

Astra Homes Limited

Church Road Hostel

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Church Road Hostel is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The accommodation was provided by another organisation and as Church Road Hostel is not registered for accommodation with the CQC, the premises and related aspects were not inspected. The service provides support for up to 19 people with mental health needs. There were 18 people using the service at the time of our inspection.

This inspection took place on 6 February 2018. The last inspection of this service was carried out in December 2015. At that inspection the service was meeting the regulations we looked at and was rated Good overall and in all five key questions. At this inspection we found the service Requires Improvement within the key questions of safe, effective, responsive and well-led and as a result has received an overall rating of Requires Improvement.

The service did not have registered manager but a new manager had joined the service and was in the process of registering with the CQC. 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.

People were not always safe because the provider did not fully and appropriately assess all of the risks people presented with. As a result risk management plans were not in place to mitigate all known risks.

People were supported by staff who did not have up to date training. Staff did not receive training during the year leading up to our inspection.

People were bored and unstimulated. The service did not provide meaningful activities to people within the home or in the community. People received little support to develop the skills necessary to move on to independent living. For example, there were no systematic programmes in place for teaching skills around activities for daily living such as shopping or cooking.

Poor governance was evident at the service. People's care had been planned by a management team which had not identified or taken action to resolve shortfalls in quality. The provider's quality assurance checks had not identified or rectified failings in people's safety and activity levels or in staff training. A new manager came into post just prior to our inspection. They emphasized their commitment to address these issues and drive improvements.

The provider used appropriately robust recruitment practices to ensure people were supported by safe and suitable staff. Medicines storage, administration and recording practices at the service were safe. Staff conducted checks and drills to maintain their preparedness to keep people safe in the event of a fire.

People's needs were assessed and they were supported by supervised and appraised staff. People were treated in line with the Mental Capacity Act 2005 and had access to healthcare services whenever they required. People's nutritional needs were being reassessed because the service provided one meal to people each day and people were not always motivated to prepare healthy meals at other times.

People received their support from staff who were caring and kind. Staff knew people well and provided emotional support when it was required. Staff respected people's privacy and supported them to make decisions.

During this inspection we found breaches relating to risk management, staffing, person centred care and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. People's risks were not always assessed and plans were not always in place to mitigate known risks.

The provider's recruitment processes ensured people were supported by suitable staff.

Staff understand how to safeguard people, report abuse and to whistle-blow if necessary, to keep people safe.

People received their medicines safely and in line with the prescriber's instructions.

The service maintained a preparedness to respond to a fire emergency at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not receive the training they required or which was stipulated as mandatory by the provider.

People had assessments of their needs in place and these were reviewed.

People accessed healthcare services in a timely manner.

People were provided with one meal a day and the provider was reviewing the nutritional value of the other meals people prepared along with their skills to prepare them.

Requires Improvement ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service was not always responsive. People were not stimulated.

There was an absence of planned or therapeutic activities.

Requires Improvement ●

People were not provided with the skills they required to regain or move on to independence.

People understood the provider's complaints policy.

Is the service well-led?

The service was not always well-led. The service did not have a registered manager but a new manager had joined the service and was registering with the CQC.

The provider's quality assurance checks had failed to detect and address shortfalls in risk management, staff training and people's activities.

The service worked collaboratively and openly with external teams and services to meet people's needs.

Requires Improvement 

Church Road Hostel

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 checked 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 6 February 2018 and was announced four days in advance because we wanted to ensure that staff in the service and a senior manager from the provider's head office would be available to meet with us. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about Church Road Hostel including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with seven people and three relatives. We also spoke with one member of staff, the deputy manager, service manager and group manager. We reviewed six people's care records which included their needs assessments, risk assessments, care plans and medicines records. We reviewed five staff files which included records of recruitment, training, supervision and appraisal. We reviewed health and safety records and information related to the management of the service. Following the inspection we wrote to 13 health and social care professionals and requested their views about the service.

Is the service safe?

