

Access for Living

Bargery Road

Inspection report

104 Bargery Road
Catford
London
SE6 2LW

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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

About the service

Bargery Road is a care home that provides care and support to up to seven people with a learning disability. At the time of our inspection there were four people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and their relatives told us they felt safe using the service. The provider supported people to take their medicines safely. There were risk management plans in place to protect people from harm. There were sufficient staffing levels at all times to maintain people's safety and ensure their needs were met.

People's needs were holistically assessed, and plans put in place to meet these. The provider met people's nutritional and hydration needs and supported them to have a balanced diet. People were supported with their physical and mental health needs and care records contained good information on these.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the registered manager and staff were kind and caring and knew people well. We observed positive interactions between staff and people receiving care.

People were supported to take part in activities of interest to them. The provider met people's communication needs. People knew how to complain if they were unhappy about any aspect of their care and support.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service actively engaged with people receiving care, so they could continue to improve the quality of the service. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

Rating at last inspection

The last rating for this service was good (published 10 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was well-led.

Details are in our well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bargery Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bargery Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of the inspection was unannounced. The registered manager knew we would be returning the next day to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people receiving care and support and we carried out observations of people's interactions with support workers. We spoke with the registered manager, the service manager and two support workers.

We reviewed the care and medicine records of three people and we looked at six staff files in relation to recruitment, induction, supervision, and training. We also looked at policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the service manager and two relatives of people receiving care and support. We got feedback from the multi-disciplinary team of professionals that worked with the service to plan and deliver care and support.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to ensure people receiving care were protected from harm or abuse.
- Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.
- Safeguarding was discussed regularly at residents' meetings to ensure people receiving care had a good understanding of potential abuse and would know what to do if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were well managed. People and their relatives told us the service was keeping them safe. We received comments such as, "The staff help me keep safe" and "I know they keep (my relative) safe. I have no concerns with that."
- Risks to people were identified, assessed and reviewed regularly by experienced staff. We saw a range of risk assessments that were devised to enable people to take part in activities whilst mitigating potential causes of harm. There were risk management plans in place for people with risks related to health conditions such as pressure sores, dehydration, constipation and swallowing difficulties.
- Plans (PEEP) were in place for people who had difficulty in evacuating the building in an emergency. The plans included how people normally responded to the fire alarm and actions staff should take to support the person to leave the house safely.

Staffing and recruitment

- There were enough staff to ensure people's needs were safely met and this was confirmed by staff we spoke with.
- The service followed safe recruitment processes. There was a system in place to ensure all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People were given their medicines as prescribed. Staff who supported people to take their medicines, had

completed appropriate training and had been assessed as being competent in this area.

- The service had received support from a community pharmacist to ensure one person could get their medicines in a liquid form as their swallowing difficulties meant they could not take tablets.
- The service was not measuring the temperature of the medication storage areas to ensure they were kept at the correct temperature. We raised this with the registered manager and they have now instigated regular temperature checks.

Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy.
- We observed the appropriate use of PPE during our inspection and we found the service to be homely, clean and free from any unpleasant odours.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents occurred. These included referrals to specialist services such as the falls clinic when one person's declining mobility had caused them to fall.
- The manager used staff meetings to discuss previous safety incidents to ensure the whole team learnt from accidents and incidents. For example, a member of staff had seen an intruder in the rear garden. The manager discussed this with the team to ensure all staff would take note to take the appropriate action if a similar incident happened again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to ensure the service could provide effective care and support.
- We saw evidence that care guidelines were devised in consultation with people and their relatives and reviewed on a regular basis. There were personalised plans in place in all aspects of people's care and support needs including their personal care and oral hygiene.
- The service ensured people's changing needs were taken into account and care and support guidelines were adapted, as necessary. One relative told us, "[Family member's] needs have changed a lot due to their diagnosis but they have adapted things and given them a room on the ground floor. There is also a lot of information in the home to make sure the staff are kept up to date."
- We received positive comments from professionals about how the service adapted to people's needs. One professional said, "I have been impressed how hard the staff work to keep the clients living well at home as their needs change."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction in line with the Care Certificate. The Care Certificate sets the skills and knowledge that care and support staff adhere to in their daily working life.
- Staff told us they received appropriate training for their roles. One staff member said, "We get plenty of training. I recently had training in supporting people's health needs. We have also had specific training around dementia from the psychologist."
- Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this. One staff told us, "I get formal supervision from the registered manager, but I also have chats with the CEO if there is any other support I need."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Care records included details of people's likes and dislikes in relation to food and people told us they liked the food available at the service. One person said, "I like the food, we get to choose what we want to eat."
- The service worked with dietitians and speech and language therapists for professional guidance and advice when people had difficulties with eating and drinking. There were detailed eating and drinking plans in place for people with swallowing difficulties.
- There were recording systems in place when people were at risk of dehydration or malnutrition so staff

