who they could speak with if they had any concerns and that previous concerns had been dealt with straight away. Despite these positive comments, we found that the provider had not ensured that all safeguarding concerns were reported as required.

The registered manager alerted us to nine safeguarding allegations which had not been reported to the Care Quality Commission (CQC) as required. He told us that the allegations had not been reported to the CQC, but were reported to and investigated by the local authority safeguarding team. We contacted the local authority after our inspection. The local authority agreed to look into these matters to confirm whether all concerns had been reported to them.

We found that most staff including the registered manager had not completed safeguarding training in the last three years.

We could not be assured that the provider was taking appropriate action to protect people from the risk of abuse. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to recognise signs of potential abuse and said they would report any concerns to the registered manager.

Risk assessments contained some detailed information on some known risks to people, but one set of records was incomplete. One set of risk assessments we read did not contain enough information on how to manage possible risks arising from a known medical condition. We spoke with two staff members about the risks to this person. They both confirmed that they had not received guidance or training in managing these risks. Therefore, this person was not protected from the risk of unsafe or inappropriate care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in decisions relating to risks they wanted to take in order to increase their independence. The registered manager explained the checks they had in place to ensure people were able to go out independently and remain safe. Staff signed a specific checklist to document that they had seen everyone within an eight hour period. People were also asked to fill in a form notifying staff if they intended to stay out late or stay away from the service. If people were unaccounted for, staff began contacting outside agencies including the police to conduct a search for the person for their own safety. The service also operated a voluntary scheme of issuing identification cards for some people so they could be assisted to return to the service if necessary. These measures helped people to maintain their independence. One person told us their keyworker began a search for them when they stayed away from the service for more than 12 hours. They told us “[staff] go above and beyond to make sure we’re safe.”

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us they were given information by local authority housing options and support team during the referral process and this included details about whether people had any cultural or other requirements. This was sometimes supplemented by information from other sources, such as healthcare assessments. The registered manager told us and records confirmed that these questions were also asked as part of the initial assessment when a person arrived at the service. All staff told us they worked to meet people’s specific, identified requirements regarding their cultural needs. We were given the example of one person who belonged to a particular religion. Staff had a good understanding of this religion, but explained that they did not assume that the person wanted to follow their faith at all times. Staff told us and the person’s care records confirmed that they had clarified whether the person wanted to follow their religion and their wishes were respected.

Staff were able to explain how they would respond to a medical emergency and gave us examples of how they had dealt with medical emergencies in the past. This included reporting incidents to the registered manager and recording any accidents or incidents. We looked at accident and incident records and saw that they contained sufficient

## Is the service safe?

detail with clear actions for staff. The registered manager and other staff told us all accidents and incidents were discussed in team meetings to identify any further learning to try and prevent reoccurrences.

People told us there were enough staff available to meet their needs. Comments included, “There are enough staff, definitely” and “there’s always someone around when I need help.” Staff also told us that there were enough of them available to meet people’s needs. Staff told us “There are generally enough staff” and “We’re ok, I think there’s enough of us.”

The registered manager explained that the number of support hours per person was agreed with the referring social services team and this was negotiated by staff at head office. Initial needs assessments determined the level of support needs per person and resources were allocated accordingly. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty.

We looked at three staff recruitment checklists. The checklists indicated that there was a process for recruiting staff that ensured all relevant pre-employment checks were carried out to ensure they were suitable to work with people using the service. These included appropriate written references, proof of identity and criminal record checks. However, we were unable to see the original documents as these were held at the provider’s head office.

Staff followed safe practices for administering and storing medicines. Medicines were collected from a local pharmacy on a weekly basis for named individuals. A staff member checked the medicines, which were provided in blister packs, when they arrived in the service. They then created a medicines administration record (MAR), which the manager or a senior member of staff checked for accuracy against people’s individual prescriptions. Medicines were stored safely for each person in a locked cupboard in a separate medicines storage room.

We saw examples of completed MAR charts for four people in the month preceding our inspection. We saw that staff had fully completed these and each record had been countersigned by a second person. We checked the medicines available for four people and counted the amounts stored. We saw these tallied with the records kept.

We saw copies of weekly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The weekly checks we saw did not identify any issues.

Most staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.



