London Cyrenians Housing

London Cyrenians Housing - 40 Charleville 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?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 19 May 2015 and was unannounced. The service is registered as a care home for up to nine people with mental ill-health. There were seven people in residence at the time of inspection.

The service is located in a tall, narrow building over five floors including the basement. There is a courtyard area to the rear. All bedrooms have a wash handbasin and some have an en-suite bathroom. There is a communal lounge and a separate quiet room, a shared kitchen and a laundry room. The office is situated on the ground floor at the front of the building.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

On our inspection visit we found people were supported in a calm and stable environment by staff members who knew them well. People told us that it felt homely. Staff were respectful of each individual and worked alongside them to maintain their independence. A person who used the service told us that they could make their own decisions, but they could rely on staff to advise them if they were making a bad choice. We have made a recommendation about reviewing restrictions in place within the building and gaining people's consent to them if they need to continue.

People were encouraged to engage in activities outside the service and to attend occasional social events organised within the service. They had the opportunity to air their views in keyworker and residents' meetings, as well as a users' forum run by the provider.

There were up-to-date assessments and support plans in place for everyone who used the service and there were good links with local healthcare providers, including mental health services.

We have made recommendations about keeping the availability of locum staff under review and maintaining soft furnishings and floor coverings in a way that maximises fire safety.

We found staff did not always refer to the most recent of the provider's policies and procedures and checks and audits were not picking up on all relevant quality issues, particularly omissions. In some areas there was a mismatch between what senior managers believed was in place within the service and what was actually happening in daily practice. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not safe in all areas. There were shortcomings in ensuring the fire safety of soft furnishings and floor coverings. Staff were not referring to the most recent medicines administration policy. Staff and senior management had different views on the availability of locum cover.

Whilst there was a prompt response when urgent repairs were needed, the premises were in need of extensive non-urgent repairs and redecoration, some of which had recently commenced.

Despite heavy wear and tear the communal areas of the premises were kept clean and the kitchen had been awarded four stars for food safety.

Is the service effective?

Requires Improvement

The service was not effective in one area. People confirmed they were encouraged to make their own decisions, but there were restrictions in place within the building which were not regularly reviewed and people had not actively consented to them.

Staff members had recently had refreshers for all their mandatory training.

People spoke highly of the meal arrangements. They mainly catered for themselves with staff support and could choose what they wanted to eat, but staff provided a Sunday roast.

Is the service caring?

Good

The service was caring. Staff understood people's communication needs and spoke respectfully to them. Staff and people who used the service valued the stable community they had created.

We observed staff worked alongside people to help them to maintain their independence, only taking over their chores when they were unwell.

Is the service responsive?

Good

The service was responsive. People who used the service had up-to-date assessments and support plans in place. Their needs were reviewed regularly.

There was a complaints process in place, including easy-read material on making a complaint for people who used the service.

Staff were fully aware of signs of deterioration in each person's mental health and took steps to seek help for them when changes were noticed.

People were encouraged to attend activities outside the home. We saw different arrangements were in place for different people, depending on their assessed needs and interests. The service also organised occasional social events.

Summary of findings

Is the service well-led?

The service was not well-led in all areas. Checks and audits were not identifying gaps in quality, so senior managers did not always have an accurate knowledge of daily practice.

However, people got opportunities to air their views about the service and there was compassionate local leadership.

Requires Improvement

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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 19 May 2015 and was unannounced. A single inspector carried out the inspection.

We reviewed the provider information return (PIR), submitted in 2014 and statutory notifications and other information received by CQC. A PIR 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 of the seven people who were using the service at the time of the inspection, one relative who was visiting their family member and three members of care staff including the registered manager. After the inspection we spoke with two of the provider's senior managers by telephone.

Four paper care files were examined and two on-line. Three staff files were checked, as well as their on-line training records. We viewed medicines administration records (MAR) for each person and we also looked at a range of the provider's policies, procedures and management records.

During the day we observed the interactions between staff and people who used the service in the communal areas and the office.