would be alerted if people had not had enough to eat or drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support,

- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. These included GPs, learning disability nurses, community psychiatry nurses, occupational therapists, psychologists and speech and language therapists. Comments from professionals included, "I have found the staff to be consistently supportive of speech and language therapy interventions" and "The staff are keen to work with the multi-disciplinary team and are always ready and prepared for professional visits."
- People and their relatives told us the service helped them stay healthy and ensured they got medical attention when they needed it. One relative told us, "[Family member's] health has got worse due to their diagnosis but the staff monitor them and make sure they call a doctor when then they need to" and "When they are in hospital the staff visit daily to check on them."
- Staff supported people with health conditions such as diabetes to do regular blood sugar tests. We saw evidence that staff promptly asked for medical advice when they had observed one person's blood sugar readings were high.
- Hospital passports had been developed for everyone using the service. These contained detailed personal health information about people which could be shared with hospital staff if they were admitted to hospital.

Adapting service, design, decoration to meet people's needs

- The home was accessible to people who used the service. People's rooms were decorated to suit their needs and preferences. One person had support from the visual impairment team to ensure their room was well organised and safe for them to use.
- There was a communal kitchen, dining area and access to a rear garden.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We saw the provider was meeting their obligations.

- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. One member of staff told us, "We make sure we are giving people choices. If people have capacity they have the right to make unwise choices, we just need to make sure they have all the correct information, so they can make an informed choice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were well treated and this was confirmed by people and their relatives. One relative told us, "They are definitely kind and caring there. [Family member] is always happy to go back home which shows they are being treated properly."
- There was a stable staff team in place, so people received support from familiar people who knew them well. We observed positive interactions between people using the service and the staff and this was confirmed by professionals who worked with the service. One professional told us, "The staff know the clients well and have good rapport and relationships with them."
- There was guidance information available to staff to help them support people who were experiencing bereavement and loss. The guidance was designed to help people with a learning disability understand and communicate their feelings of grief.
- The provider respected equality and diversity. Care plans contained information about people's religious and cultural needs and people were supported to attend the place of worship of their choice on a regular basis.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with people and what could upset and irritate people. There was clear information on how best to respond if people became agitated including tips to help people become calmer.
- The registered manager told us how they regularly consulted people and their family members on aspects of their care and relatives we spoke with confirmed this. One relative said, "I am here every month, so I speak to the staff but if there any problems the [registered] manager will call me."
- The service supported people to access the local advocacy service if they needed extra support to make decisions. Advocates are trained professionals who support, enable and empower people to speak up and make decisions for themselves. One person had recently received help from an advocate to help make a decision involving their finances.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. Staff we spoke with described how they did this, "Some people are very particular about what they can do for themselves. We always make sure we leave them to do what they can themselves when we are supporting with personal care."
- The service supported people to be as independent as possible. One person's plan gave guidance for staff

