

St Mungo Community Housing Association

St Mungo's Broadway - 2 Hilldrop Road

Inspection report

St Mungo's
2 Hilldrop Road
London
N7 0JE

Tel: 02077006402
Website: www.mungosbroadway.org.uk

Date of inspection visit:
30 May 2018
05 June 2018

Date of publication:
07 August 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

We carried out this inspection on 30 May 2018 and 5 June 2018. The first day of the inspection was unannounced. We informed the provider that we would be returning on the second day.

St Mungo's Broadway – 2 Hilldrop Road is a care home which is registered to accommodate a maximum of 29 people with a history of alcohol misuse, homelessness and mental health conditions. On the days of our inspection, the service was providing care for 23 men.

During this inspection we found that the service had been steadily improving and addressing all issues identified by us during our inspections in December 2016 and May 2017. Staff and people using the service commented positively about the changes within the service. Both staff and people were encouraged to share their opinions, by the provider, about the service and contribute to any developments in the service provision.

The service had a registered manager in post. 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. The current registered manager had joined the service in December 2017. The registered manager was supported by the members of the providers management team including the regional director and the head of services as well as the newly appointed deputy manager. The management team had the training and experience necessary to manage the regulated activity of accommodation for persons who require nursing or personal care.

At this inspection we found that the service had made improvements to how they managed medicines and people received their medicines in a safe way. Some additional improvements were needed to ensure PRN (as required) medicines administration was recorded correctly at all times and that PRN stock levels reflected the needs of people who used the service.

Risk to health and safety of people had been assessed and people lived in a safe environment. The provider needed to ensure all risk assessments carried out were equally robust and that appropriate records were in place to help to keep people and staff safe at all times.

The service provided people with freshly prepared food and drink which was nutritional and in suitable amounts. Staff were in the process of creating a nutrition information folder to ensure kitchen and care staff had an easy access to this information.

The provision of social activities at the service was reduced due to the recent changes in staff structure. However, the service was in the process of reviewing how activities were provided to ensure there was sufficient amount of interesting and fun things to do for people who used the service.

Staff helped to protect people from avoidable harm from others. Staff were trained in safeguarding adults and they understood their role in ensuring people using the service were safe from any type of abuse. Robust recruitment procedures in place ensured that only suitable staff worked with people. There were enough staff deployed on each shift and people's needs were met with no delay.

The registered manager had assessed needs and preferences of people who used the service before they moved in. People were able to visit the service during the assessment process to find out if they liked it and if they would like to live there.

Staff were provided with regular mandatory and specialist training to enhance their skills and to be able to provide safe and effective care to people. Staff were also supported and their performance was monitored in regular one to one supervisions and yearly appraisal of their skills.

The service worked within the principles of The Mental Capacity act 2015 (MCA). Best Interest Decisions had been made when people did not have the capacity to decide about their care and treatment. Staff asked for people's consent before providing any care.

Staff supported people to maintain a healthy lifestyle and had access to appropriate health and social professionals when required.

People were supported by kind and caring staff who respected people's individual ways of being. Each person had an allocated key-worker who coordinated their care and supported people in making decisions about the support they received from the service.

Staff respected people's privacy and dignity at all times. People were free to spend their time as they liked and staff did not interfere. However, staff always checked that people were well and safe.

Each person using the service had a person centred care plan which provided staff with information about who people were, what were their care needs and what goals they wanted to achieve through support received from the service. Staff took their time to learn and understand what people's needs were and what was important to them.

The service promoted equality and diversity amongst people using the service and the staff team. Religious needs had been respected and different cultures were celebrated.

The service had dealt with people's complaints promptly and according to the provider's policy.

Staff told us they were supported by the management team. Staff were encouraged to use their skills, knowledge and personal interests to contribute to the improvement in the service delivery.

People were encouraged to express their views about the service they received. Evidence, such as records and our discussions with people who used the service, showed that people were asked about their preferences in how they would like the service to be provided and we saw that people's opinion mattered.

There were sufficient quality monitoring systems in place to ensure continuous good quality of the service delivery.

We made one recommendation about management of PRN (as prescribed) medicines.

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 safe and the management team had been proactively addressing any issues around safety to staff and people.

The service had made improvements to how they managed medicines. More improvements were needed to ensure all PRN medicines were managed correctly at all times.

The service assessed risk to health and safety of people who used the service. Some improvements were needed to ensure all risk assessment was equally robust. The provided needed to ensure appropriate records were in place to guide people on how to keep people safe and staff safe at all times.