Requires Improvement

Is the service safe?

Our findings

A person who used the service said, “It’s the safest house I’ve been in, but we could do with a lot more staff.”

The service had not recruited any new staff members since the last inspection, but they had a safer recruitment policy in place. This listed the checks they needed to make to ensure applicants were of good character and had the necessary experience and/or qualifications.

Staff within the service believed the service was operating with a number of staff vacancies. The rota indicated that there were three full-time and two part-time support worker posts; of these two full-time posts had been vacant for at least nine months and one part-time post had recently become vacant. However, senior managers told us the long term vacancies were deliberate, due to two beds remaining unfilled. They sent us a rota template to confirm this, but it was not the same as the rota template used within the service.

The provider maintained a large bank of locum staff who worked across many of its projects and several of them regularly worked at this service to cover the vacancies. However, we found evidence that the provider was struggling to cover all the shifts. For example, on one weekend in April a locum member of staff had spent 32 consecutive hours on duty from 3pm on Saturday through to 11pm on Sunday, including a sleep in. On the day of inspection the registered manager had to change her hours to cover the evening and a sleep in because a locum was not available. People who used the service told us the vacancies had badly affected their keyworking arrangements.

Senior management said their understanding was that locum availability was not an issue. They also showed us the instructions they had issued to restrict the hours that individual staff members worked. This was to try to ensure they moved towards the European working time directive. The memo did not address the issue of working without a break.

Staff worked on their own each day from 6.00pm until 9.00am with access to an on-call manager. Whilst the experienced staff members on duty told us that they felt safe lone-working within the home and had never encountered a situation they could not deal with, we saw that, since August 2014, police had been summoned to the home on two occasions to support staff. The registered manager confirmed the level of support provided was agreed with each person's social worker and reviewed following any incidents. Senior managers told us there were close working relationships with local police.

Risk assessments were in place for the premises, but the fire risk assessment did not cover smoking in bedrooms, although some aspects were covered in people's individual risk assessments. There was evidence that some people who used the service could be careless when smoking; a small fire had previously occurred and been successfully contained and there were burn marks, consistent with ash falling from cigarettes, in the floor covering for one of the bathrooms. Senior managers said that soft furnishings purchased met the highest fire safety requirements and sent us a poster which implied this was the case. Risk assessments and associated management plans did not confirm this and there were no procedures in place to maintain the fire safety of the items, such as arranging for items to be re-treated with fire retardant at the required intervals, or to prevent people who used the service from bringing in their own untreated items; therefore fire risks were not fully managed.

Staff carried out weekly fire alarm tests and had received mandatory fire safety training. Staff told us fire drills were carried out quarterly, but the records did not completely back this up. They showed staff carried out a fire drill on 18 March 2015 and there had been an evacuation for a false alarm on 14 October 2014, prior to that there were some gaps in the records.

Staff noted the response of people who used the service to the fire alarm. We saw they followed up slow responses with the people concerned; this had improved one person’s response time, but not another’s. This was reflected in people’s personal emergency evacuation plans (PEEPs). One person with a sensory impairment had their bedroom fitted with a fire alarm bell suited to their needs. One person who used the service told us what they would do if they were in the bath when the fire alarm went off, they said they would “jump straight out, grab a towel and go to the assembly point.” This showed that people had been informed of the correct evacuation procedure. The London Fire Brigade had provided people who used the service with some training and the feedback showed it had been an eye-opener, one person said, "You don't realise until you

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Is the service safe?

hear a talk like this that smoking is just so dangerous. The fire men told us about the importance of putting out our cigarettes in a safe way and it was a shock to hear all the statistics of house fires from still lit cigarettes."

We saw evidence that gas safety checks were carried out and there was other regular safety testing by external companies, for example, on portable appliances. We were present when a fire safety company attended to remedy a fault with the fire alarm system which had been identified earlier in the day.

