One Housing Group Limited

Burghley 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 October 2016 and was unannounced. At our last inspection in November 2015 the service was not meeting the standards in relation to the safe management of medicines and the proper assessment of the risks to the health and safety of people using the service. At this inspection we found that the service was now meeting these standards.

Burghley Road is a residential care home for up to 24 adults with a history of alcohol dependence. The home is in Kentish Town in Camden. There were 19 people staying at the home at the time of our visit.

There was a manager for the service, but as they had only recently taken up the post, they were not yet registered with the Care Quality Commission. We were informed that they were currently applying to be registered.

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 told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful and they were satisfied with the numbers of staff on duty at the home.

The management and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks should be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. The service was following the appropriate procedures regarding Deprivation of Liberty Safeguards (DoLS) but this was not relevant to the people being supported at the home.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the management of the home.

People confirmed that they were asked about the quality of the service and had made comments about this. Quality assurance systems were in place in order that suggested improvements could be actioned and monitored.

The service had a number of quality and safety audits which were designed to ensure a safe environment was maintained.

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. People told us they felt safe at the home and risks to people's safety and been identified, acted on and were being reviewed with the person.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs.

Staff knew about various types of discrimination and its negative effect on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Good

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the home.

Support plans listed people's care needs and included information regarding people's personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Is the service well-led?

Good

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Burghley 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 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 unannounced inspection was undertaken on 10 October 2016.

Before the inspection we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by two inspectors.

We met seven people who used the service and spoke with three people in detail about their views of the service. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at the comments people had made about the quality of the service from the results of the most recent quality survey carried out by the service.

We spoke with seven staff, the manager and members of the senior management team.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

At the last inspection on 10 November 2015, we asked the provider to take action to make improvements to the disposal of medicines and make improvements to the way that risks to people were being assessed and updated. These actions have now been completed.

People we spoke with said they were satisfied with the way their medicines were managed at the home. Since our last inspection people's medicines have been relocated to a bigger room with a sink. People told us they preferred this room. One person commented, "This is a nice room to come to." We found the room to be rather hot and no records of temperature checks were currently being maintained of this room.

Each person had a medication folder which was well organised. It contained relevant, personal information and any known allergies. The folder also included a medication agreement, all of which were signed and dated by the individual. This agreement outlined the level of support which the person had agreed to and ranged from total support to the person self-medicating.

We saw satisfactory and accurate records in relation to the receipt, administration and disposal of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. Staff told us that their competency was observed by management however, these checks were not currently being recorded. We also found that, although regular audits of medicines were being undertaken, these had not identified when two people's medicines had run out and needed to be reordered.

We spoke with the senior team manager regarding our findings. They told us, that following a management audit, they had also identified a number of medicine management issues as requiring improvements and a number of strategies and systems were currently being implemented. This included a change of pharmacy provider and a named member of senior staff now taking responsibility for the management of medicines.

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "This is a well-run home; staff make sure it is safe."

We observed friendly and kind interactions between staff and the people they were supporting.

Staff could explain how they would recognise and report abuse. They were aware that they could report any concerns to outside organisations such as the Care Quality Commission (CQC), the police or the local authority.

Safeguarding awareness and keeping safe were regularly discussed at social inclusion meetings and included information about how to report any concerns people had about their safety.

At the last 'customer feedback' survey, 98% of people said they felt safe living at the home.

Where a risk had been identified to an individual's safety, the management and staff had looked at ways to reduce the risk and recorded any required actions or suggestions in a risk assessment. For example, risk assessments had been completed in relation to people's health conditions, mobility and risks of falling. Staff we spoke with were aware of these risks people they supported faced and the actions required to minimise these risks.

Where accidents and incidents had occurred we saw that people's risk assessments had been reviewed and updated accordingly. People who used the service were involved in discussions around the risk they faced and had input in any harm reduction strategies.