Staff protected people from avoidable harm from others and people told us they felt safe with staff who supported them. Robust recruitment procedures helped to ensure people were supported by suitable staff.

There were appropriate staff numbers deployed to support people and to respond to people's needs.

There were systems to help protect people from the risk of the spread of infection.

Requires Improvement 

Is the service effective?

The service was effective.

The service provided people with nutritious, freshly prepared food and drink. The information about people's dietary needs and choices was not always readily available to the chefs. However, a nutrition and hydration information folder was being developed so all staff at the service had access to information about people's dietary requirements.

People's needs and preferences were assessed before they started living at the service.

Staff received appropriate training so they knew how to support people effectively and safely. Additional support and monitoring

Good 

were provided via one to one supervision and yearly appraisal of staff skills.

People were supported to maintain a healthy life and staff had made appropriate referrals to healthcare professionals when needed.

The service worked within the principles of the Mental Capacity Act 2005 (MCA). Staff asked people's permission before providing any care.

The service provided a spacious and comfortable environment where people could socialise or rest depending on their preferences.

Is the service caring?

Good ●

The service was caring.

Staff supporting people were kind, caring and empathic towards the ways people choose to live their life.

People and staff knew each other well and people appeared comfortable in their environment.

Each person had a key-worker who helped them to be involved in decisions about the care and support they received.

Staff respected people's privacy and dignity at all times and they asked for people's permission before providing personal care.

Is the service responsive?

Good ●

The service was responsive.

The service was in the process of reviewing the provision of activities so a sufficient level of leisure engagements was available for people.

People's care plans were person centred and provided staff with sufficient information on people's care needs.

Staff took time to get to know people's needs and they had good understanding on how to support people effectively.

There was a complaint policy in place and the service had followed it when dealing with complaints received from people.

The service did not provide end of life care.

Is the service well-led?

The service was well led.

Improvements were observed across all areas of the service delivery. Some progress was still required and the management team were already in the process of addressing these areas.

People spoke positively about the new management team and changes within the service.

Staff felt supported by the management team and they thought their opinions were listened to and they mattered.

Staff were encouraged to use their skills, experience and interests to contribute to the service further developments within the service.

People were encouraged to voice their opinion about the service and their voice mattered.

St Mungo's Broadway - 2 Hilldrop 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 inspection took place on 30 May 2018 and 5 June 2018.

This inspection was carried out by two adult social care inspectors, a pharmacy inspector and one Expert by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including reports submitted monthly to the CQC improvement plan, statutory notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

During our visit, we spoke with the management team including the registered manager, the deputy manager, the regional director and the provider's services manager. We also spoke with seven members of the care team, two chefs and two cleaning staff. We received feedback from 12 people who used the service.

We looked at records, which included care records for 10 people, recruitment, supervision and training records for five staff members. We also looked at other documents relating to the management of the service.

Is the service safe?

Our findings

At our inspection on 2 and 3 May 2017 we found that the provider had not always managed medicines safely. This was because there were no control measures in place for safe storage of medicines when people self-medicated. Additionally, stock levels of PRN (as required) medicines were not checked or audited to ensure that stock levels matched the stock coming into the service and when administered.

At this inspection we found that medicines were managed safely and effectively. A staff member had recently been nominated a medicines champion. The role of the medicines champion was to ensure medicines at the service were managed correctly and safely. During our visit we identified that some elements of medicines management could still improve, however, we did not see any evidence suggesting that people received their medicines in the way that was unsafe or not intended by a prescriber. We saw that since our last inspection the provider had implemented new PRN (when required) medicine stock checks and recording forms. The aim was to help to reduce the risk of errors relating to PRN medicines and the risk of overdose if too much medicine was given. We found a few issues in the management of PRN's. We saw a discrepancy in a stock level of PRN medicine for one person. The signatures on the MAR chart for one person to show when the PRN dose was given did not correspond to the record on the PRN administration chart. We found that some PRN medicines were not in stock. On further investigation, we found that most of these PRNs were not being used by people using the service. However, this was not clear because they were still listed on the MAR chart. We discussed this with the staff at the service and they told us that immediate action would be taken to address the issues highlighted by us.

We recommend that the provider seeks further support and guidance of how to manage and monitor storage and administration of PRN (as required) medicines.

