Inspection Report

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

Good Neighbours House

38 Mary Datchelor Close, London, SE5 7AX

Tel: 02077037451

Date of Inspection: 03 December 2012

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Scope
Registered Manager	Ms. Anthonia Bennison
Overview of the service	Good Neighbours House provides personal care and accommodation for up to 16 people with physical disabilities. The home is fully accessible and there is parking available for the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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 3 December 2012, 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, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with four of the nine people who lived at the service; we also spoke with a visitor; with a professional involved with the service and with three members of staff, including the manager. We found people who live at the service, and their representatives were satisfied with the service provided. One person told us that they liked the staff and enjoyed spending time with them, another person said "I think it's good here".

An external professional told us that the service had helped people with a range of needs and some were particularly complex, they felt that the care provided was good.

A visitor told us that they felt there was always "a good atmosphere" in the home and they enjoyed coming to visit.

We found that the staff team were committed to their work and were supported and trained to work well. People who live at the service were treated with respect and staff understood how to protect their dignity and privacy.

We observed there to be sufficient levels of staff to meet the needs of people using the service.

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

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People were involved in their care planning and they had signed the documents to confirm their agreement with the plans.

There were images in the home which promoted a positive view of disability and the importance of people's attitude towards disabled people. Journals relevant to disability and care were available for staff and people who lived in the service. This gave staff and people using the service the opportunity to be informed about current events relevant to disability.

Care plans included information about people's cultural and religious backgrounds and needs. This ensured that individual needs and preferences were reflected in the documents and people confirmed that these were observed in practice.

Each month the service focussed on a different country and its culture and some meals are reflective of that region. There had recently been a month that focussed on Jamaican culture and we saw examples of meals provided.

We heard that people were supported remain in contact with their friends and families and this showed respect for people's relationships. For example staff were assisting with arrangements for one person to travel with family members to visit relatives in Nigeria.

Staff spoke with people who live at the service in a respectful and warm manner. They demonstrated in our discussions their understanding of the importance of maintaining people's privacy and dignity and gave examples of how they put this into practice.

Monthly meetings were held for people who lived at the service. They were chaired by a member of the group. People were consulted about issues of general concern, such as the

menu, activities and issues about the maintenance of the building.

People were supported to pursue their interests and their achievements were celebrated. One person worked as a disc jockey and provided entertainment for events in the home and in the local community.

Care and welfare of people who use services ✓ Met this standard

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

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 told us they were satisfied with their care. We looked at three care plans and found they reflected people's individual wishes and had been updated regularly. The plans provided detailed information about the range of people's needs, addressing their physical and medical needs as well as the cultural, social and emotional aspects of their care. People had been involved in the care planning with their key worker who they met with every two weeks. People had signed the documents to indicate their agreement with them, if people were unable to add their signature this was noted.

We saw records of people's contact with health and social care professionals, including the GP, speech and language therapists, opticians and social work staff. The contact with these professionals had benefitted people. For example a person who lived at the home had a full and detailed book of pictures to aid communication. This assisted the person who owned the book to express their needs and wishes and converse with others.

There was attention by staff to medical needs, for example we saw that a person had been referred to a GP for advice when they had lost weight. This had resulted in them being prescribed a nutritional supplement to assist with the risk of poor nutrition. When people were unwell medical advice was sought. In the days prior to our visit a person had been admitted to hospital when there were concerns about their health. Staff had acted appropriately to seek further medical advice.

People had a health action plan which included important information for alternative care givers to know. The person who was in hospital had their health action plan with them and this assisted medical staff in providing appropriate care.

