

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

Community Options Limited - 4 Sandford Road

4 Sandford Road, Bromley, BR2 9AW

Tel: 02083131017

Date of Inspection: 08 January 2013

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✔	Met this standard
Supporting workers	✔	Met this standard
Records	✔	Met this standard

Details about this location

Registered Provider	Community Options Limited
Registered Manager	Mr. Jonathan Cribbens
Overview of the service	Community Options Limited - 4 Sandford Road is a residential care home which accommodates and provides support for up to five adults with mental health problems. The service is located in Bromley, Kent.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who used the service told us they were happy living at Community Options Limited - 4 Sandford Road. One person told us the home was "brilliant" and another said it was a "nice house". People told us they felt the staff were good and they provided appropriate support to people. People told us they were encouraged to be independent and some people were working towards administering their own medication. People told us staff supported them with things like cooking and shopping. Staff also helped people with their recovery including having one to one catch ups with people to discuss their progress, and planning work towards people's goals. We heard that some people were attending college and others were hoping to move to more independent living and to get a job.

We found the provider had implemented improvements required at our last inspection including ensuring all staff had attended refresher medication training on an annual basis. We also checked the provider's consent procedures and found there were no consent policies in place and staff were unsure where consent from people was required. People's care and treatment needs were assessed and planned for, and potential risks were identified and managed to protect people. The provider had suitable arrangements to manage people's medication. Staff were supported through induction, training, supervision and appraisal, and the provider maintained appropriate and legible care and treatment records.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

The provider did not have a policy to determine where consent to treatment might be required.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not have arrangements in place to determine in which areas of people's care and support consent was required. Staff were unsure of their responsibilities around consent, but the manager told us they thought consent was sought by people's care coordinators in the local mental health teams. However, we found no evidence to confirm this was the case. People's care plans were written with their involvement but they had not signed to demonstrate their consent to care and support. In addition people's records did not document their consent for medication, although the provider told us people were not forced to take it and the provider had plans in place to manage the risks of this. We found the provider gave people as much information as possible to ensure they were fully informed before making decisions, for example to ensure they knew about the medications they were taking and the potential side effects.

The provider did not have policies and procedures in place to determine how and when it needed to act in accordance with the requirements of the Mental Capacity Act 2005. The manager told us people who used the service were able to make their own decisions and we heard it was assumed, correctly, that people had capacity. However, procedures for staff to follow were not in place to determine whether or not a person has capacity to make a particular decision should the need arise in the future.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person who used the service had an assessment of their needs before they moved in to the home to ensure they were suitable to live there and that the service could meet their needs. Records we viewed demonstrated that people were involved in the assessment process. People also received a tailored moving in programme to ensure they were afforded sufficient time to settle in to their new environment.

It was the provider's target to ensure care plans and risk assessments were drawn up within three days of people moving in to the service. Some records we viewed demonstrated this timescale was not always met; however the manager told us on occasions people needed more time to settle into the service before their longer term care needs could be planned for. Staff we spoke with told us they felt they always had enough information about the support needs and risk strategies for people using the service before they began working with them. For example, one person's records showed that after moving in, staff had been provided with basic information about the person's needs and potential risks to their safety before the person's care plan and risk assessments had been fully drawn up.

People's care and support needs were planned for in accordance with the provider's pre-admission assessment and took into account information from other professionals about their relevant background and continuing mental health support needs. People's care plans were reviewed every six months and care review meetings involved people. Staff told us communication from management was good to ensure they knew about any changes in people's needs through handover and after any review meetings.

People's support was coordinated with the input of other professionals including local mental health teams. The provider involved people in planning and working towards their goals and aspirations, for example, moving to independent living and getting a job. People also worked through a recovery plan with their key-workers. Staff and people who used the service told us that their support needs were met and we heard examples of improvements in people's mental health since moving in to the home.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. Each person who used the service had risk assessments in place relevant to their mental health needs. Risk assessments included indicators and preventative measures as well as guidance for staff to follow in the event of a crisis situation. For example, some people were at risk of mental health relapse if they used drugs or alcohol, and risk assessments documented the need for staff to be vigilant in order to manage these risks. Staff had signed risk assessments to say they had read and understood them.