At the time of this inspection, none of the people who used the service self-medicated. We asked staff at the service what arrangements would be put in place if any of the people using the service would self-medicate. They told us that they would provide a lockable cupboard for people who keep medicines in their own rooms. This indicated staff were aware what safety control measures should be put in place to avoid people's medicines being misused by others.

Otherwise we found that medicines were managed safely. The GP surgery prescribed all the medicines. The service worked closely with a local pharmacy to ensure that medicines were delivered each month. All staff received medicines administration training and were assessed as competent before being allowed to administer medicines. Project workers (more senior staff members) administered medicines to people and care assistants assisted people with applying creams and ointments. Project workers signed medicines administration record (MAR) charts to provide assurance that medicines had been given. Staff signed to say that they had read the provider's medicines management policies. Staff documented medicines errors electronically on an incident report form. Staff implemented an action plan as a result of a medicines incident and had shared learning appropriately. Medicines stock audits were completed by staff and a full medicines audit was completed by staff from the pharmacy.

We saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place to ensure emergency services knew how to best support each person in case of fire. We also saw that the service had an up to date fire risk assessment in place, the fire escape routes had been clearly marked across the service. When people smoked in their rooms this had been recorded and risk assessed in their care plans and appropriate fire-resistant furnishing had been provided. We observed that smoking in the communal areas was prohibited and when people chose to smoke there, staff had discussed the risks with them to encouraged to smoke where it was allowed. Records showed that the service carried out regular fire alarm checks to ensure the system was in working order. We were also told that the service carried out regular fire drills, however, at the time of our inspection no records of fire drills could be located. Following our inspection, the regional director and the deputy manager provided us with evidence of a fire drill that took place in May 2017, March 2018 and June 2018, two weeks after our visit. This assured us that the service took action to ensure people using the service and staff knew how to exit the building quickly and safely in case of fire. However, we also noted that the service needed to improve how they recorded and store information about fire drills so it is available for further learning and the audit purpose.

Risk to people's health and wellbeing had been assessed and incorporated in people's care plans. Risk assessments outlined the risk, why it was deemed to be a risk, how staff could support people in managing the risk and a plan of action. We spoke with staff with regard to their understanding of risk assessments and we found that they understood that the assessments were in place to help keep people who used the service safe. We saw that a risk assessment for one person using the service consisted of less sufficient information about specific aspects of their behaviour. We saw that staff were able to use their skills to interact with this individual. However, we also observed that they would benefit from more specific guidelines about what to do when the person's behaviour challenged the service. We discussed this with the registered manager who took immediate action to update guidelines for staff. A new detailed risk assessment was presented to us during the second day of our visit. Additionally, following our inspection the registered manager contacted us with a further updated document which incorporated staff input gathered during the recent staff meeting.

There were systems in place to ensure people lived in a safe environment. We saw evidence of regular health and safety checks, cleaning checklists, and equipment maintenance records. On the first day of our inspection the lift had broken down. We found the risk assessments to access the ground floor safely had not been completed for people that lived on the first and second floor. We brought this to the attention of the registered manager who immediately updated the risk assessment document. We saw that staff were aware of risks related to the broken lift and we saw them supporting people with reduced mobility when using the stairs.

The prompt action taken by the registered manager assured us that they were proactive in ensuring an appropriate risk assessment was carried out. We were also assured that additional risk reduction strategies were implemented to ensure staff and people using the service were protected from avoidable harm.

People told us they felt safe living at the service. Some of their comments included, "Of course I feel safe in the staff presence", "Yes I do feel safe 'in the staff presence." One person told us they felt safe in staff presence but at times they were alarmed by behaviour of other people who lived at the service and whose behaviour could at times challenge the service. We discussed this with the management team and staff who ensured us people who witnessed challenging behaviour were spoken to and supported immediately after it occurred.

Records showed, and staff confirmed, they had received training in safeguarding adults. Staff could identify types of abuse and knew what to do if they witnessed incidents of abuse. All of the staff we spoke with staff

knew how to raise safeguarding concerns and they said they felt confident that the managers would take appropriate action to protect people. All staff said they had access to the safeguarding and whistleblowing procedures, which were readily accessible. We saw that telephone numbers for whistleblowing were displayed in the staff office. Some staff comments included, "The manager always encourages us to keep people safe at all times", "Safeguarding training is reviewed annually and is enjoyable and informative" and "Safeguarding is important, I understand the issues and always try my best to keep people safe."