Medicines were dispensed into blister packs by a local pharmacy and delivered to the service. They were checked by staff members and then placed in the medicine cabinet in the relevant individual's bedroom. People who had been assessed as able to manage their own medicines kept the key to their medicine cabinet, but staff kept the keys for those who needed support to take their medicines safely. We were present on two occasions when one person who self-administered their medicines came into the office to sign their own medicines administration record.

We found, however, that staff referred to a medicines administration policy which did not reflect best practice in relation to care homes. It was geared towards supported living schemes, therefore it did not provide appropriate guidance to staff at this location. However, the provider was able to show us an up-to-date policy which was available to all staff on-line.

A small fire proof metal cupboard had been mounted in the entrance hall for use by fire marshals. The registered manager had placed essential information, for example, copies of medicines administration records, and some basic equipment in the box, such as torches, to assist staff in the event of an emergency. More items were to be added and the box was being included in weekly checks to ensure the contents were up to date and in working order.

Staff knew what to look out for in terms of signs of abuse, harassment and bullying. They told us they had a good knowledge of where people were likely to be when they went out alone and would go and look for them if they were out longer than intended. Support workers knew how to report and escalate any concerns they had about people's well-being.

Accidents and incidents were recorded and any learning was noted. We saw that new strategies for dealing with issues were listed in the handover book for all staff to see.

The communal areas of the premises were kept clean, but the heavy wear and tear detracted from the appearance of some rooms. Although the provider was quick to arrange urgent repairs we saw that a long list of issues relating to maintenance and décor had accumulated. Two bedrooms which were unused were in very poor order and would need refurbishment before anyone moved in. Staff meeting minutes had noted this on 12 August 2014. We saw the stairwell had recently been painted and the registered manager confirmed there was a 7 – 10 year cyclical programme of works which was out to tender with a view to completing the work at the end of the summer period.

People were supported to prepare their own meals in the communal kitchen which had been assessed to be four star standard for food safety (five being the highest). They were also supported to keep their bedrooms clean and we observed one person sweeping their room with staff supervision.

We recommend that the provider keeps the availability of locum staff for this service under review.

We recommend that the provider takes advice and guidance from a reputable source to ensure the fire risk assessment fully addresses the issue of smoking within the service. Also to maintain the safety of soft furnishings and floor coverings within the home by establishing appropriate procedures to keep items safe.

Requires Improvement

Is the service effective?

Our findings

A person who used the service told us staff encouraged them to make their own decisions, but "if it is a bad one they interrupt and let me know."

The registered manager had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, but she told us that everyone within the service had capacity to make decisions for themselves so there was limited experience of applying the Act. We saw that there were a number of restrictions in place within the service to maintain people's safety, such as locking the kitchen at 11pm. Whilst people who used the service had not queried these restrictions, there was no evidence they had actively given their consent to them being in place or that the restrictions were regularly reviewed to check they were still needed.

We saw paper evidence which confirmed staff had updated their mandatory health and safety training via a combination of face to face and e-learning in March 2015. Older staff training records were kept on-line; they showed staff had undertaken a number of short courses relevant to the needs of the people they worked with, such as breakaway training and mental health awareness.

Support workers told us they received regular supervision and annual appraisals of their performance. This was confirmed by records. There was less evidence that locum support workers, who worked across several of the provider's projects, had the opportunity to receive structured support of this kind. However, the locum we spoke with said they would have no problem approaching the registered manager if they were in need of support.

We saw emails which showed that staff took advantage of opportunities offered by the local authority to keep up-to-date with practice issues. For example, staff were booked to attend a briefing on safeguarding people who may be vulnerable to influence by extremists.

Staff told us that communication was good within the service. We saw that there were daily handover meetings between shifts and the daily records for each person who used the service were clear and concise. We found that each member of staff gave similar answers when we asked them questions about any aspect of the service, which showed that information was shared.

