

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## St Mungo's Housing Association - 93 - 95 Shirland Road

St Mungo's, 93-95 Shirland Road, London, W9  
2EL

Tel: 02072660161

Date of Inspection: 04 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	St Mungo's Housing Association
Registered Manager	Ms Rachel Yates
Overview of the service	93 - 95 Shirland Road is a residential care home providing accommodation for up to eighteen homeless adults with mental health support needs. People who use the service are referred by the City of Westminster's Joint Homelessness Team.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 June 2014, talked with people who use the service and talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service and staff told us. It also takes account of the information and records we looked.

If you would like to see the evidence that supports our summary then please read the full report.

Is the service safe?

St Mungo's Housing Association - 93 - 95 Shirland Road provides accommodation and support services for people with histories of homelessness recovering from mental health difficulties. The accommodation is made up of 18 single rooms including one crisis room with shared bathroom facilities. There was a shared kitchen area, a communal eating/meeting space, activities room and TV lounge. There was also a separate fully equipped kitchen where meals were prepared by a full time chef. On the day of our visit there were 16 people using the service.

We looked at four support plans and saw that these contained needs assessments and action plans. We saw that risk assessments had also been completed in areas such as social isolation and behavioural management. We spoke to four people who used the service. They told us "my keyworker supports me in every way" and "the manager is really good and they listen to residents."

There were arrangements in place to deal with foreseeable emergencies. There were panic alarms in people's rooms and in the corridors. Staff had been trained to deal with emergencies by ensuring people were safe and comfortable and by calling 999 when and if needed. There were first aid boxes kept in the kitchen area and the main office.

Is the service effective?

Staff had completed an induction before commencing employment. The induction had included core subjects such as health and safety, safeguarding and medication handling. The induction had been followed by a period of shadowing more experienced staff. We spoke to four staff members who told us "we work as a team" and "they encourage me to do courses."

People who used the service expressed their views and were involved in making decisions about their support needs in collaboration with the staff team. Staff told us "this is a dynamic project" and "we aim for maximum client involvement at every level."

Is the service caring?

One of the people who used the service told us "I love it here." There were a range of activities available for people who used the service. This included exercise classes, gardening projects, baking, day trips, literacy and language classes. There was a life skills and move on worker who organised sports sessions such as swimming, football and gym workouts. One person who used the service told us "[staff] are interested in our welfare."

We saw that a client satisfaction survey had been carried out in September 2013. From the results we saw that people were satisfied with the support they received and felt the service was sensitive to their cultural and/or religious needs.

Is the service responsive?

Staff told us meetings for people who used the service took place on a monthly basis where issues such as the range of activities, food choices, the home environment, staffing and well-being were addressed. Staff told us people set the agenda for meetings and often invited others to come and speak and share information with them.

People who used the service were provided with a resident's handbook which outlined the service's aims and objectives and philosophy of care. The pack also contained information on licence agreements, assistance with move on and finding independent accommodation.

There were systems in place to record accidents/incidents and information available to people who used the service about how to make a complaint. People who used the service told us "it's good to go and talk to someone to improve things in the house" and "things get fixed pretty quickly."

Is the service well-led?

The service had a registered manager in post. Staff we spoke with told us that the manager operated an open door policy. We were told that staff received supervision every month and were appraised annually. We looked at staff records and saw that supervision had taken place for most within the last month. Staff we spoke with told us that the management team were "concerned about how others feel" and "really supportive."

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

St Mungo's Housing Association - 93 - 95 Shirland Road provides accommodation and support to people with mental health issues and histories of homelessness. People are referred to the service by the City of Westminster's Joint Homelessness Team.

We spoke with four people who used the service and looked at the provider's client satisfaction survey from September 2013. Of the nine people who completed the survey all stated they were satisfied with the care and treatment they received from the service. People we spoke with told us "I love it here" and "I'm happy here, staff are good with me."

Care and treatment was planned and delivered in line with people's individual support plans. Needs assessments, support and action plans were completed as a joint process between people moving into the service and their keyworkers. We looked at four support plans and saw they took into account people's support networks, areas of need, goals and aspirations. Risk assessments we looked at covered areas such as social isolation, managing behaviours and personal care. The risk assessments we looked at were up to date and had been reviewed within the past three months in line with the provider's policies.