We saw that any safeguarding concerns had been dealt with promptly and actions had been taken by the registered manager to investigate raised concerns. We saw that the provider worked effectively with the people and the local authority to investigate safeguarding matters. Records showed the service took appropriate action to help to protect people from avoidable harm. The registered manager had informed the CQC about safeguarding concerns as required by the Regulations.

We saw that the service took appropriate action to protect people from possible financial exploitation. We saw that each person had an individual assessment on how best to manage their finances. We saw that, when staff were involved, all financial transactions of people's money were robustly recorded and audited daily by the service.

The provider had appropriate recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Checks of prospective employees were undertaken prior to employment to help ensure they were not a risk to vulnerable people. We found that recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references were obtained. The provider used some agency staff. We were able to check and confirm that agency staff had all had their DBS; training and references approved before working at the service.

We observed on the first day of our inspection that some areas of the service were not clean. The registered manager explained this was due to the recent change in the cleaning team and they said they would look into the matter immediately. On the second day of our inspection we observed that this issue was addressed and the premises were clean and smelled fresh. Members of the cleaning team we spoke with were aware of their responsibilities and they were provided with clear guidelines and cleaning schedules to ensure all area of the service were cleaned. We saw that each person had their room clean and the laundry done and the frequency dependant on individual needs and circumstances. People confirmed that staff supported them to ensure they lived in a clean environment. They told us, "They always clean the linen and help you look presentable", "They provide clean bedding" and "They clean and mop the floor once or twice a week." One person thought the cleanliness in the service could improve.

We saw the service had a process in place for the reporting of accidents and incidents. A central accident and incident register was regularly reviewed by the registered manager and a member of a senior management team. It was also monitored by the providers quality team for any themes and patterns. Staff we spoke with understood how to report accidents and incidents. Records showed that accidents and incidents were analysed and actions were taken to avoid them from reoccurring.

People told us there were sufficient staff numbers to respond to their needs. Some of their comments included, "We have got everything. Yes, there is enough staff", "On a regular basis staff come and sit and talk to me" and "Yes staff do talk to you they are here for you if you want them". We looked at the rota for the two months prior to our inspection. We saw that the service had covered each shift with the agreed number of staff. Until the end of May 2018 there were three staff in the morning and four in the afternoon. There was one waking staff present at night and one sleeping over to ensure additional support for a waking staff if required. Since June 2018, the number of staff supporting people in the morning increased by one. We saw

that the rota had been prepared in advance and all staff planned and unplanned absences had been covered to ensure there was enough staff to support people. Staff also told us, if people required additional support such as a medical appointment, more staff were booked on the shift so the support could be provided.

Is the service effective?

Our findings

Information about people's dietary needs, preferences and guidelines from respective health professionals had been recorded in people's care plans. Staff we spoke with had good knowledge of what people's nutritional needs were. We found that this information was not always readily available for chefs preparing food. The head chef told us that apart from two people on a vegetarian diet everyone else had a normal diet. They explained staff would inform them verbally about any special dietary requirement for individuals. Staff confirmed that these conversations were taking place. From people's files we knew that some people did have special, recommended dietary needs, such as, food high in proteins and low in sugar. One person using the service said, "I don't eat here much. I have a problem with eating. I can't eat food if it is hard".

Additionally, during the two days of our inspection we saw that three chefs were preparing food. Two of them said they only worked at the service when the main chef was not available. Because information about people's nutritional requirements was not available to changing chefs it was possible that people would receive food that was not suitable for them. We discussed this with members of the management and staff team during our inspection. We found they were aware of this gap in the service provision and they were already in the process of addressing this issue. We saw that a nutrition file was being compiled which consisted of details about people's allergies, dietary needs and preferences. Staff told us they were at the final stage of completing the file with information for all people. They were aiming to make it available to the kitchen staff shortly.

People had access to hot and cold drinks throughout the day. The service provided three meals a day, freshly cooked or continental breakfast, freshly cooked lunch and sandwiches in the evening. We saw people could choose meat or vegetarian meal options and portions served were generous. The majority of people using the service were able to get their own food and drink during meal times without staff support. We observed there were sufficient staff present to assist people if needed. Staff approached people asking what they would like to eat, offered them choices and were happy to provide a different food option if what was on offer did not suit people. We saw that people had their meals at the place of their preference, for example at the table, in the lounge area or in their rooms. We saw that if a person was not present at the mealtime, staff would go to their room to remind that food was served. When people said they would not be present at the service during a mealtime, staff would put food aside for them so they could eat later. We also saw that staff dined with people to keep them company. The atmosphere seemed pleasant and we heard positive comments about food provided. One person said, "This was perfect. I liked every bit of it."

