

Community Options Limited

# Community Options Limited - 78 Croydon Road

## 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

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 13 and 14 October 2014 and was unannounced. At our previous inspection on 2 July 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Community Options Limited, 78 Croydon Road provides support for seven people living in the community recovering from mental health, drug or alcohol problems. There was a registered manager in place. A registered

# Summary of findings

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 and associated Regulations about how the service is run.

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. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The manager and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People using the service, their care managers and appropriate healthcare professionals had been fully involved in the care planning process. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments.

They said this helped keep them safe and well. Risks to people using the service were assessed and care plans and risk assessments provided clear information and guidance to staff.

People said staff encouraged them to be as independent as possible. There were regular house meetings where they were able to talk about things that were important to them and about the things they wanted to do. They said there were plenty of opportunities to do things both in and out of the home. They said participating in these activities helped them to gain confidence and a feeling that they could do more things for themselves. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

A Community Psychiatric Nurse (CPN) said the manager and the staff were very organised and the home was well run. The local authority said there were no current concerns about the service. Staff said they enjoyed working at the home and they received good support from the manager.

# 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. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough qualified and skilled staff at the home to meet people's needs. Risks to people using the service were assessed and managed well as care plans and risk assessments provided clear information and guidance to staff.

Community Psychiatric Nurses we spoke with said staff were very organised around managing people's medicines and there was a programme in place for supporting people to self medicate.

Good



### Is the service effective?

The service was effective. Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The manager and staff had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They demonstrated a clear understanding of this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when they needed it.

Good



### Is the service caring?

The service was caring. Staff were caring and spoke to people using the service in a respectful and dignified manner. People were consulted about, and involved in, developing their care, support and recovery plans.

Staff encouraged people to be as independent as possible. There were regular house meetings where people were able to talk about things that were important to them and about the things they wanted to do.

Outstanding



### Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. The provider took into account the views of people using the service and staff through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Good



# Community Options Limited – 78 Croydon Road

## Detailed findings

### Background to this inspection

This inspection was carried out by one inspector on 13 and 14 October 2014 and was unannounced. Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider completed a Provider Information Return (PIR). 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 also spoke with the local authority commissioning team and two Community Psychiatric Nurse (CPN's) about their views on the service.

During the inspection we spent time observing care and support being delivered. We looked at records, including two people's care records, staff training records and records relating to the management of the service. We spoke with three people who used the service. We also spoke with five members of care staff, the registered manager, the operations manager and the human resources manager.

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. The manager told us she was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw a safeguarding adults' flow chart that included the contact details of the local authority safeguarding adults' team and the police. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Staff told us they went through a thorough recruitment and selection process before they started working at the home. They were interviewed and full employment checks were carried out. However we were not able to see their personnel files as these were held at the organisation's head office. The human resources department confirmed that all staff had completed application forms that included their full employment history with explanations for any breaks in employment. They had obtained criminal record checks, two employment references, health declarations and proof of identification.

At the time of our inspection the home provided care and support to seven people. People using the service, the manager and staff told us there were always enough staff on shift. We spoke with two Community Psychiatric Nurse (CPNs). They said there were always plenty of staff around when they visited the home. They said one-to-one support was arranged if needed. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. If people needed extra support for arranged social activities or they needed to attend health care appointments, additional staff cover was arranged. The organisation had a team of bank staff who were used to cover staff annual leave or sickness. We spoke to a bank member of staff who said they worked regular shifts at the home, they knew the

people using the service and the staff team well and they felt they were a part of the team. They received the same training and supervision as regular staff and attended team meetings if there was one when they were on shift.

Assessments were undertaken to assess any risks to people using the service. The manager showed us a standard checklist of risk assessments completed for each person using the service. These included, for example, risks to themselves and others, self neglect, medication, substance use, fire, self medicating and falls. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, where there was a risk of self-neglect for a person using the service, staff were provided with guidance to monitor the person's mental health by engaging with them daily.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. The manager showed us a fire risk assessment for the home. People using the service had individual fire risk assessments. We saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and fire equipment and reports from fire drills. Training records confirmed that all staff had received training in fire safety.

People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. They said this helped keep them safe and well. Two people had been supported to administer their own medicines through a self-medication programme. We saw self-medication risk assessments in place in their individual medicines folders. One person said, "I dispense my own medicine for three days at a time. I made a few mistakes at first but staff spotted them. I don't make mistakes anymore. The staff have been really helpful." Staff told us they carried out spot checks to make sure these people had taken their medicines. Another person using the service said, "Staff dispense my medicine to me at the moment but I have talked to my keyworker about self-medicating. That's what I plan to do in the future."