People who used the service told us they received information when moving in and that there was enough information posted on the walls and available in the reception area. The manager told us people were given a resident's handbook when they moved in with information outlining the aims and objectives of the service. People told us "there's enough info and posters everywhere."

People were supported to become involved in regular in-house activities such as gardening, mindfulness groups, exercise sessions, literacy, language and computer skills classes. People were also encouraged to attend the Recovery College, a St Mungo's project based in South London which offered a variety of free courses aimed at people who had experienced homelessness and/or mental health issues.

There were arrangements in place to deal with foreseeable emergencies. There were panic alarms in people's rooms and in the corridors. Staff had been trained to deal with emergencies by ensuring people were safe and comfortable and by calling 999 if and when needed. There were first aid boxes kept in the kitchen area and main office.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The service had a registered manager who was assisted by a deputy manager. The core support team consisted of three project workers and three peer support workers. There were two night workers. The service also employed a janitor and a chef.

Staff we spoke with had a range of skills and experience and demonstrated a good knowledge and understanding of people's needs. People who used the service told us they had been involved in the recruitment and interviewing process of new staff members. People we spoke with told us "staff are very good" and "my keyworker supports me in every way."

Peer support workers were employed specifically for their own lived experiences of homelessness and/or mental health issues and a willingness to use these experiences to help and support people who used the service in their own recovery. Staff told us "it's really helpful to share my own experiences to help others going through similar things."

Most of the staff we spoke with had completed a two day induction. Staff told us the induction course had included training in areas such as safeguarding, conflict management and health and safety. The manager told us there were a minimum of two staff on duty at all times. On the day of our visit there were enough staff to cover the duties required. There were appropriate arrangements in place to deal with staff cover when people were off sick and on annual leave. This included the use of bank staff who were familiar with the service and who knew the people who used the service.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. The manager told us all staff received training that was relevant to their role. This included training on health and safety, medicines, safeguarding and keyworking/support planning. Staff had also undertaken training related to specific mental health issues. The manager told us that a central learning and development department sent automatic reminders to staff when training required refreshing or updating. Staff we spoke with told us "training gives us room to be creative" and "they encouraged me to do courses."

Staff had monthly supervisions with their line manager, and appraisals took place every year. We saw records that confirmed this. The staff we spoke with told us that they felt supported to do their jobs and that they were given the opportunity to discuss their development needs. Staff told us "everyone's been really supportive" and "staff have made me feel comfortable and are helping me to reach my potential."

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us that the service had supported them to gain qualifications. This included national vocational qualifications levels two and three. The arrangements we saw demonstrated to us that there were a range of processes in place to support staff that ensured staff were able to carry out their duties safely and effectively.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Staff told us they were required to report all incidents to their line manager. The registered manager told us that staff were also required to complete incident report forms and we saw these were recorded in the service's online data base system. Incidents were discussed in staff team meetings. We saw records of these meetings which confirmed that such discussion took place.

The provider took account of people's feedback to improve the service. Staff told us "we aim for maximum client involvement in every way." People who used the service decided on the agenda for their monthly meetings by adding their suggestions to a noticeboard in the communal area. We looked at the meeting minutes which were published as illustrated news pages and saw that areas such as activities, complaints and suggestions and health and safety issues were discussed. One person told us they had complained about meals provided and as a result they now did the shopping for meals on one day of the week.

We saw evidence that an annual client satisfaction survey had been completed in September 2013. People who had completed the survey were satisfied they had a say in the way their service was run and all were satisfied with the service provided.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service. We saw there was a procedure in place for the recording, responding and taking action and learning from complaints. The complaints procedure was displayed on the wall in the main reception area. We saw the complaints log and saw the complaints received had been logged and responded to appropriately. There was information recorded with action points to ensure the service improved in the area of the complaints raised. People who used the service told us they "talk to the management if there's a problem" and "it's good to go and talk to someone to improve things in the house."

Staff were aware of the procedure to follow if a complaint was raised and how to discuss any issues they had including the whistle blowing policy and procedure. Staff we spoke with told us "I generally talk to my line manager who's very helpful" and one member of staff who had been through the grievance process told us they had "felt held and supported by the organisation."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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