We saw that people were asked about their food choices in tenants' meetings. At the time of our visit daily lunch menu was written up every morning on the whiteboard downstairs next to the staff office. This information was accessible to everyone, however, we noted that there was no separate menu provided in the dining room. Therefore, people needed to travel downstairs to check what would be served for lunch. We raised this matter on the first day of our visit. On the second day of our inspection staff presented us with a new, handy, A4 size menus which would be available in the dining room for people's convenience. Seen by us new menus were in line with meal suggestions that people made in their tenant's meetings.

The registered manager carried out the assessment of people's care needs and personal preferences before

people started receiving support from the service. During the assessment period, people were invited to visit the service to ascertain if they would like to live there. This gave the registered manager and the person the opportunity to determine if the service could meet their needs. We looked at the assessment documentation for two people who had recently moved into the service. We saw that the assessment document covered a variety of topics including people's housing history, mental and physical health history, social and family network as well as communication and support needs. We saw that initial assessment documentation for one person was not fully completed. However, we reviewed the person's care plan formulated at the person's admission. We saw that it consisted of a description of the person's needs indicating that appropriate information had been gathered at the commencement of their residency at the service. We discussed the incomplete documentation with members of the management team. They assured us information acquired during the assessment process would be comprehensively recorded in the future.

There were no new care staff employed by the service since our last inspection. However, the service was in the process of interviewing and recruiting new employees. We reviewed the general induction process at the service. We saw that it was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the provider. All new staff would also be required to complete the Care Certificate during their probationary period, unless they had already obtained a nationally recognised qualification in health and social care. Care certificates are a set of standards which aim to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction period was normally six months, however, it could be flexible dependent on the new staff previous experience of working in a social care setting. We spoke with staff who had previously completed their induction and they all spoke positively about the process. One staff member told us "I was definitely ready to work with our resident's after my induction."

Staff were provided with regular training to ensure they had skills and knowledge to support people effectively. Staff we spoke with confirmed they had received mandatory, refresher training in areas such as the Mental Capacity Act 2005 (MCA), safeguarding adults, health and safety, care planning and infection control. Specialist training had also been completed in areas such as alcohol and substance misuse, mental health and working with behaviour which challenges. Staff told us, when required, the management team had supported them in completing training. Therefore, they were able to undertake more training and achieve further competencies. We noted that two staff were in the process of completing their vocational training in health and social care. Other staff we spoke with had previously achieved qualifications in areas such as social work and specialist teaching. We found that the registered manager had maintained a training matrix. The document had been updated regularly and staff were reminded about any outstanding training in their supervisions.

Records showed that staff had received regular, monthly supervision and a yearly appraisal of their skills. We saw that supervision was being used to support staff and monitor their performance. This included feedback to staff on their performance, details of any additional support the staff required and a review of any training and development needs. Staff said supervision sessions were useful and they enjoyed these meetings. One staff member stated, "I can discuss any issue with my manager and always come away feeling better." We saw that staff appraisals were comprehensive and included thorough review of staff up to date performance.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, opticians and chiropodists, when needed. Staff consistently monitored and helped people to protect their health. During our inspection we observed staff discussing elements of people's care and what action needed to be taken to ensure people received appropriate medical intervention. We also observed staff

contacting health professionals to book any necessary appointments on behalf of people. Each person had their medical appointment recorded which formed a comprehensive and easy to follow audit trail of medical appointments people attended. Daily care records showed that healthcare professionals' advice had been followed and whether their advice had the intended impact.

The service was based in a grade II listed converted church. The building had been adapted for use as a registered care home. As such the provider had done all what reasonably was possible to provide a comfortable and spacious environment for people who used the service. In the centre of the building we found various communal areas which included dining room extended to a lounge/TV/pool table room, separate activities room, a library and a tea room. People could use this space freely and with no restrictions. Towards the side of the building there were bedrooms separated with a corridor which created a peaceful place for people to rest. There was a lift to help people to move between the floors. People also had access to a well-maintained garden and a small outside area where a bench was provided for people to rest if they wished to. We saw that all bathrooms had been recently refurbished and they were clean. We saw that people's own rooms had been regularly checked for any maintenance issues. We saw that action was taken if any repairs were required.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We saw that when required mental capacity assessments had been carried out to ascertain if people had the capacity to make decisions about their care and treatment. Where people required an assessment under DoLS, the registered manager had submitted applications to the local authority and they followed up on these applications to check if they had been authorised. When people's complex needs and the lack of capacity meant the service couldn't provide care to people, appropriate action had been taken to ensure people moved to live in more suitable accommodation.