At the last inspection we found that, although a number of people who used the service smoked in their rooms, there were no risk assessments developed in order to reduce the risk of fire. This was also an issue and concern that the London Fire Brigade had highlighted at a recent inspection. At this inspection we saw that risk assessments had now been completed for all people who smoked in their rooms. Risk reduction strategies included regularly reminding people of the dangers of smoking in their room and the fitting of "misting" devices that would be triggered by heat sensors in rooms.

Everyone at the home also had a personal emergency evacuation plan developed for them, which detailed how they would be evacuated from the building in the event of a fire or similar emergency.

We were informed that recruitment checks were carried out by the organisation's central human resources department. These checks included references, proof of identity, criminal record checks and information about the experience and skills of the individual. The manager told us that if there were any problems with recruiting staff the HR department would contact the manager to discuss them. We saw evidence that these checks had been completed before a staff member was offered a job at the home. Staff confirmed they had not been allowed to start working at the home until these criminal record checks had been completed.

People using the service did not have any concerns about staffing levels. We saw that staff had time to be with the people they supported in order to have meaningful contact with them. Some staff told us there was not any increase in the staff ratios when someone was going through a particularly challenging phase with their illness. Senior managers told us that the funding authority would provide extra hours for individuals if this was required but these increased hours had limitations as often people would not accept the help offered. We saw that staff carried 'walkie talkies' so that they could call for staff assistance if required.

On the day of our inspection the home was very clean and tidy throughout. People told us they were satisfied with the cleanliness of the home. We saw people doing their own washing or being helped by staff if this was required. Each person's laundry was being washed in a separate machine in order to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

Staff were positive about the support they received in relation to supervision and training. Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. This included harm minimisation in alcohol and substance misuse, working with challenging behaviour and managing aggression in the workplace. Staff also told us about more general training they had undertaken including emergency first aid, medicine management, food hygiene, infection control and safeguarding people. In addition to this mandatory training, staff told us that they were also offered nationally recognised vocational training.

We saw training certificates in staff files and staff told us they attended refresher training as required. The provider showed us a training matrix which detailed the date of training undertaken and the date that the training expired. A staff member told us, "They prompt us and send an email about what training is available."

Staff gave us examples of how they had put their learning into practice. They told us that they would discuss learning from any training course at team meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the management were open and approachable and they felt able to be open with them. Staff told us they felt supported by the management. One staff member told us, "The first thing they always ask, they ask me if I'm alright."

Staff appraisals were taking place on a regular basis. Staff told us this was a good opportunity to get feedback on their performance and to look at what they wanted to accomplish for the future.

Staff were positive about their induction and we saw records of these inductions which included attending initial training courses as well as looking at the philosophy of care of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 procedure is 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.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if a person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity could fluctuate and the relevance of this with the people they supported.

The provider understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). We were informed that no one at the home was subject to this safeguard and that this service would not be appropriate for someone who required this kind of safeguard.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

People told us they liked the food provided at the home. We saw that choices of menu were available and that menus were discussed with people at regular social inclusion meetings.

One service user said, "I have no complaints about the food," and another said, "There is plenty of it and it is always nice and hot."

We spoke with the chef who was aware of people's dietary preferences and health care requirements. The chef told us the menus were drawn up at the end of last year and run over a four week cycle. He told us he would accommodate any particular preferences as best as he could. The food provided was hot and looked nutritious. There was a noticeboard in the dining room which had a picture of the food being served up. We also saw there were menus on noticeboards around the home.

We saw a chart which the chef kept to record who had eaten and the portion size they had taken. He told us it was important that staff knew what people had eaten including the quantity. He also said that people could request a snack in between meals. Staff told us that if there was a problem with someone not eating they would inform the person's GP and we saw evidence of this in support plans we looked at.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People confirmed they had good access to health and social care professionals. One person commented, "The staff are very nice to me, they help me to get out to the doctor."

