

# Review of compliance

<p>Community Options Limited Community Options Limited - 4 Sandford Road</p>	
<b>Region:</b>	London
<b>Location address:</b>	4 Sandford Road Bromley Kent BR2 9AW
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	<p>Community Options Ltd – 4 Sandford Road is registered to provide accommodation to five people.</p> <p>The home has five single rooms with shared shower, bathroom and toilet facilities. There is a communal kitchen and dining room with a garden area in the backyard.</p> <p>The home is located near the high street</p>

	in Bromley South and is accessible by bus and rail links. On street car parking is also available.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Community Options Limited - 4 Sandford Road was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 July 2011, talked to staff and talked to people who use services.

### What people told us

People using the service told us that they were very happy living in the home.

Staff were 'really friendly' and people appreciated the fact that the staff were 'honest' with them. People were comfortable talking to staff about any problems and enjoyed the independence that the home encouraged.

Community Options were very supportive and people were able to participate in a range of activities which they liked. People said that they regularly discussed their needs with staff.

### What we found about the standards we reviewed and how well Community Options Limited - 4 Sandford Road was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

We found that the home was meeting the essential standards of quality and safety for this outcome.

The home provides a service which accommodates the needs of people and encourages independence. People are involved in assessments and development of their care plans. Meetings are held regularly between staff and people in the home.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

We found that the home was meeting the essential standards of quality and safety for this outcome.

People's care and welfare were being maintained by the home. Needs were identified and choice promoted. People were happy with the level of support given to them and felt safe using the service.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

We found that the home was meeting the essential standards of quality and safety for this outcome.

The home had relevant safeguarding policies and procedures in place. There had been no safeguarding concerns raised about the home and people using the service felt safe using the service.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

We found that the home was meeting the essential standards of quality and safety for this outcome but, to maintain this, we suggested that some improvements were made.

Several staff had not completed annual medication training.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

We found that the home was meeting the essential standards of quality and safety for this outcome.

Regular monitoring of the service and its facilities had been undertaken by the provider through various audits and assessments.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People were happy with the level of service being provided by the home. Independence is encouraged by staff and people are actively involved in the development of their care plans. People using the service were particularly happy about the range of activities organised and offered by the home including community volunteer and sports activities.

##### Other evidence

The home stated that they promoted a user-led service to encourage independence within the home.

Staff told us that monthly house meetings were regularly held between staff and people using the service. Meeting minutes from 31 May 2011 showed that people were given an opportunity to discuss things that could be improved within the home and options for summer day trips.

Staff confirmed that pre-assessment meetings were held with the local NHS trust and people who intended to use the service to determine their needs.

The user agreement contract outlined the rights and responsibilities for people using the service and home.

Key workers were identified for each person using the service. One-to-one sessions were held regularly between the key worker and individuals. Staff also held six monthly staff handover meetings to discuss individual's progress in the home.

A client folder was viewed which held general information about the registered location, care plans, complaints process and statement of purpose.

A weekly activity planner was used to identify where people using the service were during the day. Singing, community volunteer and sporting activities were noted in the planner.

**Our judgement**

We found that the home was meeting the essential standards of quality and safety for this outcome.

The home provides a service which accommodates the needs of people and encourages independence. People are involved in assessments and development of their care plans. Meetings are held regularly between staff and people in the home.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us that they were happy living in the home. They felt that staff provided the right level of care to ensure that they were involved and supported to make choices about their lives.

The people spoken to during our visit said that they felt safe and had no concerns about the staff or home.

##### Other evidence

Prospective users of the service were assessed by the registered manager, local NHS trust and the individual themselves before joining the home. People were invited to attend one of the house meetings and if they were interested, were offered a chance to stay over for a night.

People's files were viewed during our visit. Placement, needs and risk assessments were found in the files.

Staff told us that support plans were reviewed every three months to ensure that well-being of people using the service was maintained.

Information was provided to people in regular house and one-to-one meetings. Each person in the home had access to the client folder which contained general information about the home, care plans, complaints process and statement of purpose. Complaints and suggestion forms were displayed in the reception area. Information about activities

offered by Choice Support Ltd were kept in a folder in the dining room.

**Our judgement**

We found that the home was meeting the essential standards of quality and safety for this outcome.

People's care and welfare were being maintained by the home. Needs were identified and choice promoted. People were happy with the level of support given to them and felt safe using the service.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they had not experienced any problems and felt safe within the home.

##### Other evidence

The home had safeguarding policies and procedures in place. The policy outlined the different types of abuse to look for and the reporting stages which must be followed. The home also had a whistle blowing policy which was last reviewed in October 2010.

The home's staff training records showed that staff had received up-to-date safeguarding training.

Staff stated that not everyone had yet completed deprivation of liberty training – this was confirmed by the home's staff training records.

Money held on behalf of people using the service was kept secure and regularly audited.

Staff told us that there had been no safeguarding incidents since they were registered in October 2011. The home's incident folder and our notification records confirmed that there had been no reported safeguarding alerts.

Staff stated that they did not have any safeguarding concerns about the service or the people living in the home. They felt comfortable to raise any concerns with the manager

or registered provider if necessary.

**Our judgement**

We found that the home was meeting the essential standards of quality and safety for this outcome.

The home had relevant safeguarding policies and procedures in place. There had been no safeguarding concerns raised about the home and people using the service felt safe using the service.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People told us that they were very happy with the staff in the home and felt that they were 'really friendly'.

##### Other evidence

Staff said that they had been through a formal recruitment and induction process. They told us that they had completed a series of training modules with the registered provider and felt that the training provided was good.

Staff training records indicate that staff have completed the majority of mandatory training modules. The home also had a training schedule on display which identified dates for when training was due. Nevertheless, the training record showed that several staff had not completed annual medication training.

Supervision and appraisal records showed that staff performance had been regularly monitored.

The registered provider conducted an annual survey with its entire staff across the country. The survey showed that people were generally happy at work and felt supported by the provider.

##### Our judgement

We found that the home was meeting the essential standards of quality and safety for this outcome but, to maintain this, we suggested that some improvements were made.

Several staff had not completed annual medication training.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to people using the service about this outcome area.

##### Other evidence

Staff told us that the registered provider regularly visited the premises. An annual audit of the home was conducted by the provider in April 2011. The home needed to address a number of areas. An action plan had been completed by the home which showed that some of the recommendations from the report had been completed.

A quarterly health and safety maintenance check is made of the premises. The report from June 2011 did not identify any significant issues.

A medication audit was completed in April 2011 – no significant concerns were identified.

The In House Scheme audited the home in November 2010 which identified some areas for improvement.

An annual fire risk assessment of the building was undertaken by the registered manager in April 2011. The assessment confirmed that fire doors, alarms, and people's bedrooms were regularly inspected for any risks. PAT testing had also been completed to ensure that appliances were safe to use.

#### Our judgement

We found that the home was meeting the essential standards of quality and safety for this outcome.

Regular monitoring of the service and its facilities had been undertaken by the provider through various audits and assessments.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> Several staff had not completed annual medication training.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA