

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: 11 September 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	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	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 11 September 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

We spoke to three people who used the service, each of whom told us they were happy living at the home and that they received appropriate support. One person told us "I have no problem being here". Another person told us "I am hoping to move on to my own flat". People told us they thought they had got better since they moved to the service and that having approachable staff to speak with helped them to talk about their problems. People told us they liked having a key-worker who they could talk to. One person told us they felt the home was well structured and that the "staff are really good". People told us they knew how to make a complaint but they had not needed to do so.

We found the provider had made improvements since our last inspection as a policy covering the requirements of the Mental Capacity act (2005) had been implemented. We found people's needs were assessed before they began using the service, and that their care and recovery was planned and regularly reviewed. Staff we spoke with knew about the different types of abuse and how to report concerns. We found there were appropriate numbers of skilled and experienced staff to support people. The provider had a complaints procedure in place which was shared with people, but no formal complaints had been raised.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At our inspection on 08 January 2013 we found the provider was not meeting this standard as policies were not in place to determine when consent was required or when the provider needed to act in accordance with the Mental Capacity Act (2005). Following our inspection the provider wrote to us to tell us the required policies would be implemented. At our inspection on 11 September 2013 we found the necessary improvements had been made.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People who used the service were asked for their consent to the responsibilities of their accommodation by signing their license agreement; and by signing their care and support plan which showed their consent to their planned care and support. People's care records we looked at showed that people had been involved in planning their care, and through regular meetings with their key-workers they were able to consent to receive on-going treatment to aid their recovery. People we spoke with told us they had been consulted when their care had been planned and that they had consented to their treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider had introduced a 'decision making, consent and capacity policy' in February 2013 which set out the requirements of the Mental Capacity Act (2005) and how it might relate to people who use the service. The policy included assuming people's capacity, assessing people's capacity where necessary, deprivation of liberty (DoLS), best interest requirements and when to involve an independent mental capacity advocate (IMCA). We found the provider acted in accordance with this policy as each of the people who used the service were assumed to have capacity to make decisions and they were provided with the right to make their own choices.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people began to use the service the provider undertook an assessment of their care and support needs as well as any associated risks. This assessment involved other relevant professionals who supported the person, including their mental health care coordinator. Once a placement at the service had been agreed, people received a tailored transition period designed to settle them into the home gradually. For example, one person spent two days and nights a week at the service to allow them to settle in before they moved to the home permanently. People we spoke with told us they were afforded the time to settle-in which helped them to build relationships with other people who used the service and staff.

Once people had been at the home for a short period of time the provider met with them to determine their care and support plan and their recovery goals. We found people remained involved in continuously discussing and reviewing their care and support needs with staff, and people we spoke with told us they found the staff approachable and supportive. Records we looked at showed people's care and recovery plans were reviewed during monthly key-worker meetings to ensure their care and support remained appropriate and so that people could see how their recovery was progressing.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Before people moved into the service the provider drew up risk assessments based on their pre-admission assessment and their mental health history from relevant involved professionals. Staff we spoke with told us that details of these risk assessments were shared with them before people began to move into the service. Staff were also asked to read and sign all risk assessments to confirm their understanding of them. People's risk assessments we looked at included for example, risk of mental health relapse, risk of self-harm, and drug misuse. Risk assessments included any relevant history, specific triggers, preventative measures and actions to take in the event of a crisis. Staff we spoke with told us they felt the risk assessments were sufficiently detailed to enable them to understand how to support people in order to maintain their own safety and that of people themselves.

There were arrangements in place to deal with foreseeable emergencies. The provider

had relevant details of each person in the event that they absconded or went missing so that details could be quickly shared with other relevant authorities. The provider drew up individual fire risk assessments for people, and each person was encouraged to complete fire training in order to keep them safe. People's risk assessments included actions staff needed to take in the event of any specific emergencies related to people's individual mental health needs.

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 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. The provider had policies and procedures in place for the protection of vulnerable adults which had recently been reviewed. The procedures included the provider's requirements around staff training updates, the types of abuse and how concerns should be reported. People who used the service had access to a safeguarding leaflet to ensure they knew what abuse meant. The provider also had a whistleblowing policy. All staff had access to the provider's policies and procedures in the staff office.

Staff training records we looked at showed that all staff had been trained in safeguarding vulnerable adults and this training had been refreshed every two years in line with the provider's policy. Staff we spoke with knew about the different types of abuse and to report any concerns to their line manager. Senior staff knew to report any concerns they received to the local authority; however as no allegations of abuse had been received they had not needed to do this. People who used the service told us they felt safe living at the home.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The provider told us that two staff were required to work during both the morning and afternoon shifts and one staff at night to support the five people who used the service. In addition a further member of care staff was planned during the day to support people to attend any appointments where necessary. People who used the service were independent with their personal care and did not require staff support when in the community. The provider told us the numbers of staff reflected the levels of emotional support people needed in order to aid their recovery. We checked staff rotas for the six weeks leading up to our inspection and found that staffing levels consistently matched those that had been planned.

The provider on occasions used bank staff in the event of sickness or annual leave; however we found only a small number of bank staff were used to ensure consistency. People who used the service told us they were happy with the numbers of staff and that they were not prevented from doing things due to the lack of staff. The provider told us that when more staff were needed this was implemented. For example, during a period of instability, one person was risk assessed as requiring 20 minute checks to maintain their safety. As the usual night staff was a sleep-in shift, the provider had added to the rota a waking night staff to carry out these checks during this time.

We checked staff training records to ensure staff were sufficiently skilled. We found all staff had received mandatory training and were up to date with refresher courses. Mandatory training included medication awareness and proficiency, safeguarding vulnerable adults and the Mental Capacity Act (2005). Following our last inspection the provider had begun to roll out mental health awareness training to ensure staff knew the basics of relevant mental health conditions. The provider had a policy to ensure that newly recruited staff had at least two years' mental health experience before they began working at the service. This ensured staff had some relevant experience to support people who used the service.

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 made aware of the complaints system. This was provided in a format that met their needs. The provider had a suggestions and complaints policy which detailed the timescales for acknowledging and responding to different types of complaints, such as formal or informal. In the event that any complaints were received, the complaints policy set specified details should be monitored using a complaints monitoring form to ensure all required timescales were met and the appropriate outcomes were logged. A complaints leaflet was provided to people who used the service as part of their client folder which they received when they moved into the service. A complaints leaflet was also available in a communal area of the home on a noticeboard.

People had their comments and complaints listened to and acted on. The provider told us they had received no formal complaints about the service in recent years. In addition no informal complaints had been received which required investigation. Despite this we found that the provider carried out monthly house meetings for people who used the service where some minor complaints had been raised. For example, people expressed dissatisfaction about some of their food going missing from the kitchen. We found the provider had looked into this and resolved the situation by speaking to the individuals concerned. People we spoke with told us they were able to raise any concerns during their monthly key-worker meetings or at any time through regular conversations with staff. People told us they had not needed to make any complaints as they were happy living at the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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