Our findings

People were not always adequately protected from known risks. Staff undertook risk assessments but these did not always address identified risks. We found that the accommodation did not have window restrictors. The CQC does not regulate accommodation and premises in supported living services. However, we were concerned that people with a history of self-harm did not have risk assessments in place which assessed and reduced their risk of falls from height. We found that one person who presented with risks associated with their health condition did not have an assessment in place to promote their safety. Additionally where people presented with behavioural support needs their risks were not always assessed and plans were not always in place to guide staff on managing them. This meant that people's risks of avoidable harm were not mitigated and staff had received insufficient guidance to keep people safe. The service had a new manager who had been in post for two days. They told us that they had identified weaknesses in the provider's risk assessment processes and were planning to review and reassess each person's needs and risk assessments. The provider's group manager informed us that immediate action would be taken to install window restrictors to prevent people accidentally or intentionally falling from them.

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

People and their relatives felt the service kept people safe from abuse. One person told us, "There is no problem for me here." A relative told us, "It's absolutely safe....If the place was not safe enough I would take my [family member] away." Staff we spoke with demonstrated a clear understanding of adult safeguarding. They understood the signs that could indicate a person was being abused and were aware of different types of abuse including, physical, sexual and financial. Staff and the manager understood the provider's safeguarding procedures and the importance of informing local authority safeguarding teams and the CQC about any concerns of abuse. People were made aware of these procedures too. We saw that staff had attached to communal notice board information for people about keeping themselves safe and reporting safeguarding concerns which may relate to themselves or others. People were further protected by the provider's whistle blowing procedures which staff understood. Whistleblowing is the practice of reporting to external agencies such as the local authority or CQC issues relating to the care, treatment or safety of people which the provider has not adequately addressed.

People were supported by staff who had been recruited using safe recruitment procedures. These procedures included checking the applications of prospective staff along with their identities, employment histories and any criminal records. The service had a small staff team which could be deployed in sufficient numbers to keep people safe. The service did not use agency staff and any staff absences were covered by colleagues or managers.

People received their medicines in line with the provider's instructions. Some people kept medicines in their bedrooms. Where this happened people's ability to store medicines in their bedrooms and to self-medicate was assessed. Other people, with their consent, were supported to store their medicines in a medicines cupboard to which only staff had access. Staff undertook daily stock checks of medicines to reduce the risk

of medicines errors going undetected. Where people presented with a risk of non-compliance with their medicines this was noted in care records along with the actions to be taken by staff. These actions included referrals to healthcare professionals.

Staff protected people against the risks associated with an unclean environment. The service had a cleaning programme to ensure a hygienic state in all communal areas. The service's cook oversaw the completion of the cleaning schedule in Church Road Hostel's main kitchen. The service had been awarded a five out of five stars food hygiene rating following an inspection by the Food Standards Agency and we saw appropriate practices in use in the kitchen. For example, coloured chopping boards were used for preparing different food types. This prevented the cross contamination of foods and the spread of potentially harmful bacteria.

The provider maintained a state of readiness to respond to an emergency. Staff tested the service's fire alarm call points each week and supported people to simulate building evacuations. The manager informed us that the fire brigade had recently visited the service to help orientate firefighting personnel to the care home. Staff regularly tested the service's emergency lighting and specialist contractors checked the service's electrical appliances and firefighting equipment.

Is the service effective?

Our findings

People received care from staff who had not been supported to undertake on-going training. Staff had not received training during 2017 in the areas identified as mandatory by the provider, in areas specific to people's needs or refresher training. This meant people were supported by staff who had not been enabled by the provider to keep their skills and knowledge up to date. We found that prior to 2017 staff had been in receipt of regular training. This included support to study courses leading to qualification. For example, one member of staff completed the advanced level apprenticeship in adult social care. Another member of staff completed a course in mental health awareness. A third member of staff completed a national vocational qualification course in health and social care. The provider's group service manager explained that the absence of training during 2017 was the result of failings at service management level at that time and presented us with a training plan for the coming year which was being developed with the new manager. The service's new manager told us that training was her priority.

