

Community Options

Community Options Limited - 78 Croydon Road

Inspection report

78 Croydon Road
Penge
London
SE20 7AB

Tel: 02086769965

Website: www.community-options.org.uk

Date of inspection visit:
08 September 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced focussed inspection on 19 April 2016 at which we found a breach of legal requirements because a Control of Substances Hazardous to Health (COSHH) product was not stored securely when not in use. Detailed records of one to one conversations with keyworkers 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. The provider wrote to us following the inspection and told us the action they would take to address the breach by 29 June 2016.

We carried out this unannounced comprehensive inspection on 08 September 2016; we checked that the requirements of the regulations had been met in response to the breaches we identified on 19 April 2016 inspection. You can read the report from our last inspection, by selecting the 'all reports' link for 'Community Options – 78 Croydon Road' on our website at 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 seven people using the service.

At this inspection we found that the provider had taken action so that all COSHH products were stored securely when not in use. The provider had also ensured that all one to one sessions with keyworkers were documented and CPA review meeting minutes were maintained on people's care files.

We found that resident surveys to obtain feedback on the service were carried out. However, we found that improvement was needed as following analysis action plans were not in place to drive necessary improvements.

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.

Systems were in place to monitor and evaluate the quality and safety of the service. The provider took into account the views of people using the service and staff but improvement was needed as following analysis of feedback action plans were not in place to make any necessary improvements.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work and there were enough staff on duty and deployed throughout the home to meet people's care and support needs.

Medicines had been managed appropriately. Accidents and incidents were logged and followed up in a

timely manner.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff.

Staff received adequate training and support to carry out their roles. Staff had received appropriate support through formal supervisions and appraisals.

Staff and the manager demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards and acted according to this legislation. Staff asked people for their consent before they provided care.

People using the service, their care managers and appropriate healthcare professionals had been involved in the care planning process. People's support and care needs were identified, documented and reviewed on a regular basis.

People were supported to have a balanced diet and people had access to health care professionals when they needed them.

Staff delivered care and support with compassion and consideration. People using the services' privacy, dignity and confidentiality was respected and people were encouraged to be as independent as possible.

Care plans were accurate and people's preferences were correctly documented. People participated in a variety of activities both in and out of the service. People knew about the complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

Regular residents meetings were held where people were able to talk to the manager and staff about the home and the things that were important to them. People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

Regular staff meeting took place and staff said there was a good atmosphere and open culture in the service and that both the registered manager and the deputy manager were supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

At this inspection we found action had been taken to improve safety within the service.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicines were managed safely and appropriately.
Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff.

Accidents and incidents were logged and followed up in a timely manner.

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

Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date. Staff had received appropriate support through formal supervisions and appraisals.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards and acted according to this legislation. Staff asked people for their consent before they provided care.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and consideration.

People using the services' privacy, dignity and confidentiality was respected.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were accurate and people's preferences were correctly documented.

There were a variety of activities on offer that met people's need for stimulation.

A complaints policy was in place and available to people who used the service.

Is the service well-led?

Requires Improvement ●

An aspect of the service was not well-led.

There were systems in place to monitor the quality and safety of the service.

Resident surveys to obtain feedback on the service were carried out. However, we found that improvement was needed as following analysis action plans were not in place to make any necessary improvements.

Regular staff meeting took place and people's views had been sought about the service to help drive improvements.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

Community Options Limited - 78 Croydon Road

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 08 September 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the service including information from notifications they had sent us. We also asked the local authority commissioning the service and the safeguarding team for their views of the service.

The service is registered to provide personal care for up to seven people living in the community recovering from mental health, drug or alcohol problems. On the day of the inspection there were seven people using the service. We spent time observing the care and support being delivered. We spoke with three people using the service, two members of staff, the deputy manager and the registered manager. We reviewed records, including the care records of the four people using the service, one relative, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

At our last inspection on 19 April 2016 we found a breach in regulations as a Control of Substances Hazardous to Health (COSHH) product was not stored securely when not in use. Detailed records of one to one conversations keyworkers 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.

At this inspection we found improvements had been made and the provider had met the requirements of the regulation. We found that all COSHH products were stored securely when not in use. Records of one to one conversations with keyworkers were clearly recorded and maintained in people's care files as were records of CPA review meetings

People we spoke with told us that they felt safe living in the home and that they were happy with the care they received. One person said, "I feel safe, I like the staff." Another person said "I feel very safe here, the staff are nice." The relative we spoke to told us "My [relative] is very safe."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All staff we spoke with 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 provider said that all staff had received training on safeguarding adults from abuse.

Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home and medicines not used were correctly returned to the pharmacist. People received their medicines as prescribed by healthcare professionals. We checked the balances of medicines stored in the cupboard against the medicine administration records (MAR's) for people using the service and found these records were up to date and accurate. We found risk assessments were carried out and included risks to people in relation to medicines, nutrition, mobility, risks to themselves and others and fire safety. Risk assessments included information about action to be taken to minimise the chance of the risk occurring.

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 they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the service was up to date. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date.

We saw an accident and incident file recording all incidents and accidents for people using the service. This included the details of the incidents or accidents, such as a description of what happened and what action was taken. For example one person using the service was involved in a serious incident and was immediately taken to hospital. There was an action plan in place to mitigate this incident from occurring again.

There were enough staff on duty and deployed within the service to meet people's needs. One person we spoke with told us, "There are enough staff and they always help." The relative we spoke with told us "Yes there are enough staff."

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff told us they went through a thorough recruitment and selection process before they started working at the home. They attended an interview and full employment checks were carried out. The manager told us that recruitment records were held at the organisation's head office. However, they showed us staff information sheets held at the home. These sheets included criminal record check reference numbers and recorded that all other required pre-employment checks had been completed. The provider's human resources department sent us information that confirmed that all staff had completed application forms that detailed 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.

Is the service effective?

Our findings

People and relatives we spoke with told us that staff were understanding and competent. One person we spoke with told us "Staff are well trained and know what they are doing." The relative we spoke with told us "Staff are trained well."

Records confirmed that staff had completed induction and mandatory training in line with the provider's policy. This training included safeguarding, medicines, manual handling, health and safety and managing challenging behaviour. One staff member we spoke with told us "I've had all my training and it's all up to date." Another staff member said, "All of my training is up to date; I've just done my safeguarding training."

We saw that staff were supported through regular formal supervisions. During supervision sessions, staff discussed a range of topics including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff told us, "I get supervisions regularly; it gives me a chance to discuss things like training. I look forward to them." Another staff member said, "I have regular supervisions, I find them useful. I discuss how I'm doing and can request training."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that all of the people using the service had capacity to make decisions about their own 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, if appropriate, and any relevant health care professionals 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. Staff had an understanding of the need to gain consent from people when planning and delivering care. For example one person told us "[Staff] tell me what they are doing." One staff member said, "I always ask people if they are happy for me to help."

People were supported to eat and drink sufficient amounts to meet their needs. We saw that with the input of staff, people had decided on their own menus according to their choices and preferences. People's care files included assessments of their dietary needs and preferences. One person said, "I love to cook food with

flavour, I like making lasagne and chilli con carne." Another person told us "I like all food; I cook pasta and chocolate puddings."

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were recorded. People's individual records contained information about all their scheduled healthcare and medical appointments. Records showed that people had access to a range of healthcare professionals in order that they maintained good health. This included GPs, dentists and opticians and mental health team when required. Staff were aware of people's routine health needs and kept them under review. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. Staff attended appointments with people to support them when needed. One person told us "I usually go to appointments on my own but staff would come with me if I want them too."

Staff were supported by the manager and the deputy manager and there was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

Is the service caring?

Our findings

People told us that the service was caring. One person told us "The staff care a lot me." Another person said "The staff care about all of us and look after us very well." One relative told us "Staff are very caring towards my [relative]."

Throughout our inspection we saw staff engaging with people positively. Conversations were relaxed and friendly. Staff worked calmly when offering support to people, taking their time and offering encouragement. For example, staff reassured people by talking to them calmly and distracting them when they were upset. Staff showed patience and understanding. The atmosphere throughout the service was calm, friendly and happy. People who used the service had their own bedrooms when they wanted privacy. Bedrooms were personalised with people's own belongings.

Staff demonstrated that they knew people as individuals and that they understood the best ways to communicate with different people. A member of staff told us "I am the keyworker for one person, who loves anything to do with the world war and visiting museums. We have visited a couple of museums now."

Staff knew people's histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member told us "One person I am the keyworker for likes to go to bed late and get up late."

Staff protected people's privacy and dignity. We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when receiving support with their personal care. For example, by keeping people's doors closed. One staff member told us "I always knock on people's doors before entering". One person told us "Staff always knock before coming into my room and they tell me what they doing."

Staff told us and we saw that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One person told us "I do all my shopping by myself so I can prepare for when I live alone." People were supported to be independent where possible, for example. One person told us "I am independent I do everything myself but staff are there if I need help."

People told us they had been consulted about their care and support and their individual needs were identified and respected. Care plans contained people's life history and preferences about their care. One person told us "I talk to my keyworker, I'm happy with everything."

