

## Community Options

# Community Options Limited - 78 Croydon Road

### Inspection report

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Date of inspection visit:  
19 April 2016

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced focussed inspection of this service on 19 April 2016. At which a breach of legal requirements was found. This was because keyworker meetings were not documented and Care Program Approach review reports were not always requested and maintained on people's care files.

At our previous comprehensive inspection we found the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008,

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Community Options – 78 Croydon Road' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Community Options Limited - 78 Croydon Road provides support for up to seven people living in the community recovering from mental health, drug or alcohol problems. On the day of our inspection there were six people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Control of Substances Hazardous to Health (COSHH) product was not stored securely when not in use. Detailed records of one to one conversations were not maintained to support staff in recognising risks to people. Reports of Care Program Approach (CPA) review meetings were not always maintained on people's care files. Failure to maintain these reports meant that staff may not be aware of any issues arising from these meetings.

People using the service said they felt safe and that staff treated them well. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported.

Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

## 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.

A COSHH product was not securely stored when not in use.

Keyworker meetings were not documented.

CPA review meeting reports were not always requested and maintained in care files.

People were protected from the risk of abuse because staff were aware of how to report any concern they had in line with the provider's safeguarding procedure. Staff knew how to recognise and report abuse.

Medicines were managed safely and appropriately.

There were enough staff on duty to meet people's needs.

Appropriate recruitment checks took place before staff started work.

**Requires Improvement** 

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## **Detailed findings**

### Background to this inspection

We carried out a focussed inspection of this service on 19 April 2016. At which a breach of legal requirements was found. This was because keyworker meetings were not documented and Care Program Approach review reports were not always requested and maintained on people's care files.

At our previous comprehensive inspection we found the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008,

This inspection on 19 April 2016 and was unannounced. We undertook this focused inspection of Community Options – 78 Croydon Road following concerns we received about the safety of the service. We therefore only inspected the service against one of the five questions we ask about services: Is the service safe?

The inspection team consisted of an adult social care inspector. During this inspection we spoke with one person who used the service, two members of staff, and the registered manager. We reviewed records, including the care records of the six people who used the service, five staff members' recruitment files and training records. We also looked at records relating to the management of the service such as quality audits, accident and incident records and policies and procedures.

# Is the service safe?

## Our findings

The one person we spoke with spoke positively about safety at the service. They told us, "I feel very safe here. It's a very safe neighbourhood, I like it."

However, despite this feedback we found that improvements were required to the way the service stored Control of Substances Hazardous to Health (COSHH) products because hazardous cleaning sprays were not stored securely in one person's bathroom. We spoke to a staff member about this and they confirmed that that when people were not being supervised with cleaning, all such products should be locked away. We raised this issue with the registered manager who also confirmed that all COSHH products should be locked away when not in use. Following the inspection we reviewed the COSHH policy and found it did not have detailed guidance for staff about where products should be stored, i.e. that they should be locked away securely when not in use.

Risks to people had been assessed in areas including mental and physical health, self-neglect, medicines concordance and the use of COSHH products. We saw that people were allocated a keyworker who they met on a weekly basis or whenever needed. Preventative measures identified within people's risk assessments included their attendance at their one to one keyworker sessions to discuss current issues and if there were any changes to their care needs. However, further improvement was required because one to one sessions with keyworkers had not always been documented. For example, one member of staff told us that they had discussed concerns that a person may have been at risk of financial exploitation during a recent keyworker meeting but no record had been made of the discussion and the person's risk assessments had not been updated to reflect this area of risk. There was a risk that emerging patterns or trends with regards to people's mental health could not be identified without this detailed recording.

We also noted that Care Program Approach (CPA) review meetings had taken place, but reports from these meetings were not always available in people's care files. CPA is a way that services are assessed, planned and reviewed for someone with mental health problems. The failure to maintain records of CPA review meetings meant that staff may not be aware of any issues arising from these meetings and whether or not any changes to people's care needed to be made and keep people safe. We raised this with the registered manager who told us that following CPA review meetings staff had verbal discussions with the mental health team who informed them of any issues the service needed to be aware of and this was conveyed to other staff at handover meetings however there was no written record available at the service.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

During our inspection staff immediately took action, removing the COSHH product and storing it in a locked COSHH cupboard. The registered manager was informed of this and told us that although no one using the service was currently at risk from these substances all COSHH products should be locked away.

The provider had whistleblowing and safeguarding policies and procedures in place. Staff we spoke with were aware of these procedures. They demonstrated an understanding of the types of abuse that could occur, and told us the signs they would look for. They could also describe the action they would take if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Records confirmed that staff had undertaken safeguarding training. One member of staff told us, "If I had any concerns I would report it to my manager and know that it would be dealt with immediately."

We were unable to observe medicines being administered during this inspection but records showed that people had received their medicines as prescribed. Staff had received training in the administration of medicines and this was updated on a regular basis. Medicines were stored, administered and recorded appropriately and the service carried out a weekly audit to identify any shortfalls which might compromise safety. We saw that there were no shortfalls or issues identified. We saw medicines risk assessments were in place and described the risk, risk level before action, what action to take and the risk level following action taken. The one person we spoke with told us, "Staff give me my medication very well, they remind me to take it."

Records of accidents and incidents were maintained which included the detail of what had occurred and any action that had been taken to keep people safe and reduce the risk of similar future occurrences. For example a record we reviewed showed that one person's friend displayed some behaviour that challenged the service, which had been documented by staff. We saw that an action plan had subsequently been put in place to minimise future incidents.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and records confirmed that they had received first aid and fire training. The fire risk assessment for the home was up to date and we saw regular fire drills were undertaken to ensure staff knew what to do in the event of a fire.

Appropriate recruitment checks took place before staff started work. We saw evidence that references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member to reduce the risks associated with employing unsuitable staff.

One member of staff told us that they didn't use agency staff and the continuity of seeing the same staff everyday helped people to feel safe and secure. There were enough staff deployed to meet people's needs and we saw staff available to support people promptly when requested during the inspection. We also noted that staff took time to talk to people when offering them support and were available to accompany them on activities if required. One person told us, "There are enough staff they care for all of us."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Steps were not always taken to mitigate risks.