# Is the service effective?

## Our findings

We found that the service was not meeting the requirements of the Mental Capacity Act 2005 (MCA). We saw two care records which documented that both people had fluctuating capacity. However, there was no evidence of mental capacity assessments being completed for either person for any decision. In one care record we saw evidence of a decision being made against the person's wishes, but there was no evidence that the decision was made in accordance with the requirements of the MCA in the person's best interests.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

When questioned, staff demonstrated that they understood the issues surrounding consent and were able to tell us how they would support people who lacked the capacity to make specific decisions. They explained that they required people to sign a consent form confirming that they consented to staff holding their medicines and the registered manager explained that some people asked staff to hold their money for them in order to assist with their finances. The registered manager told us people signed a consent form and we saw evidence of this. Staff told us that if they were concerned about a person's capacity to make decisions, they would refer this to the registered manager.

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food provided such as, "The food's brilliant, they have a good selection" and "I'm a fussy eater, but generally the food is good. The fridge is always full."

People's records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us and people confirmed that staff helped them to go shopping, cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Staff demonstrated detailed knowledge about people's nutritional requirements and gave examples of the type of food people ate as well as the types of food people did not enjoy.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs, which included matters such as mental health needs and other specific health problems. We saw evidence that people's medicines were reviewed by their GP who visited the service every week, to monitor appropriate use. There was evidence of close working with other healthcare practitioners and advice being given and followed. We spoke with eight health and social care practitioners who worked with staff at the service. They all confirmed staff followed their advice and understood people's health needs.

People told us they felt staff had the skills and understanding required to meet their needs. Comments included, "Staff are knowledgeable" and another person said "Staff handle situations well." Staff training records showed that staff had completed training in areas such as substance misuse, medicines administration, health and safety and emergency procedures. However, some staff training was out of date. Staff told us and records confirmed that they had completed an induction prior to starting work with the organisation.

Staff told us they received supervision every three months and records confirmed this. Staff told us and records confirmed that supervision sessions were used to discuss any issues, training needs and future targets for their learning and development.

Staff told us they were supposed to receive an appraisal every year, but this had not happened. One staff member had received one appraisal in the last two years and another told us they were still waiting for their appraisal despite working at the service for 14 months. We spoke with the registered manager and they confirmed that they were delayed in conducting staff appraisals, but were in the process of conducting these.

Behaviour that challenged the service was managed in a way that maintained people's safety and protected their rights. Staff gave us examples of how they would respond to people's behaviour and we saw examples of specific advice for staff within most care records we viewed. Staff demonstrated that they knew how to respond to behaviour that challenged the service in a way that kept people safe.



# Is the service caring?

## Our findings

People told us that staff treated them in a caring and respectful way and said they were involved in decisions about their care. One person said, "Staff are brilliant. They listen and are caring," and another person told us, "Staff are friendly, open and not pushy." We observed positive interactions between staff and people who used the service. Conversations were conducted at the person's pace and staff made themselves immediately available when people wanted assistance.

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records. Staff members we spoke with knew about people's lives and the circumstances which had led them to using the service.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices. Care plans recorded people's likes and dislikes in relation to matters such as their preferred activities, routines as well as their diet. Staff spoke knowledgeably about these matters when questioned. People confirmed that staff met their preferences in relation to these matters.

People and their relatives confirmed staff encouraged them to be as independent as possible. Care records included details about the level of support people required. Initial assessments included an assessment of people's living skills and included targets for helping them to maintain and develop these. All staff gave us examples of how they monitored people's independence and living skills. Two staff members gave the example of an external cooking

group which they encouraged people to attend in order to develop their cooking skills. They also told us and people confirmed that they went shopping for groceries together and often cooked meals together at the service.

People were involved in decisions about their care. One person said, "Staff help me with lots of things like attending alcohol recovery groups and thinking about employment." We saw evidence in care plans that people were involved in making decisions about their own care. For example, all care plans we saw included extensive comments from the person about the type of care they wanted. The registered manager told us they operated a keyworking system, whereby each person was assigned a specific worker who conducted monthly care planning reviews with them and their relatives. Both the registered manager and other staff told us the keyworking system helped staff to build positive relationships with people who used the service.

Staff told us that people had access to alcohol recovery groups which performed an advocacy role for people. All of the people we spoke with told us they accessed recovery groups which helped them to think about their addictions, set future targets and also advocate for them where required. The registered manager told us and records reflected that people's families were also consulted regularly in relation to people's care.