Staff showed an understanding of equality and diversity. Care records for every person who used the service included details about their ethnicity, preferred faith, culture and spiritual needs. For example, one person attended a place of worship on a regular basis.

People were provided with information about the home in the form of a service user guide which included

the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home and included the complaints procedure.

People's friends and relatives were encouraged to visit with them at the home. On the day of our inspection we saw a relative came to visit a family member. We observed they were warmly welcomed by staff. Relatives told us staff kept them informed and updated about their family member's health and wellbeing. The relative told us "My [relative] gets good care here and we are kept informed of what's happening."

Is the service responsive?

Our findings

The relative we spoke with told us that that staff carried out their duties in accordance with their relative's care plan. One person said, "I am involved and am always told what is going on."

People received care and treatment that met their needs. Care plans, risk assessments and recovery plans were reviewed regularly. We looked at four people's care files and saw their healthcare and support needs had been assessed before they moved into the home. Care plans were developed outlining how these needs were to be met. Care plans documented clear guidance for staff on how people's health needs should be met. We saw people using the service, their key workers, and relevant healthcare professionals were involved in the care planning process.

People's care plans also contained details relating to their preferred social activities and personal history. Staff demonstrated a good knowledge of people's daily routines. For example what time they preferred to wake up. Staff were also aware of each person's likes, dislikes and food preferences. For example, one staff member told us that one person using the service was a vegetarian and particularly liked drinking coco-cola. One person told us "Staff know I like going out every day and they encourage me to go out and enjoy myself." The registered manager showed us a 'Choose and book' request book which they encouraged people to use. People could use the book to request support from staff for a variety of activities. For example, keyworker meetings, cooking, menu planning, attending healthcare appointments or going out for day.

We saw that the service protected people from social isolation by ensuring a range of personalised activities were offered both outside and within the home. Each person had a weekly programme of person-centred activities which were recorded in a daily log. Activities for people outside of the home included going to art and music groups, attending places of worship, the local gym and day trips. Activities within the home included playing movie nights, bingo, watching television and karaoke. One person told us, "I am learning to play the guitar, I like going to the music group." We saw that the service also encouraged people to maintain good relationships with family and friends when possible. One person told us "I visit my sister and brother regularly."

People were provided with appropriate information about the home in the form of a resident user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home and included the complaints procedure.

The service had a complaints policy in place and the procedure was on display in the foyer. Although the home maintained a complaints folder they had not received any complaints to date, however if they did the registered manager said they would follow the complaints process to investigate the matter.

The provider held regular resident (house) meetings to provide people with an opportunity to air their views about the service. Minutes of these meetings showed they were well attended and their suggestions had been actioned. For example, people who used the service wanted to re-introduce movie nights and staff had

made arrangements for this to take place the weekend following our inspection. On the day of our inspection we attended a house meeting and saw that people engaged with the process and were encouraged to speak freely and share their views. Items discussed included minutes of the last meeting, fire drills, people's safety day trips and activities.

Is the service well-led?

Our findings

The provider had effective systems in place to monitor the quality and safety of the service. Medicines audits had been carried out. On one occasion we saw that a single recoding issue had been identified and corrected by the registered manager. This enabled the managers to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being. We saw that internal audits covered areas such as medicines, health and safety and safeguarding.

The service had carried out a resident surveys to obtain feedback on the service being provided and feedback received was positive. However, we found that improvement was needed because, although surveys were analysed there were no action plans in place to make drive improvements. For example, one question in the survey asked 'Staff have given me the information I need to make a complaint should I wish.' We saw that 20% of people answered 'No' to this question. There was no action plan in place to show how the provider had considered any learning from this issue that could be applied in the future to improve the service. This meant that the provider was not taking appropriate action by using people's feedback to improve the service. We brought this to the registered manager's attention, they told would contact their head office as this was where results from surveys were sent and analysed.

The home had a registered manager who was supported in running the service by a deputy manager. Staff understood their responsibilities to share any concerns about the care provided at the service.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. Staff described a culture where they felt able to speak out if they were worried about quality or safety. One staff member we spoke with told us "I do think that the service is well-led, the manager is really good and easy to talk to." Another staff member said "The manager is very good, if I have any concerns, I know my manager will give me the time and listen". A third staff member told us "The manager is very proactive and I feel supported by both the manager and my team."

We saw there were clear lines of communication operating at the home. Staff attended handover meetings at the end of every shift so that they were kept up to date with any changes to people's care and welfare. One staff member told us "Handovers are good and not rushed at all. I love working here."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings confirmed discussions took place around areas such as safeguarding, fire and safety and staffing. One staff member we spoke with told us "I attend staff meetings; they are very good and useful." This meant that learning and best practice was in order for staff to understand what was expected of them at all levels.