People spoke highly of the arrangements for meals, most of which they prepared themselves with staff assistance. The service supplied a range of foods which people could select from for two meals each day. In addition, they went shopping for the ingredients for one meal each day and could choose anything they wanted within budget. Staff told us that they tried to guide people to make healthy food choices and most people were receptive to this advice. People who used the service had their own lockable food cupboard and designated space in the shared fridge and freezer.

Once a fortnight support workers accompanied people to a group meal at a local restaurant which people told us they really enjoyed. Those who did not wish to participate had a take-away meal arranged for them. On Sundays, staff, assisted on a rota basis by people who used the service, prepared a roast dinner for everyone. The bedrooms we viewed contained a small fridge and kettle so people could make their own hot drinks whenever they liked without having to come down to the kitchen.

Support workers told us they received excellent support from the local GP practice, where staff understood that people with mental ill-health had to be in the right frame of mind to attend an appointment. Support workers described how they were able to rearrange appointments at short notice by contacting the surgery through a telephone number which was not available to the general public. There was evidence in care files that people's general healthcare needs were followed up, for example, through hospital out-patients appointments. The service also had good links with community mental health services and a local pharmacy. Support workers told us that they would usually accompany people to medical appointments and locums could be booked to ensure cover. A person who used the service said, "I go to [a specific] clinic on my own every fortnight as I know everyone there and I know what to expect, but staff come with me to the hospital [out-patients clinic]."

We recommend that the provider takes advice from a reputable source to ensure restrictions in place within the service to maintain people's safety are kept under regular review and that people who use the service consent to them being in place if they have capacity to

Requires Improvement

Is the service effective?

make this decision. If a person does not have capacity, appropriate procedures must be followed in line with the Mental Capacity Act 2005 so the decision can be made on their behalf.

Good

Is the service caring?

Our findings

A person who used the service said, “Staff are very good at their job; very professional.” Another person said, “I like everyone here.” The registered manager told us they tried to replicate a “family atmosphere.” The people we spoke with indicated they valued living in an environment which was usually calm and stable.

When we asked one member of staff what they were most proud of within the service, they said it was the way people were absorbed into the community within the service and how everyone accommodated everyone else. There was certainly a harmonious atmosphere on the day of our inspection.

We found staff knew people who used the service well. Some people had speech which was hard to follow at times, but we observed that staff on duty had little difficulty in understanding the content and the context of people’s conversations. We could see from people’s reactions that they felt staff understood what they were trying to communicate.

One staff member showed sensitivity and skill when communicating with a person with a sensory impairment. Another member of staff was careful to respect people’s privacy and dignity when showing us around.

People’s cultural needs had been assessed and were subject to regular reassessments. If they wished people were supported to attend religious events and to buy foods they were familiar with. We saw one person had clearly stated they did not wish to maintain links with their community and this was being respected.

Staff described how they promoted people’s independence and throughout the day we observed them doing daily chores with people, rather than doing things for people. We saw people who used the service took the lead in organising their day, for example, choosing the time they got up or deciding when to pop out to the shops. However, a support worker told us they would take over responsibility for daily living activities if a person was too physically or mentally unwell to participate.

One member of staff described how they had helped one person, with a history of disrupted placements, to settle within the service by making few demands upon them. They believed they had established a trusting relationship and the person was now confident about approaching them with issues. We later observed the person initiating contact with the staff member.

Good

Is the service responsive?

Our findings

A staff member told us that they were proud of the provider's ability to help people to achieve stability, particularly with regard to their mental health. A person who used the service said, "I'm happy here." We heard from a relative how they worked together with staff to try to motivate their family member to go out.

Assessments and support plans were person-centred. People were involved in setting goals to aid their recovery or prevent deterioration in their mental health. Other people in the person's circle of support also suggested goals, but in each case the person who used the service had the opportunity to say how important the goal was for them. People's progress towards reaching the goals was rated at reviews. In the care files we looked at most progress was made, inevitably, towards the goals people had prioritised for themselves. Care programme approach (CPA) meetings were held three or six monthly by the community mental health team in accordance with people's needs.