on how to ensure they maintained a range of skills such as getting dressed, preparing meals and making a cup of tea for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised, and they had choice and control. Care plans contained detailed information about people's history, likes and dislikes and needs in all aspects of their care and support so that staff had a full understanding of people's preferences.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with family members and other health and social care professionals. Keyworkers produced a monthly report to monitor progress towards people's goals.
- People and their relatives were involved in the care planning and review process. One relative told us, "The review meetings are very useful, we go through what's happened the previous year and (family member) is asked what they want to achieve the next year. Then we make a general plan to achieve this."
- The provider supported people to identify and obtain assistive technology solutions to enable them to be more independent. One person showed us how they used their digital voice assistant to choose and play songs. The service had also installed a Linkline alarm for someone who was anxious about being able to call for help during the night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting people's communication needs. People had communication passports which had been developed with speech and language therapists, so staff would have a good understanding of how people communicated and any aids or adaptations they used to support them.
- People were given information in accessible formats. Key information such as one-page profiles and life story work were available with pictures and were easier to read.
- Pictures of the weekly menus were displayed on a notice board to remind people what meals they had chosen to prepare. There was also easy read safety information available for road safety, stranger danger and how to keep personal money safe when out in the community.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided regular activities to ensure people were occupied and stimulated throughout the week. Regular activities included, education and leisure classes such as drumming and Zumba at the local

adult education centre. The service also supported people to have a regular holiday.

- People and their relatives were happy with the activities on offer. We received comments such as "The staff help me to go swimming and gardening" and "[Family member] has lots of regular activities. All things that are of interest to them."
- People were supported to maintain relationships. One person told us, "I go out with my girlfriend every week with support from staff. We go to the cinema or restaurants together."
- People's cultural needs were met. One person was regularly supported to go to a local restaurant which served their cultural food. They were also supported to wear their national dress to attend festivals and celebrations of their culture. The same person was also supported to prepare their cultural food at home when they wanted.

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose. The manager kept a record of complaints which showed what action had been taken to resolve issues that had occurred.
- There was a complaints policy that was discussed with people, so they knew how to complain. Relatives of people using the service told us they had never made any complaints, but they knew who to talk to if they had concerns. One relative told us, "If I wasn't satisfied with the staff response I would speak to the registered manager"

End of life care and support

- At the time of the inspection the service was not providing end of life care for people using the service.
- One person was being supported to plan their funeral and make a will. Staff had supported them to get quotes from different funeral directors and they have now successfully chosen a company and made a funeral plan. They told us that it was important to them to have it all organised, "I'm happy that I have been able to sort the funeral out. I know that I will get it how I want it."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The service worked to achieve positive outcomes for people. People and their relatives were happy with how the manager led the team to ensure people received a good service. We received comments such as, "The care they give is really first class" and "I can't imagine it better anywhere else."
- Staff were positive about how they worked to help people achieve a good quality of life. We received comments such as, "I would definitely want a family member to live here. We support people to live the life they want" and "We are able to work flexibly around people's choices. It's not an institution as everything is up to the people we support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and other members of staff were clear about their roles. We received comments such as "We all work together well as a team" and "If I need any help I can go to the service manager or the registered manager, they are very supportive."
- The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care.
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were satisfied the service communicated with them when they needed to. One relative told us, "I am there regularly but if there is anything urgent the staff or the manager will call me and let me know."
- There were regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.

- Staff also convened regular resident meetings to share information and give people the opportunity to suggest changes to the service. People receiving care were also able to take part in the recruitment process and help choose new staff.
- The service asked for feedback from people by sending out satisfaction surveys once a year. The results were analysed, and an action plan put in place to ensure improvements were made.

Continuous learning and improving care; Working in partnership with others

- There were regular quality assurance audits of the service which looked at key areas such as people's medicines and finances, health and safety of the building and equipment and infection control. Audits contained action plans to ensure shortfalls were addressed.
- The service worked in partnership with other health and social care professionals to ensure people received ongoing specialist support. Professionals included speech and language therapists, community psychiatry nurses, occupational therapists, psychiatrists and psychologists. One professional told us, "The multi-disciplinary team has a very good relationship with (the service) and we work well together for the benefit of the clients."