This is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed by health and social care professionals and by the service manager prior to settling into the service. This was to ensure that the service was able to meet people's needs. When people's needs changed people were supported with reassessments. People's assessments covered areas including their mental and physical health, mobility and communication. People participated in their assessments along with their relatives where appropriate and with people's consent.

People received care and support from supervised staff. Staff attended a one to one meeting with a line manager every two months to discuss people's changing needs and the delivery of support at the service. Staff also received annual appraisals from their line manager. These yearly meetings reviewed how staff supported people and how training and development could be planned to support the career paths staff wished to pursue.

People were provided with one meal at Church Road Hostel. This was at lunch time and was served from the main kitchen to people in a large dining area. People were required to prepare the rest of their meals in the communal kitchens located on each of the service's four floors. We received mixed views about food at the service. One person told us, "I have no problem with the food. It's fine for me." Another person told us the food was, "Not all that. Pretty boring." A relative we spoke with told us, "The food is not very good. In fact my daughter often prefers to buy food outside." Staff supported people with preparing some of their meals at breakfast and in the evening. A member of staff told us, "A number of people required support to get motivated to cook. So a lot of people get take away or microwave meals." The service's new manager confirmed that people's nutritional needs would be reviewed as a part of a programme of reassessing people's needs.

People had on-going input from healthcare professionals and were supported with timely access to healthcare services. Mental health specialists and community nurses visited people at the service and staff

maintained records of planned appointments and the outcome from appointments people had attended. This enabled people and staff to monitor the management of people's health needs.

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. We found people had been assessed as having capacity and best interests decision meetings had not been required.

Is the service caring?

Our findings

At our last inspection people and their relatives told us that the staff at Church Road Hostel were caring and kind. At this inspection people and relatives told us the staff continued to be caring. One person said, "The staff are fine." A relative told us, "I know my [family member] is happy...they are well dressed and they look happy." Another relative said, "The staff are caring, they look after [family member]."

People and staff shared positive relationships. The service used a keyworking system. A keyworker is a member of staff with specific responsibilities towards people including arranging one to one talk time, appointments with healthcare professionals, budgeting and activity planning. People met with their keyworkers regularly and told us they felt comfortable speaking with them about issues.

People were treated with compassion and received emotional support from staff. Where people's mental health diagnosis resulted in differing emotional states staff had guidance on the appropriate support in care records. One member of staff told us, "When people get anxious we use talk therapies to help. What we talk about depends on the person." Team meeting minutes stated, "If a person is agitated then give him/her space to calm down and talk respectfully." We observed a member of staff engaging with a person who was distressed and calmly supporting them to manage their anxiety.

Staff respected people's privacy. One member of staff told us, "We knock the door and wait for people to respond to know if we can come in. If they say 'no' we have to respect their wishes." People told us they were supported by staff to meet with visiting healthcare professionals discretely in one of a number of quiet areas or in their bedrooms. This meant people could discuss sensitive and confidential matters in private. A communal telephone was available to people which was enclosed in a box which maximised people's privacy when making phone calls.

People were supported to make decisions about how they received their care and support. People told us staff enabled them to make choices throughout the day and make plans for their futures. People made choices including where and when to meet with mental healthcare specialists.

People's preferred names were noted in care records and staff used these when speaking with people. Care records also included people's personal histories. These provided staff with information about people's culture, childhoods and support networks. A member of staff told us, "Personal histories are good for developing a relationship. You can see beyond the diagnosis and the issues with their mental health needs." Issues of cultural or religious significance were noted in people's care records and people were supported to celebrate events including Christmas and Easter if they chose to.

Is the service responsive?