Some people did not have the capacity to make choices for themselves or their capacity fluctuated due to their mental health. In these instances, we saw that Best Interest Decisions (BID) documentation was in place to specify what decisions people could make and what support they required. Examples of BID's we saw related to receiving personal care, fire safety and administration of medicines.

Staff received training in the MCA and they had a good understanding of how to support people using the principles of the Act. All staff we spoke with were knowledgeable about how to ensure consent was obtained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People confirmed that staff had asked their permission before providing care. In people's files we saw various consent documents confirming people gave their permission to care and support by the service. This included consent to take part in assessment and care planning, to be photographed, administration of medicines and managing of people's personal finances.

Is the service caring?

Our findings

People were supported by staff who were kind, caring and empathic towards people's needs and different ways of being. All people we spoke with said they were happy with the staff who supported them. Some of their comments included, "The staff are good they are very competent at what they do and try not to reflect shame on what they do", "Staff have a good attitude. They treat me all right the same as anyone. I know them and I am happy with them" and "They are nice people. The staff help me with everything other than give me money."

People appeared relaxed and contented at the home. During our visit we observed a lot of positive and friendly interactions between staff and people using the service. We saw that staff and people knew each other well and they appeared comfortable in each other's company. We saw people visited staff in the office where they could talk about their day and share positive or difficult thoughts and feelings. During mealtimes, we saw staff ensured people had enough food and drink. Staff also ate with people to keep them company and to encourage a positive dining experience. One staff member told us, "Oh yes. We eat with people. It is nice and they [people] like it." Another staff member told us, "I sat next to [name] so they did not sit on their own during the meal. They finished shortly afterwards and this was ok." We saw that people were not rushed during meals and could start and finish their food according to their own preferences.

The service supported people who due to their complex needs at times presented behaviour that could challenge the service. During our visit we observed a number of situations where people expressed themselves angrily in the way that could affect others. We saw that staff promptly and skilfully supported those people and others present through the difficult situation. We observed that staff responded in a professional way and they stayed calm and respectful towards people.

People were supported to express their views and be actively involved in making decisions about their care and the environment they lived in. Each person had an allocated keyworker who was responsible for coordination of a respective person's care at the service. This enabled people to build relationships and trust with staff who were familiar. People we spoke with knew who their key-worker was. We found that key-workers were knowledgeable about the care needs of people they supported. People and their key-workers met for one to one meetings to discuss elements of care provided to people. This information was then used to update people's individual care plans. We noted that there was no established frequency at which key-working meetings should take place and key-work discussions were not always recorded. Consequently, there was a risk that the meeting would not take place or there would not be an audit trail of what was discussed. We spoke about this with the service's deputy manager. They explained that the service was still in the process of implementing and developing the concept of key-working. They assured us that the issue we raised would be looked into and addressed shortly.

People said staff respected their privacy and dignity at all times and were understanding towards the ways people chose to live their life. People said they were free to go about their own lives without unnecessary staff interference. At the same time people stated staff would ensure people were well and safe. People's comments included, "Yes they do treat you with respect and maintain your privacy. You are left to your own

devices unless you need help in any way", "You can come and go as you please. If you are away for three days you have to telephone them" and "If you go out you have to let them know where you are going and how long you are going for."

The service had a "dignity champion". A dignity champion was a staff member who supported other staff in ensuring they continuously improved in a respectful and dignified care provided to people. The "dignity champion" showed us a project they had been developing to describe each person's life before they started living at the service. We saw a file had been established for each person and consisted of people's pictorial or written life story. We also saw some people had completed trips with staff support to areas where they had previously lived. During our visit we accompanied one person using the service in exploring their life story file. They told us how important and beneficial it was for them to be able to visit area they used to live and were familiar with.

People's privacy and dignity was protected when receiving personal care. Staff we spoke with told us they give people time and did not rush people to do things. All people we spoke with told us that staff were attentive to their needs and asked for their consent before providing personal care. Some of their comments included, "Yes they do ask for consent when providing personal care", "Recently they wanted to change my bed sheets as I had an incident. I asked them if they could come back later which they did" and "I suppose they do ask for consent but no I don't need help with personal care."