Staff respected and promoted people's privacy and dignity. One person told us, "Staff definitely respect me" and another person said "they [staff] respect my privacy." We observed staff knocking on people's doors before they entered people's rooms and people confirmed that staff did this routinely. Staff gave examples of how they protected people's privacy and dignity. One staff member explained the importance of maintaining people's dignity particularly when they had been drinking. They told us "People can be very vulnerable when they have been drinking, we must be very mindful of that and help them."

# Is the service responsive?

## Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed that staff took people's views into account in the assessment of their needs and care planning. These documents were detailed with specific advice to staff on how to provide care for people and were reviewed at least every six months. People who used the service and their families had been involved in writing and reviewing care plans and we saw these were signed by people to confirm this.

Care records included details about how to maintain the person's mental health and emotional wellbeing. We saw detailed, practical guidance in people's care records about the support they needed as well as the precautions staff were required to take. Staff demonstrated that they understood these requirements when asked.

Each person had their own keyworker who was a member of staff assigned to work with them in order to meet their objectives. We saw records to indicate that people met with their keyworker every month to monitor their wellbeing

and discuss their objectives. We saw that care plans were updated to reflect any changes to their objectives following these meetings. Therefore care plans were regularly updated to reflect people's progress and aspirations.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests. Staff monitored people's involvement in activities in keyworking sessions and recorded this in their care records with specific objectives for people to help ensure their social and leisure needs were met.

People knew how to make a complaint and told us they felt confident that staff would deal with their concerns. People gave us the name of the person they would speak to if they had a complaint. Copies of the complaints policy were available and we saw a copy displayed in a communal area. People were also provided with a copy of the complaints policy on admission. Records showed that the registered manager had taken action to address complaints that had been made. The registered manager told us that complaints were discussed at staff meetings and other staff confirmed this.

# Is the service well-led?

## Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. Comments included "[The registered manager] is friendly and bubbly" and "He is one of the boys. I feel comfortable talking to him." We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated that he knew people well and spoke with them regularly. We observed people entering the registered manager's office and reception area throughout the day and we saw their queries were responded to straight away.

Despite people's positive comments we found that safeguarding incidents were not reported to the CQC as required. We were shown 11 examples of safeguarding incidents which were not reported to the CQC. We contacted the local authority who agreed to investigate whether these incidents had been reported to them.

We spoke with the registered manager about their responsibility to send the CQC a Provider Information Return. 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. The registered manager agreed that this form had not been returned to the CQC and could not provide a reason as to why this had not been completed.

Monthly 'residents meetings' took place so people could share their views, plan activities and identify any support they needed. People told us they found these meetings helpful and felt comfortable speaking in them.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "He is so approachable." The registered manager told us weekly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

Staff gave a consistent view about the vision for the service. The registered manager told us the values of the service were discussed with people as part of their induction. The

registered manager told us that the keyworking system was in place to deliver individualised support to people and staff agreed with this. Staff told us the keyworking system helped them to get to know people well and understand their needs in greater detail.

The service had strong links with the local community. People using the service participated in activities at other organisations such as local recovery groups. People using the service regularly visited these organisations and we saw their care records detailed the type of activities they carried out there. One person told us about a recovery group they attended and said "I go three times a week, I find it helps."

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us he reviewed complaints, accidents and incidents to monitor trends or identify further action required. He told us all accidents and incidents were also reviewed by senior staff at the provider's head office. Staff at the head office monitored incidents for trends and made further recommendations where required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. However, one member of staff we spoke with told us they had not received a job description which officially detailed the requirements of their role.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as medicines administration and health and safety matters. Where issues were identified, targets for improvement were put in place with timeframes. However, we did not see evidence of care plan auditing which could have identified the issues we found.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included local recovery

## Is the service well-led?

teams, the GP and local social services teams. We spoke with eight health and social care professionals and they commented positively on their working relationship with staff at Edward Gibbons House.

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

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse because they had not taken steps to ensure that processes were operated effectively to prevent abuse of service users by informing CQC of all safeguarding allegations.

Regulation 13(2).

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not fully assess the risks to the health and safety of service users of receiving the care or treatment or do all that was reasonably practicable to mitigate any such risks.

Regulation 12(2)(a) and (b).

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not ensured that service users aged 16 or over who were unable to give consent because they lacked capacity to do so, were treated in accordance with the 2005 Act. Regulation 11(3).