London Borough of Greenwich

London Borough of Greenwich - 58 The Village

Inspection report

58 The Village
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 April 2016 and was unannounced. There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

London Borough of Greenwich 58 The Village is a residential home for up to six adults with learning disabilities. At the time of our inspection there were six people using the service.

Staff had regular monthly supervisions and were safely recruited with necessary pre-employment checks carried out. Records showed that annual appraisals had not taken place since 2014, however the registered manager had appraisals planned for 2016 and staff were supported to carry out their roles appropriately.

Medicines were managed, stored and administered safely. There were regular medicine audits in place. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff. The home maintained adequate staffing levels to support people both in the home and the community.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look for and how to raise safeguarding concerns.

Risks to people using the service were assessed reviewed, recorded and managed appropriately. Detailed and current risk assessments were in place for all people using the service. Risk assessments were linked to communication passports so that the ways to mitigate risk to people were clear.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and pictorial and we saw that people had regular keyworker sessions.

People's capacity and rights to make decisions about their care and treatment where appropriate were assessed in line with the Mental Capacity Act 2005 (MCA 2005). These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were supported to eat and drink. People were involved in planning their weekly menus and were supported to prepare their own meals. People were supported to maintain good health and have access to healthcare services.

People's concerns and complaints were investigated and responded to in a timely and appropriate manner. There was evidence that regular compliance audits took place and issues identified were actioned promptly. The registered manager was seen to be accessible to people, and staff spoke positively about the support available to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Appropriate risk management plans were in place advising staff how to support people where risks to their health and safety had been identified.

Medicines were managed and administered safely.

There were safeguarding adults and children's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

We saw that there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff did not always have regular appraisal of their performance, however staff were supported through regular supervision to carry out their roles.

Staff had completed an induction when they started work and training relevant to their role.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People were supported to make appropriate food and drink choices.

People had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

People said staff were caring and helpful.

People's relatives said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were developed which included information and guidance for staff outlining how people's needs were to be met.

Activities were personalised to meet the needs of people using the service.

People knew about the provider's complaints procedure and complaints were fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led

There were appropriate systems in place to monitor the quality of the service and make improvements where needed.

The provider took into account the views of people using the service, their relatives and other professionals through annual surveys.

Staff said they enjoyed working at the service and they received good support from the manager.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we reviewed information we had about the service. This included reviewing statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with the local authority who commissions the service to obtain their views.

The inspection took place on 26 April 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. During the inspection, we spoke with three people who use the service, two relatives, five care staff and the registered manager.

We reviewed the care records of six people who used the service, six staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "Yes, I feel safe here." One relative told us, "I believe [my relative's] safe, they're very good there." Another relative said, "They know [my relatives] vulnerabilities and have taken great care in helping them access the local shop when [my relative] lost their confidence." Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Medicines were administered safely. People that use the service were encouraged to self-administer medicines where it was safe to do so, and the provider had a clear process in place to assess risk and support people until they were confident to manage their own medicines. Medicines were securely stored in the manager's office, and people's rooms where they managed their medicines. We could see that daily room temperatures were checked to ensure medicines were safe to use.

Medicines administration records (MARs) were up to date, and medicines records included a photo of the person, lists of their prescribed medicines, their side-effects, reasons for taking and the preferred way the person likes to take their medicines. There was a medicines policy in place which provided staff with guidance on how to administer as required (PRN) medicines, reporting errors and self-administering medicines. Staff were subject to annual competency checks to ensure they administered medicines safely, and records we looked at confirmed this.

Staff had received training in safeguarding people, and were knowledgeable in this area. The home had a safeguarding policy in place, which was available to all staff and clearly defined areas of accountability. Staff knew the steps they would take in relation to safeguarding and how to report if they had any concerns. The manager had appointed a member of staff as a designated safeguarding champion to raise awareness of safeguarding and advise others. Staff knew about whistleblowing and confirmed they had access to the homes whistleblowing policy. We also saw a whistleblowing poster displayed in the home at the time of our inspection.

We saw that potential risks to people were managed effectively. One relative we spoke with told us, "They do risk assessments if [my relative's] travelling out somewhere." Current risk assessments were in place for people, including areas such as health and safety, communication, behaviour and health. Risk assessments were regularly reviewed, and where people were due to participate in other activities we could see that additional risk assessments were completed. For example, we saw on one person's file there were risk assessments for riding a bike, swimming and personal care. Another person had a risk assessment for a trip to a racing event, and another had a risk assessment for taking a holiday.