Our findings

People were bored and inactive. There was a lack of opportunity for people to engage in a stimulating activities within the home or community. One person told us, "I'm bored." When asked how they occupied their time another person told us, "I watch TV in my room. That's it." A third person we spoke with said, "Why they don't tell us what's available around here and try to take us?" One relative said: "Activities is a problem here. There is nothing to do. They don't even take them somewhere. I found a range of activities for my [family member] but nothing has been done so far." The service had a large activity room and a large quiet room. No organised or therapeutic activities took place in either of them. Staff told us that word searches and puzzles were available for people and magazines were available if people wanted to read them. People told us they spent most of their days in their bedrooms.

People were not supported to develop the skills to move on from the service to greater independence. Structured skills teaching activities did not take place at the service. There were kitchens for people to use on each of the four floors. However, people told us that staff rarely assisted them to develop their cookery skills. One relative told us, "My [family member] is frightened by using the cooker so she avoids cooking unless there is someone who can support her." We observed some people returning to the service with take-away food and other people heating microwave meals. People told us they were rarely supported in the community. This meant people were not reacquiring the skills to make independent purchases or the confidence to interact with other members of their local community. Whilst people had laundry days with allocated times when they were supported to launder their clothes each week people received little or no support in maintaining the cleanliness of their bedrooms. The service's new manager told us they would be reviewing the activities of daily living people were supported to develop skills around and would increase supported use of the community.

These issues are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had care plans in place. People, and where appropriate their relatives, were involved in developing care and support plans. These were reviewed regularly or when people's needs changed. People's care and support plans guided staff as to how people's assessed needs should be met. For example, where people were assessed as requiring on-going input from specialist mental health teams, care records stated the support people required to do this including staff arranging and attending appointments with people.

The service had a complaints policy in place. People and relatives who spoke with us understood the complaints procedure and said they were confident the provider would thoroughly investigate their concerns. We reviewed the provider's complaints procedures and complaints made since the last inspection. We found they were addressed and responded to in a timely manner and in line with the provider's procedures.

Is the service well-led?

Our findings

A new manager joined the service two days before our inspection. They were in the process of registering with the CQC and was studying a national vocational qualification (NVQ) course in health and social care to develop their leadership skills. We found that the provider had not demonstrated good governance in its management of Church Road Hostel since our last inspection. The provider's quality assurance processes had not identified the concerns we found at this inspection. These included risk assessments which did not adequately address people's known risks, a lack of training for staff and a lack of stimulating activity for people throughout the day. This meant that quality checking systems and processes were not sufficiently developed to improve the quality of service people received.

This is a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported to meet regularly as a team to discuss the delivery of care and support. We reviewed the records of two team meetings and found that staff were invited to discuss people's needs, changes within the team and matters including health and safety. Staff told us the service had an open culture in which they felt free to express their views regarding improving the service.

Staff understood their roles and those of their colleagues. Management arrangements at the service were clear. The service was led by a manager and deputy with the support from the group manager at the provider's head office. Staff had specific roles, including keyworking. Staff understood the provider's vision and values and these were shared with people through the service user's guide.

People were supported to meet and discuss how they received their care. People attended residents meetings. We read the records of two residents meetings and found that people discussed issues that were important to them. For example, residents meetings were used to talk about music and noise, visitors, meals and the outcome of a people's survey. The provider conducted annual surveys of people's views and used the information to inform the planning of service delivery.

The management team regularly reviewed accidents and incidents to identify patterns and prevent any recurrence. The management team coordinated referrals to health and social care professionals when people's needs indicated that this was necessary and reviewed the guidelines that were produced. The manager and staff liaised with specialist mental health teams shared information with these professionals as appropriate.

The service worked in partnership with other organisations. This included, commissioners and health and social care professionals such as social workers and community psychiatric nurses. People benefitted from the provider's collaborative approach and the involvement of healthcare professionals in the planning and delivery of their care. The provider kept CQC informed about important events at the service through notifications which they had forwarded when required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care and treatment did not meet their needs or reflect their preferences as there was a lack of activity and skills teaching opportunities available.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not assess the risks to the health and safety of people receiving care and support or do all that was reasonably practicable to mitigate risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive such appropriate training as was necessary to enable them to carry out the duties they were employed to perform.</p>