Is the service responsive?

Our findings

We found that the service provided people with leisure activities. However, some people using the service felt there should be more activities available. We saw that pictures of various leisure engagements taking place at the service were displayed across the communal area. There was a library, activities room and spacious communal area where people could engage in various fun things to do. In the activities room we saw that people could do drawing, puzzles or other creative activities. We saw that games and other available resources were age and the service appropriate. The library provided people with access to books and computers. The majority of people who used the service were independent and could go out of the service when they wished to. Information on what was available in the community was displayed in the communal area for people to get involved if they wanted. During our visit we observed staff playing a board game with people and other people engaged in the gardening session outside.

People gave us mixed feedback about activities available at the home. Three people told us that staff accompanied them to do things outside the service, like go for a walk in the park or attend a local college. We were also told about various events taking place at the service. Other people said the provision of activities was limited and at times they had not much to do at the service. We spoke about this with members of the management team. They confirmed that following the recent staff restructuring the service had lost an activities coordinator. The service was in the process of changing how activities were provided. They told us every staff member would be involved in running of activities sessions and the deputy manager would coordinate it. Staff we spoke with confirmed that they had been asked to provide activities for people and they were happy to do it. People using the service confirmed that potential future activities had been discussed with them. This included visits to galleries and the seaside. We saw a list of potential communal trip destinations displayed in the communal area. People could mark their preferences indicating that people were encouraged to partake in deciding where they would like to go. Considering the recent staff restructuring and the fact that the service had been steadily improving in other areas of the service provision we were assured that the provision of activities would also improve.

The service provided person centred care. We saw that each person had a care plan that was individualised and reflected people's life history, interests and specific care needs. We saw that care plans were easy to read and they provided a holistic picture of the person. We saw that people's needs were regularly reviewed and re-assessed with them. Records showed that care plans were updated to reflect discussed and observed changes. Care plans also included people's personal and treatment goals. People agreed their goals with their key worker monthly. People were encouraged to contribute to discussions about their goals whenever they wished. We saw that these discussions, for example about alcohol harm reduction programme were reflected in people's daily care notes. Staff we spoke with had taken time to learn about people's histories, hobbies and former life before they required residential care. We found that staff had good knowledge of care needs and personal preferences of people who used the service. They also understood it was important to involve people in planning of their care planning. One staff member told us, "People need to be in charge of their care plans and we need to take into consideration what they want."

We saw that people using the service signed their care plan. The majority of people we spoke with confirmed

they were aware of their care plan and the purpose of it. Some people told us that they did not have a care plan or they did not remember it. We observed that care plans were kept in people's file in the office and people were not provided with a copy for future reference and reflection. We spoke about this with the deputy manager. They agreed to take action to ensure each person using the service would receive own copy of this document.

The service promoted equality and diversity amongst service users and the staff team. We saw diversity calendars were available in the communal areas of the service. These stated dates of events and celebrations important for various cultures, religions and other ways of living. The service provided accommodation for people, and employed staff, from different cultural and religious backgrounds. From our interviews with staff and people, we learnt that individual religious needs were catered for and different cultural backgrounds were celebrated. For example, one person told us about being visited by a priest from a local church. Another person told us, "There are no two people from the same background here." A staff member told us about celebrations of a black minority and ethnical group (BMEG) day. They told us how they had dressed up in traditional outfits and cooked food which represented staff individual cultures.

There was a complaint policy and procedure in place and we saw information on how to make a complaint displayed in the service's communal area. Staff we spoke with understood how people could make a complaint. Records showed that the service had received only one complaint in the past six months. We saw the issues raised in the complaint were recorded, investigated and responded to promptly. Actions were taken by the service to reduce the possibility of the situation reoccurring. We noted the issues from the complaint were added to staff and people's meeting agendas for future discussion.

At the time of our visit the service had not provided end of life care. However, prior to our visit staff were provided with additional training on this matter. This was to support staff in understanding matters related to end of life care and to provide staff with skills on how to approach this subject with people who use the service.

Is the service well-led?

Our findings

At this inspection we found that the service had successfully completed the improvement plan formulated following previous concerns raised by the CQC and the Local Authority. Because of visible positive changes, in February 2018 the service was permitted by the local authority to reinstate admissions of new people to the service. In March 2018 the local authority had ended the providers concern process for the service. Positive changes had been experienced by people who used the service. Some of people's comments included, "The managers here are good. I think it is more relaxed here", "[Name] is a new manager and I think she is making a difference. I can think of no improvements needed and the quality of the service is good" and "I am quite happy there is a lot of improvements in the library, the internet is now available and we now have a wide screen TV".