People were supported by sufficient levels of staff to meet their individual needs and promote person centred care. There were enough staff on duty at the time of our inspection, staff we spoke with and rotas we looked at showed that staffing had been planned to cover people's needs. Where bank staff were required the registered manager advised that regular bank staff were used to maintain continuity.

Staff files confirmed that appropriate references and checks of photographic identification had taken place prior to the commencement of employment. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the health and social care sector. Records seen confirmed that staff members were entitled to work in the UK.

Appropriate procedures were in place to deal with foreseeable emergencies, including a business continuity plan and details of an on call manager were accessible to all staff.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person, when asked about the administration of their medicines said of staff, "I am happy with their service" and a relative told us, "Staff are very good."

Staff told us they received regular supervision every six weeks and records showed supervisions were being carried out in line with the provider's policy. However, the registered manager advised us that staff appraisals had not been conducted since 2014 as the provider had paused them for the release of their new business strategy. The provider's policy required that appraisals were completed on an annual basis to focus on staff development. However, we found that staff we spoke with, and records we looked at showed that staff were fully supported to carry out their roles. The registered managed had planned staff appraisals for 2016.

Records we looked at showed did see that staff that staff were supported through supervision; supervision records were detailed, and included regular reviews of staff performance. After the inspection, the registered manager advised us that their appraisal had been scheduled for May 2016, and that staff appraisals would be completed by July 2016 and we will check on this at our next inspection.

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed an induction into the service that included reading people's files, talking with people at the home, becoming familiar with risk assessments and policies and how the home operates. We found that most of the staff at the home had worked there for many years and had good knowledge of people's needs.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Mandatory training included safeguarding, Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) , fire safety and moving and handling where applicable. Staff training files showed staff were up to date with their training requirements, or they had been booked for the next available course that was due. One member of staff told us, "We're trained up to the hills, and can book courses on line." Another staff member told us, "I had my induction in September 2015, but I checked today to see if there were any changes to the policy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had submitted DoLS applications for all people at the home as appropriate, and were awaiting assessment and where required, authorisation of these applications. Staff had been properly trained, and we saw that where this refreshment training was required it had been booked.

People were positive about the food choices on offer. One person told us, "I'm happy with the food here." Another person said, "I love the food here." One relative told us, "They [my relative] was overweight before moving there, but the home supports them with their diet."

The kitchen was clean and we observed that people were supported to use the kitchen as independently as possible. Where one person needed support to use domestic appliances safely, we saw guidelines and risk assessments in their care plan and in the kitchen. Mealtimes were not set and people were able to prepare and eat their food at a time that suited them. We could see that eating and drinking guidelines were included in people's care files, for example one person's guidelines stated "food cut in bite size pieces."

Menus were planned by the people at the home, and they also attended weekly shopping trips. We saw menu plans stated which person had chosen which dish and who was due to help prepare and cook the meal. All meals were planned in line with the healthy eating plate and we could see that people had been actively involved. For example, one person grew their own vegetables at the home and added them to the menu. Another person liked to make celery salad and all the people at the home regularly enjoyed takeaways on Friday nights which showed people were involved in decision making.

People had access to health and social care professionals, when required. A relative told us, "They were so good when [my relative] went to hospital recently, and they made sure they stayed." A staff member told us, "Medical help is very easy, as the GP is across the road and other healthcare professionals are nearby." We saw that appointments were arranged where necessary. For example, in one person's file we could see that an appointment with a speech and language therapist was required and we could see that it had been booked. Another person had experienced some issues with their memory and we could see that the provider had arranged an early memory assessment. Each person had their own individual health books which were updated with all actions following healthcare appointments, including any staff updates.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and supported them in ways that met their needs. One person said, "My worker is good at supporting me" and "If I ask for help they [staff] do it within 2 minutes." A relative told us, "The way they [staff] talk about [my relative] shows they care, I'm quite impressed." Another relative said that staff were, "very friendly and accommodating."

We observed positive and caring interactions between staff and people who use the service, and staff were familiar with the routines and preferences of people using the service. For example, staff were aware that one person liked to remain in their room when not at the day centre, and that another person shouldn't be disturbed when watching their favourite television show.