When we asked staff how they identified when people's mental health was deteriorating they were all able to describe symptoms which were very person-specific. We looked at the support plans for those people and saw they reflected what staff had told us. One support worker said, "We know before they know", referring to the fact that staff identified deterioration before people who used the service realised this was happening. A support worker said they contacted colleagues in the community mental health team when they noticed people were becoming unwell, who then took steps to improve the person's health.

People who used the service had the opportunity to meet weekly with their keyworker to discuss their progress, as well as any concerns they had. We saw that few of them chose to participate in these planned meetings, preferring to discuss things when they were on their mind. People told us that support workers were usually able to spend a few minutes with them when required or they "saved it up" for the registered manager.

We saw most people participated in activities outside the home, but some people were hard to motivate, due to preoccupation with their thoughts and similar reasons associated with their mental health. One person told us they were going to look at summertime short courses at their next keyworking session and they planned to attend English and maths courses at college in September. Another person pointed out their activity timetable to us, we saw it contained activities of their choosing, such as going to the cinema or out for lunch.

Various social events were organised within the service, such as a boat trip just before Christmas and a barbecue planned for the forthcoming May bank holiday. We saw staff supported people to keep in contact with family members if they required help to do this.

The service maintained a record of compliments, suggestions and complaints. We saw a card from family members complimenting the care provided, two suggestions for improvements to the premises from a person who used the service which were being acted on and an on-going complaint which the registered manager and her line manager were attempting to resolve.

Requires Improvement

Is the service well-led?

Our findings

People told us they were pleased to be part of the wider Cyrenian community in the area and they knew senior staff within the provider's organisation. The provider had a policy which required a senior manager to cover for the absence of the registered manager. We saw the service benefited from compassionate local leadership which valued each person who used the service and was attentive to their individual needs. There were community links with local organisations, such as day services and colleges.

However, we noted the disparity between the understanding senior managers had of the way the service operated, for example, in relation to safety issues, and the reality of day to day practice. This indicated auditing arrangements were not as robust as they needed to be, as omissions, in particular, were not being identified and rectified and up-to-date policies and procedures were not being embedded.

This represented a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff received electronic reminders when assessments and care plans were due for review, those we checked were up-to-date. There was a system of weekly health and safety checks carried out by staff each weekend. This included checks on people's bedrooms to ensure, for example, rubbish was not accumulating. The registered manager carried out an annual review of health and safety and the controls in place to address the identified risks.

We were told a third party conducted maintenance audits, but these were not available on site.

People who used the service had the opportunity to contribute to the provider's users' forum known as 'My Say'. Minutes showed, for example, that people had been consulted about easy-read formats for four of the provider's policies, including safeguarding and complaints.

Staff encouraged people to complete an annual satisfaction survey. There was a delay in providing us with an analysis of the responses in 2014, but when it was supplied we saw that it was written up in a very person-centred way. The analysis covered all Cyrenian services so, although there were general learning points, it did not indicate the strengths or weaknesses of this particular service. The registered manager told us people who used the service were going to be consulted about the format for future surveys.

In the past people who used the service had participated in interview panels for support workers, although none had been held recently. The service also conducted house meetings with people who used the service, these varied in frequency from two to four monthly. The agendas and minutes showed that people had the chance to discuss a wide range of issues.

Record keeping was completed in a timely manner and was clear and unambiguous, for example, fire safety check records. Some old records had not been archived, if they had it would have made it easier for staff to identify the most recent records. The provider had introduced software (Pssoc) to support its recovery model and staff used this for in-house assessments, support plans and daily records. Paper care files contained print-outs from the computer, however these were not always complete. This would not have mattered if all staff had access to Psocc, but most locums did not. Therefore up-to-date information was not always to hand, as on some shifts there were only locum staff on duty.

A staff member told us that staff meetings were meant to be held monthly, but perceived staff shortages impacted on this. They said that handover meetings substituted for staff meetings.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to enable the registered person, in particular, to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, which arise from the carrying out of the regulated activity. Regulation 17(2)(b)