People were supported to work towards their personal goals. Some people who previously lived at the home had been assisted to move to settings which more closely met their needs, some to more independent settings. All of the care plans we saw included risk assessments that supported people to follow activities and manage associated risks. This supported people to maintain and develop independence skills and ensured that they were able to take part in activities which may otherwise have been deemed too risky.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People knew about the organisation's safeguarding procedure. The provider, Scope had produced an easy read guide to safeguarding issues which advised people of the action to take in the event of a concern about their own or another person's safety. This had been discussed at meetings for people who live at the service and a DVD about safeguarding had been shown. We were told that this was available for people to see at any time. The issue of safeguarding was a regular item on the agenda of each meeting for people who live at the service.

Staff received training in safeguarding issues as part of their induction to the service and on an on-going basis. Staff we spoke with were aware of the vulnerability of people who live at the service and expressed their commitment to safeguarding their interests. They were aware of the action to take in the event of a concern. Safeguarding was discussed at all of the staff meetings. Staff had received training in the deprivation of liberty safeguards and the Mental Capacity Act 2005. We noted that all of the care plans we saw had a statement about the capacity of the person.

The manager was aware of the London multi-agency policy and procedures to safeguard adults from abuse and knew how to access them through the internet. The provider might like to note that it would be useful for all staff to have access to this document.

Any incidents or concerns raised at the home had been responded to appropriately. This had included passing on information and cooperating with relevant authorities. Our records showed that there were no concerns about the welfare of people living in the home.

Supporting workers ✓ Met this standard

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

Staff received appropriate professional development. Staff told us they felt well supported in their work, they were provided with training courses which were relevant to the needs of the people they cared for. The training records showed that participation in training was monitored and refresher courses were arranged when necessary. Training planned for the near future included working with people with a history of substance misuse; communication; epilepsy and challenging behaviour.

We heard that the staff team was supportive and worked well together. We observed a handover meeting between staff shifts and noted that the discussion was focussed on the needs of the people who live at the service and showed a good working relationship between staff. The manager or senior member of staff attended the meetings and this assisted them to be aware of issues in the service. We were told that staff found the management style to be supportive and described the manager as approachable.

Staff received formal support through monthly meetings for the staff team. We looked at minutes of the most recent meetings and found that since September they had included people who lived at the service. We heard that this was arranged to ensure that planning for Christmas celebrations was done in consultation with people. While this is important the provider might like to note that staff need an opportunity to meet together as a group so there could be discussion of issues that may be confidential.

In addition to staff meetings each member of staff had the opportunity to meet every two months with a senior member of staff for a formal supervision sessions. The provider, Scope had introduced a system of appraisal and monitoring that included direct observation of staff members' work, quarterly reviews and annual appraisals. Staff told us that they found the system helpful to their professional development. This system was designed to ensure that people were cared for by staff who were supported to maintain and develop their skills.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. An annual survey was conducted by the provider. The results of the 2011 survey were available and we found that overall there was a high level of satisfaction with the service provided at Good Neighbours House. In response to the results of the survey an action plan had been produced and showed how the service would address areas of concern within a realistic timescale.

Visits were made to the service each month by managers of other service run by Scope. The visitors focus on a specific area for each visit, examples which we saw on reports were team development and accountability. The reports identified actions required and a date for completion.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were aware of the complaints system. This was provided in a format that met their needs. People had a range of opportunities to raise issues of concern. They could use the formal complaints procedure. This was available in the hall way of the home as was a comments book which could be completed by visitors or people who lived at the service. The comments book contained three positive comments about the service made by visitors; no negative comments had been made. The results of the most recent survey of the service showed that all of the respondents knew what to do if they had a complaint to make.

Fortnightly meetings were held between people and their key workers. Monthly meetings of people living at the service included an agenda item about complaints and invited comments from people about any aspect of life at the service. We noted that staff meeting minutes included a reminder to staff to record any concerns raised with them by people who use the service. This demonstrated an open attitude to complaints and concerns of people living at the service. A person who lived at the service told us that they had no issues of concern but if they did they felt able to raise it with staff.

Records showed that no complaints had been made in the last year. We were told that generally issues were dealt with at an informal stage.

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

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