Medicine was stored securely in a locked cupboard in the office. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medication audits carried out by staff. We looked at two people's medicine folders. These included their photographs, medicine administration records, self-medication risk assessments, weekly medicine counts, monitoring of medication changes and medication

## Is the service safe?

returned to the pharmacist. We checked the medicine administration records, these indicated that people were receiving their medicines as prescribed by health care

professionals. The CPNs we spoke with said staff were very organised around managing people's medicines and there was a good programme in place for supporting people to self-medicate.

# Is the service effective?

## Our findings

People using the service said staff knew them well and knew what they needed help with. Staff had the knowledge and skills required to meet the needs of people who used the service. Training records showed staff had completed an induction programme and training that the provider considered mandatory. This training included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety, infection control and managing challenging behaviour. Staff had also completed essential competency training on mental illness and mental health, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, equality and diversity, the recovery star model and support planning.

Staff told us they had completed an induction when they started work and they were up to date with their mandatory and essential training. They told us that all staff working at the home had completed accredited qualifications in health and social care. A National Vocational Qualification Assessor was attending the home on the day of the inspection to observe two members of staff. They told us that these staff had completed units specific to the needs of the people using the service, for example, mental health, medication, communication, health and safety and supporting people to access services.

Staff said they received regular formal supervision and an annual appraisal of their work performance. This helped them in their care of people using the service. They said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The manager told us that all of the people currently using the service had capacity to make their own decisions about their care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, the appropriate health care professionals and local authority to

ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

People told us they bought their own food and cooked their own meals. One person said, "I like to eat lots of fresh fruit and vegetables. Staff encourage me to cook for myself and eat healthy meals. I am not really good at cooking but I have teamed up with another person who is a great cook and I am learning from them." Another person said, "We buy our own food and support each other with cooking but I sometimes like to go out for meals at a local café." People's care plans included sections on their diet and nutritional needs. The care plans indicated their support needs, for example with shopping, cooking and meal planning. Staff had provided and discussed literature with people about healthy eating. Staff told us they prompted people towards independence by encouraging them to buy their own food and cook for themselves.

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns people were referred to appropriate health professionals. There was good contact with healthcare professionals. The manager told us that all of the people using the service were registered with a GP of their choice. They had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. We saw that the care files of people using the service included records of all appointments with health care professionals. The CPNs said they had received very positive feedback from people using the service about the staff and about their care and treatment at the home. There was very good communication with the manager and they received regular email updates about people's progress or if the manager had any concerns.





# Is the service caring?

## Our findings

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. A person using the service said staff encouraged them to be as independent as possible. They told us, “They get me to do lots of things for myself like cooking, laundry and taking my medicine. The staff have gone out of their way to help me, I went to watch tennis at Wimbledon and I going to watch some more at the O2 soon. I go out to play pool and badminton with staff.” Another person said “The staff are kind and caring and listen to what I have to say. They have encouraged me to do a lot of things for myself. I go to college three days a week to study nursing and I am in the organisation’s choir.”

People using the service told us they had been consulted about their care and support needs. One person said, “I have a care plan and a recovery plan. I have a keyworker and I meet with them regularly and we talk about what my needs are. I also meet with my care coordinator once a week and we go for a coffee and a talk. I think I get plenty of support with my care needs.” Another person said, “I know what’s in my plans, I talk to my keyworker about things. I think they have helped me to do a lot of good things recently.”

The relationships between staff and people using the service were discussed in supervision. The staff supervision record included a section entitled “recovery promoting competency review”. This covered areas such developing positive relationships with people using the service and helping them to develop relationships with others, empowering people and facilitating their capacity to make choices and supporting the development of self esteem, identity, meaning and purpose. The manager told us they assessed staff’s competency in these areas at least once a year. This helped staff to focus on the ethos of the service.

Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and they made sure information about them was kept confidential at all times. A member of staff said, “As a staff team we are expected to treat people using the service with dignity and respect. We listen to them and do not judge, the most important thing for us is to help people to regain their social skills and learn to become more independent again.”

The manager showed us some completed questionnaires from an August 2014 survey. Comments from health care professionals included “The manager is hands on and recovery focused and staff empower people to become more independent”, and “The good things about this service are engagement, communication, experience, skill and able to approach”, and “The home has had a consistently good reputation throughout its existence, and has dealt with some quite challenging and complex people who have progressed well into recovery”. A relative of a person using the service said, “The service has helped our relative with their medicines, it has helped having the Community Mental Health Team near by, our relative has benefitted from other residents who have similar health issues and is becoming more sociable.” All of the people who completed the survey said they would recommend the service to others.

A CPN told us that staff worked really hard, they were very good at promoting social inclusion and had built therapeutic relationships with people using the service. Staff were good at supporting people with their independence, for example, with benefits, cooking, cleaning and accessing college courses and social activities. The CPN said the manager always discussed any concerns they had with them and often asked for advice on how best to support people using the service.

# Is the service responsive?

## Our findings

People using the service told us they had keyworkers and they had regular discussions with them about their care and support needs. Staff were knowledgeable about the people they supported. They said they had been well trained by the organisation and they were aware of people's preferences and interests, as well as their health and support needs.

We saw that assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans, recovery plans and risk assessments. The files were well organised and easy to follow. Care plans included detailed information and guidance for staff about how people's needs should be met. The files included evidence that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. We saw reports from CPN review meetings were available in people's care files. We saw that the information in the care files had been reviewed on a regular monthly basis. CPNs told us they attended regular review meetings with people at the home and they were impressed with the manager and staff knowledge and understanding of people's needs. The manager told us that the initial assessment considered how long people might need to stay at the home, short term or long term and if the home was a suitable placement. We saw that each person's placement at the home had been discussed with them and their CPNs at six monthly review meetings.

People told us about regular house meetings where they were able to talk about things that were important to them and about the things they wanted to do. The manager showed us the minutes from the last house meeting. We saw the meeting was well attended by people using the service and their comments and suggestions had been recorded. Items discussed included confidentiality, the complaints and abuse procedures, what is working well for

you, maintenance issues, health and fitness and activities. One person using the service told us they had recently been trained by the organisation on the recruitment and selection of staff. They had recently used their interviewing skills to select a new manager for the organisation's choir. They said they were looking forward to helping the organisation appoint new members of staff.

The manager also showed us a "Choose and book" request book. People could use the book to request support from staff with various activities, for example, keyworker meetings, menu planning, cooking, attending health care appointments, eating out, day trips or going to the gym or swimming. The manager told us that the staff rota would then be arranged to meet these requests.

A person using the service said there were plenty of opportunities to do things both in and out of the home. For example, there were arts and crafts, games and movies nights and they attended a local drama group. Another person said they liked to go to the local gym, library and café. Both said participating in these activities helped them to gain confidence and a feeling that they could do more things for themselves.

We saw the home's complaints process was included in a "service user's handbook" given to people when they were admitted to the home. We also saw copies of the complaints procedure were located in communal areas throughout the home. People said they knew about the home's complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to any person making the complaint to explain what actions they planned to take and keep them fully informed throughout.

# Is the service well-led?

## Our findings

People using the service told us there was always a relaxed atmosphere in their home and they felt their views and opinions were valued by staff.

Throughout the course of this inspection it was very clear from the manager, staff, people using the service and the CPNs we spoke with that the ethos of the home was to improve people's confidence in their own abilities and to rehabilitate them back into the community. The staff we spoke with said they enjoyed working at the home. One member of staff said "This home is all about rehabilitation, its not about the staff taking over people's lives. When people are ready we encourage them to do things for themselves so that one day they can move in to their own place." A CPN said, "The manager and the staff are very organised and the home is well run. I never have a problem if I need some information or if I need something done."

Staff told us about the support they received from the manager and the team. One said, "The manager is very supportive and very approachable, she has helped me with all the things I have asked for. I think we have a good team and we work really well together." Another said, "The manager is always available and I can talk to her if I need anything." Staff felt they could express their views at team meetings and handovers. One said we can talk about people's needs and what the team needs and we learn from each other. We saw that staff meetings were held every month. Items discussed at the August meeting included a Care Quality Commission booklet and the provider's responsibility to understand the regulations, updating care plans and risk assessments, fire checks, activities and focused handovers.

The provider took into account the views of people using the service and staff through surveys. We saw the action plan from the last service user survey. This included action on, for example, promoting a healthy lifestyle, ensuring people were given a copy of their support plans and using house meetings to promote a culture of respecting and valuing the opinions and views of others. The action plan indicated these actions had been fully addressed. The

manager showed us the action plan for the September 2013 staff survey. The action plan included areas such as, training and development, working relationships and team working. The manager showed us that all of the actions had been met. For example, they had developed a database of staff skills that might be useful to the home and people using the service and a number of team building days had taken place. The manager said that a new staff survey was underway.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included maintenance, health and safety, medicines' administration, fire safety and care file audits. They also showed us completed "self checker" audit reports which monitored the homes compliance with the Care Quality Commission regulations. We saw that accidents and incidents were recorded and monitored. The manager told us accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. The manager said that although they had not received any formal complaints from people using the service, they would be required to notify their operations manager of any complaints received by the home. The manager told us that senior managers and trustees carried out regular unannounced quality audits. We saw reports from a quality audit completed in March 2014 and a health and safety audit completed in August 2014. We saw action plans for these audits and confirmation that the actions had been completed. We spoke with the deputy operations manager about the quality assurance audits. They told us further unannounced quality audits would be carried out in 2014.

The local authority that commissions services from the provider told us they carried out an audit of the service in December 2013. This was to ensure that people who used the service were safe, that they received support to attain their individual goals and aspirations and that the service was compliant with regulatory requirements. Some recommendations were made following the visit which the service had addressed. They said there were no current concerns about the service.