There were arrangements in place to deal with foreseeable emergencies. The provider had appropriate fire checks in place and fire risk assessments for each person. The provider also had missing persons details in place in the event that people absconded. Incidents were appropriately recorded and responded to.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The provider told us most people's medication was prescribed by the local mental health trust via a community pharmacy. Some other medications related to people's physical health needs were prescribed by their GP. The home had suitable arrangements in place to check stock and ensure medications did not run out.

Appropriate arrangements were in place in relation to the recording of medicine. Medication charts were in place for each person which detailed the type of medication and the amount to be given at each time of the day. Staff were aware of how to fill out medication records including recording when medicines had been refused or discarded. Recent medication audits had highlighted some instances where medications had been given but not recorded, however the provider had put measures in place to ensure this did not occur again including implementing a new audit tool to check medication practice and record keeping more frequently.

Medicines were kept safely. All current medicines and stock were kept securely in cabinets in the staff office. The cabinet was kept locked and keys stored in the safe which only senior staff could access. No one who used the service required controlled drugs.

Medicines were safely administered. People who used the service were prompted to take their medication and some were working, with support, towards self administering their medications. Staff signed people's medication chart to record when medication had been taken.

Medicines were disposed of appropriately. Medicines which were discarded, unused or refused were returned to the pharmacy or mental health trust to ensure they were disposed of appropriately.

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

Our judgement

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.

Reasons for our judgement

At our inspection on 12 July 2011 we found the provider was meeting the essential standards of quality and safety for this outcome but, to maintain this, we suggested that some improvements were made as several staff had not completed annual medication training. At our inspection on 08 January 2013 we found that all staff who worked at the service had completed both internal and external medication training which had been refreshed each year.

Staff received appropriate professional development. The provider had an induction programme in place for new staff which included five days learning about relevant policies and procedures and training around mental health awareness. In addition new staff had an orientation induction when they first worked at the home which included getting to know the people who used the service, their support needs and potential risks.

Mandatory staff training had been completed by all staff and refresher courses were up to date. Mandatory training included for example medication proficiency, safeguarding vulnerable adults, moving and handling, and health and safety. Staff we spoke with told us they felt sufficient training was available and they could request courses they felt they needed. Although some staff were experienced in supporting people with mental health, the provider might like to note that mental health condition specific training courses were not routinely offered to staff to aid their understanding. The provider encouraged all staff to work towards a National Vocational Qualification (NVQ) level 2 or equivalent and we heard all staff were either working towards this or had completed it.

Staff received appropriate support. The provider aimed to formally supervise its staff around every six to 12 weeks and in general we found most staff had received supervisions at this frequency. Supervision meetings included discussions around attendance, competency, problems, objectives and training. Staff told us they met regularly with their line managers. Staff told us they felt well supported and comfortable raising any issues with managers at the home. We also saw that all staff had recently received an annual appraisal where their performance and progress had been monitored.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. Each person who used the service had a care and support plan which included relevant potential risks. People's care and support needs were documented in a way that was easy to read and to enable staff to identify where support was needed. Staff had worked to ensure records on file were up to date. For example, where risk assessments had been reviewed only the most up to date version was kept on people's files to ensure there was no confusion about which was current. Records were legible and information was filed in a way so it was easy to locate the required information.

Records were kept securely and could be located promptly when needed. People's personal records including staff files were kept in the main office in lockable cabinets. Authorised staff were able to access records easily when required.

Records were kept for the appropriate period of time and then destroyed securely. The provider had policies and procedures in place for the retention of records. Staff told us records that were no longer in use were archived for a period of time before being destroyed.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The provider did not have a policy to determine where consent to treatment might be required (Regulation 18 (1)(a)).

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 by 15 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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