At this inspection we found the service continued positive improvements in all the areas of the service delivery. As stated by the representatives of the local authority in the formal correspondence to the service, and as observed by us during the inspection, "The improvements at St Mungo's Hilldrop Road should be attributed to the hard work of the staff and the management team at the service." We noted that some improvements were still required. These were related to elements of risk management, nutritional support for people who used the service and the provision of activities. However, we noted that the management team had been aware of all the issues identified by us and were able to demonstrate that they were already in the process of addressing them. Furthermore, since our previous inspection, the service's regional director had submitted updates on progress in meeting actions agreed in the service's improvement plan. The document had been submitted monthly and showed systemic and continuous work of the management and the staff team to improve the service. During our visit we observed improvement described in the plan. Therefore, we were assured that the service had been proactively addressing gaps in the service delivery.

At the time of our inspection the staff team had been settling into their new roles following the recent staff structural changes at the service. The changes meant that some staff members' roles had been altered with new duties and responsibilities. From conversations with various staff members we found the process had at times been challenging. This was because the boundaries around their new roles was still developing and the scheme of delegation within the team was not always clear. We discussed this matter with the management team during our inspection. They were aware of possible issues related to structural changes within the staff team and they assured us staff had been receiving appropriate support during the time of change.

Staff told us they felt supported by the registered manager. Some of their comments included, "Our manager is excellent and approachable" and "The new manager has changed so much for the better." There were systems in place to ensure good communication within the staff team. There were various meetings arranged for the staff team. These included team meetings and daily hand over meetings. Staff confirmed that they attended these meeting and they said they were useful. The meetings were recorded and information shared. We saw that staff used both types of meetings to discuss important information related to peoples' health, social events or actions that needed to be taken in order to support people effectively.

Both meetings were recorded and these records formed a comprehensive audit trail of discussions undertaken by staff, actions agreed and events that took place at the service. Staff felt that they could speak up at meetings and that the manager always listened to them. Staff told us they were fully involved in how the home was run. During our visit we observed a staff handover meeting. We saw that the forum was openly and comfortably used by staff and managers to discuss any matters related to daily running of the service. Current issues and concerns related to supporting people living at the service were also discussed.

We saw that the management team promoted staff involvement in development of the service and used staff skills, experience and personal preferences to improve different area of the service provision. Staff confirmed they felt involved in the development of the service. They thought their suggestions about possible improvements were listened to and given serious consideration. One staff member told us "We have a lot of input into how things are changing." We saw that staff involvement and discussions about changes and improvements to the service had been recorded in staff team meetings and individual supervisions. This confirmed that discussions were taking place.

The service had also recently implemented a role of a champion in a range of areas of the service provision. These included infection control, health and safety, wellbeing, links with the community, diversity and inclusion, dignity and end of life care. This gave staff an additional opportunity to build on their experience and knowledge in area of their interest and share their learning with other team members. Two staff members told us they had been nominated and accepted the role of a champion. One staff member said how they could explore the work of other services in the area they lead on and bring best practice from these services to inform positive changes and St Mungo's – Hilldrop Road. Records showed that the staff efforts had been valued and following their contribution changes had been made in the area they each led on.

We found that people who used the service were encouraged to share their opinions about matters related to the service provision. People could express their views in individual key work meetings and there were also regular residents' meeting [every 6-8 weeks]. We saw that the resident's meetings were attended by approximately 10 people. However, the provider ensured that any issues discussed or any decisions made were discussed with the absent people before any changes were implemented. Issues discussed included food and nutrition, activities and repairs. People using the service confirmed they could share their opinion about the service and that this was valued. Some of their comments included, "Yes, I do go to the resident's meetings I find it okay we talk about everything- what is wrong here and anything new that happens they let us know" and "Oh yes we have residents' meetings sometimes they are quite intense and sometimes a bit mundane. In general, it is quite an interesting space to listen to other people and how they find things and how they are getting on. People can get their views across."

The registered manager and sufficient quality assurance systems in place to ensure a continuous improvement and monitoring of the quality of care was provided. These included training, supervision, health and safety, and care file audits. These were recorded and we saw evidence that the provider had taken action when problems were identified.