Staff treated people with dignity and respect. The atmosphere in the home was relaxed and one person we spoke with said, "They [staff] knock on my door before they come in." Staff understood the importance of treating people with dignity and respecting their privacy. One member of staff told us, "I make sure I do not invade people's personal space, and make sure their needs are being met." Another staff member said, "I will ask and check with them to see if they require support with personal care".

People and their relatives were fully involved in the planning and reviewing of their care. One relative told us, "The care meetings are very efficient, but relaxed as well so they don't feel too formal." We could see that care review meetings were arranged with the person using the service, their relatives, keyworker, the home manager and other professionals involved in their care. In one person's plan we could see that the reviewed plan had been sent to the relative accordingly and updated following their feedback. For example, a relative added a favourite music artist to their likes and dislikes.

We saw that care plans recorded if someone wished to practice their faith, and we could see that a keyworker had arranged visits to a local place of worship for one person.

People and their relatives were provided with a brochure on the home at time of admission. This ensured people were aware of the standard of care they could expect from the service

Good

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their individual goals and interests. One person told us, "I love to go on my bike, and when I want to go to the park staff are happy to take me." A relative told us, "They [staff] are wonderful in taking [my relative] to some excellent places including the horse racing and Liverpool football games including an overnight stay." The registered manager told us that they were looking to support more people to go on holidays and for one person to get tickets to their favourite television show.

On the day of inspection we saw that three people were out attending a local day centre, and a weekly plan for activities for all the people at the home was on display. One person had visited the park and another person was escorted to visit a friend. We could see a large board on display in the entrance to the home of pictures of people taking part in their chosen activities such as swimming, gardening, cinema and a trip to a funfair.

Care, treatment and support plans were personalised and provided a clear overview of people's preferences. . Each person had a care plan in place which was specific to their needs and included pictures to highlight key areas of their plan. We saw that copies of these were in people's rooms as well as in the staff office for reference. Care files included communication passports, personal profile, health profile, weekly activities, monthly summaries and evidence of keyworker meetings. Care files were person centred and user friendly and included life history books. People's care plans were well documented and easy to follow. People's achievements from their care plan were reviewed monthly or when people's needs changed. Daily care notes were kept up to date and were reflective of people's daily activities. We saw that people's rooms were personalised in line with their wishes. For example, one person that we spoke with told us they had painted their own room in their favourite colour.

There was a complaints policy and people and relatives were provided with the complaints procedure on admission to the home. The last complaint had been raised in December 2015, and had not been raised about the service directly. We saw that the complaint had been dealt with appropriately and the complainant was satisfied with the outcome. Staff identified the steps they would take if they received any complaints which included alerting the management and ensuring that the complaint was recorded appropriately. We also saw compliments from relatives thanking the home for their personalised support.

We saw that there were regular monthly residents meetings which provided people with the opportunity to provide feedback about the service. Topics discussed included activities, healthy eating, fire drills and days out.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the management team. One relative told us, "Management is great and pay a lot of attention to detail. It's a very friendly structure, based on good people management." Another relative told us, "Management are very good, they think of things I wouldn't." One member of staff told us, "I find management support very good." Another member of staff said, "I feel free to go to my manager, and know they'll respond to my needs." The service had an open culture which encouraged good practice. One staff member told us, "There are innovative ideas at times." Staff that worked at the home were happy there and told us, "This house is very very good."

There were records of three weekly staff meetings that allowed staff to discuss issues, and the registered manager told us these were planned so that all staff could attend. Topics included people at the home, incident reporting, health and safety, daily notes and handling information. Daily handovers also took place between staff to ensure that people's needs were met effectively.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. There were monthly audits of medicines, health and safety and people's care files, and pharmacy audits took place every three months. Health and safety walking route checks were also completed once a week to ensure that the premises were safe for people. Action plans were included to evidence any steps taken to make improvements. An incident and accident log was in place, including notifications made to the CQC and the registered manager told us learning was discussed with the team when necessary.

We saw records confirming that portable appliances, water hygiene and temperature checks were up to date. We saw that regular fire drills and risk assessments took place and that personal emergency evacuation plans were regularly reviewed. Processes were in place to make sure that people were kept safe.

People and those important to them had opportunities to feedback their view about the home and the quality of the service they received. Annual surveys were sent to people that use the service, their relatives, professionals and other professionals. Of the nine that were returned for the 2016 survey, all rated the service as 'excellent' and we could see that the surveys completed by residents were pictorial and were completed with the support of staff.