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, "Staff here are excellent, they are a great help to me." Another person commented, "Staff are marvellous, they do a really good job."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff knew people well and responded to them in a caring way and in line with guidance from their individual support plans.

We saw that people had commented and had input in planning their care and support. Support plans had been reviewed and updated where required and detailed the level of involvement that people wanted in their care planning.

There were records of regular meetings between people using the service and staff. We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs with them and recorded any preferences and wishes in their support plan. We saw posters and information about Black History Month on notice boards in the home. We also saw that people were supported to maintain relationships with their family and friends as well as make new friendships.

Staff had a good understanding of equality and diversity issues within the service and understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged in any way.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. We observed staff knocking on people's doors and waiting for a response before entering.

Good

Is the service responsive?

Our findings

Staff had a good understanding of the current needs and preferences of people at the home which matched information detailed in people's support plans.

Support plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of identified risks to people's physical and mental health and well-being.

People's needs were being regularly reviewed and, where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's support plan.

There was a keyworker system in place which meant people had a designated staff member assigned to them to support them with day to day tasks as well as achieving longer terms goals and aspirations. People met regularly with their keyworkers to discuss and review support plans or any other issues. One person told us they asked their keyworker to help them plan to go to a concert in 2017. We subsequently saw activity related to this in the person's support plan. Another person told us their keyworker helped them to contact their social worker and probation officer.

Staff were realistic about developing people's goals and realistic about developing harm reduction strategies, given the often long term alcohol use of some people. One staff member told us, "We are not always able to 'fix' people. It's about having the best experience of life given the circumstances."

People could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. Since our last inspection the service had been working to improve the level of activities on offer to people using the service. We observed people taking part in activities with staff, who were trying very hard to get people to engage in activities even though they told us this sometimes proved a challenge.

We noted that the communal lounges had kitchen areas but no tea or coffee making facilities which would have made these areas more useful for people.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management and showed us information about how to make a complaint on notice boards throughout the home.

We were told that complaints are dealt with as soon as possible and so did not usually get to the formal complaint stage. The last formal complaint was in 2013. There was one informal complaint in the complaints log, lodged in July 2016. This was related to water not being hot enough. We saw that the complaint had been responded to appropriately and was on-going at the time of our inspection.

There were four compliments logged, one from a family member, a care coordinator, a sessional worker and a person who used the service.

Good

Is the service well-led?

Our findings

Staff were positive about working at Burghley Road and the support they received from the management team. One staff member told us, "It's good to work here." Another commented, "I love the people and I love the challenge."

Other comments from staff, about the management team included, "There is a very positive feel to the new management team. They get stuck in and are very enthusiastic" and "The new managers seem very clear about the direction this place should take, the future looks bright." Staff told us that the new manager of the home was, "Friendly and approachable" and "Very caring and considerate, she knows what she's doing."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with empathy, dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. One staff member told us the meetings were, "Open and transparent."

The service had developed a "CQC compliance" book where staff could record examples of how they were making sure the five key questions (is the service safe, effective, caring responsive and well-led) were being addressed. These examples included involving people in decisions about their care, undertaking activities of daily living and making sure people attended healthcare appointments.

We saw evidence that the management team undertook various quality audits. These included audits of care records, risk assessments, people's finances, medicine management as well as health and safety compliance. We saw that, where issues had been identified as requiring improvement, these were being address appropriately and required action was recorded along with due dates for completion. For example, we saw notes written on people's support plans for key workers to address missing information.

There were records of weekly meetings with people who used the service and staff. The most recent meeting had been carried out on 2 October 2016. Records showed that people talked about staff, food, rooms, cleanliness of the home, activities and any concerns they had or suggestions for improvements.

There was a yearly quality monitoring survey that was given to people so they could give their views about the service. The results of these surveys were positive and we saw that treating people with dignity and respect had scored very highly by people who used the service along with food provision and feeling safe with staff.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and satisfactory records of maintenance and servicing of the building were seen.