

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

Fairmount Project - Leander Road

101 Leander Road, Brixton, London, SW2 2NB

Tel: 02086787805

Date of Inspection: 22 January 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Penrose HA Limited
Registered Manager	Ms. Angela Wood
Overview of the service	<p>Leander Road is a house for five men with forensic mental health needs. They are supported by floating support workers from the nearby Fairmount Project to enable them to live independently. People reside on the basis of short term tenancies or license agreements. Staff visit the house daily and provide a key working system for the people living there. People come and go as they choose but are expected to work with staff towards increasing their independence and self sufficiency.</p>
Type of service	Community based services for people with mental health needs
Regulated activity	Treatment of disease, disorder or injury

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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 22 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with three members of staff involved in the provision of floating support for people who lived at Leander Road. They all spoke clearly and confidently about the nature of service, the needs of people who use the service and about how the service was managed and carried out on a day to day basis.

Only one person who uses the service was available for us to talk with when we accompanied staff on their checks on service users. He spoke well of the service both from his own perspective and that of other users who he represented in his role as the project's service user representative. He said people had few complaints other than wanting to move more quickly on to their own independent accommodation and concerning the cleanliness of the bathrooms.

A commissioner of the service told us they were satisfied with the service provided at Leander Road.

Some areas of the premise needed some attention, for example the kitchen and 'wet' bathroom needed refurbishment. We saw written evidence that the works are due to start on the 4 March 2013 and are expected to take three weeks.

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 29 March 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

People living at Leander Rd receiving floating support were treated with consideration and respect. We saw written, signed agreements with people about staff access to their rooms. Health and safety checks were carried out as a condition of their tenancy. We observed staff knocking on doors and waiting before entering on the person's invitation. Staff spoke with people in a friendly and respectful manner whilst making observations about their wellbeing.

We saw that mutual expectations were clearly set out in tenancy agreements and as part of people's individual care plans. Conditions attached to their tenancy were explicit and signed by people who use the service and staff. This demonstrated that people understood the nature of the care and support they could expect.

Staff respected the preferences and choices of people. For example, it was standard practice for the provider to include a photograph of each person within care records. We noted that one person had expressed a wish not to have his photograph taken and had signed a note to this effect. This shows that staff respected the autonomy and choices of people using the service within the framework of agreements forming conditions of their tenancy.

The floating support staff told us that people living in Leander Road were autonomous and very independent. We saw that people were unsupervised and free to come and go as they chose. People managed their daily lives including cooking, shopping and taking their own medication.

We met the service user representative who told us that regular meetings were held to discuss aspects of the overall service. We saw records of these meetings and that people who use the service were encouraged to comment on issues concerned with the provision of the services overall. For example, the pending refurbishment of the house was a topic discussed and we saw people were encouraged to be involved in choosing new colour schemes. This showed that people were offered opportunities to be involved in decisions about the way in which the service was carried out and organised.

Staff informed us that their sister service, Fairmount Project was piloting a new system of personalised care planning which promotes client autonomy, responsibility and choice. Staff explained that this involved changing the way options were offered – for example asking 'when would a one to one meeting be convenient for you?' rather than asking whether the person could meet on a particular day suggested by the worker. This shows that the provider is encouraging people to make decisions about their care and support.

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 support was planned and delivered in line with their individual care plan. We looked at three support plans that had clinical assessments and risk assessments as part of the referral and admission process for each person. The provider also undertook an additional independent assessment.

We saw care and support plans drawn up on the basis of these assessments and with the involvement of people and their clinicians. The emphasis in the care and support plans was on managing and minimising risks concerned with the person's mental health and behaviour and promoting life skills. We saw that each person had two key workers as part of their personalised support programme approach being piloted at the Fairmount Project. Staff reported that the programme was beneficial to people as it enabled a wider range of conversations and approaches to be used to motivate people towards achieving their objectives and plans. We saw evidence in the daily notes showing that support needs identified in the care plans had been followed up. This ensured that the service met individual peoples' needs and promoted autonomy.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We observed weekly checks carried out of each of the person's rooms and the communal areas. However the provider may find it useful to note that the checks did not include the garden area and there were some garden tools lying around that may have posed a risk to the people who use the service.

We observed that a record was made of which people were seen that day. We noted that one person had not been seen at the house for 10 days. Staff told us that this person was known to be staying with his family. We were told that not seeing a person for a few days was common and if there were concerns that staff would try to locate them and escalate this if they were unable to do so. We cross checked this information with daily notes held at the main office and were concerned that it showed that there was no contact with the person over the previous 12 days. The provider might like to ensure that their level of responsibility for monitoring the whereabouts of each individual is clear and when absences from the house should be escalated.

There were arrangements in place to deal with foreseeable emergencies. For example the

contingency plan dated July 2012 covered a wide range of scenarios which could impact on the ability of the provider to deliver the service such as staff sickness, the impact of organisational change, loss of utilities and more major possible disasters. Emergency procedures were set out and responsibilities were made clear.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

People visit the sister service in Fairmount Road for their support meetings and to collect medication. The provider has taken steps to provide this care in an environment that is suitable and adequately maintained for this purpose although the support services will be relocating on 24 March 2013 to provide care and support in more suitable premises.

The kitchen and 'wet' bathroom in the house in which people lived was in need of refurbishment and the provider was responsible for ensuring this is carried out. We were shown evidence that this is due to be carried out on the 4th March.

We saw that health and safety checks on the accommodation were carried out weekly and were thorough. For example fire safety checks had taken place and records were up to date.

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

Our judgement

The provider was not meeting this standard.

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

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

Staff were able, from time to time, to obtain further relevant qualifications. Two members of staff told us that they had been supported to achieve National Vocational Qualification in health and social care level three and had undertaken a range of accredited training courses, most recently on non violent handling of difficult behaviour.

All new staff completed an induction programme and were required to sign as individual areas were covered.

Staff were able, from time to time, to obtain further relevant qualifications. Two members of staff told us that they had been supported to achieve National Vocational Qualification in health and social care level three and had undertaken a range of accredited training courses, most recently on non violent handling of difficult behaviour.

We heard that staff received supervision every six weeks and were appraised annually. We looked at the records of four members of staff and observed that written notes showed less frequent staff supervision sessions. Records of annual appraisals were not complete.

Records

✓ Met this standard

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. An electronic and paper based records system was in place. We reviewed three peoples' records and found they were well organised, covered all aspects of care and support and up to date.

Records were kept securely and could be located promptly when needed. Records were kept in a lockable cabinet in a locked staff office and computers were password protected. All the staff we spoke with were able to locate information and records requested quickly and efficiently in respect of people who use the service but information on staffing and management matters was less easily accessed.

We heard that records were retained for the required period of time which was said to be six years. Staff reported destroying records after this time and we saw the arrangements in place to securely destroy documents under a contract with a company employed for this purpose.

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
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Staff supervision was not carried out as regularly as the provider specified that it should be and staff appraisals appeared to be over due. This contravenes regulation 23 (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 29 March 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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