

London Borough of Greenwich

101 Royal Hill

Inspection report

Greenwich
London
SE10 8SS

Tel: 02086943652

Date of inspection visit:
22 February 2016

Date of publication:
15 March 2016

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 was carried out on 22 February 2016 and was unannounced. 101 Royal Hill provides accommodation and support for up to seven adults with learning disabilities in Greenwich, South London. At the time of this inspection seven people were using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager informed us they would be taking a 12 months secondment opportunity away from the home. They told us they were in the process of submitting an application to cancel their registration as a manager with CQC. An acting manager had been appointed by the provider to run the home in their absence. The provider told us the acting manager was in the process of applying to CQC to become the new registered manager.

Most of the people using the service could not communicate their views to us verbally. We contacted some of their family members for their views about the care provided to their relative. They told us their relatives were safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. 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. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of nutritional food and drink to meet their needs and staff knew how to support people with eating and drinking. They had access to a GP and other health care professionals when they needed them. The acting manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People and their relatives were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. They sought the views of people using the service and their relatives through annual satisfaction surveys. Staff said they enjoyed working at the home and they received good support from the acting

manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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.

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

Appropriate recruitment checks took place before staff started work. Staff told us there was always enough staff on duty to meet people's needs.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

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

People's care files included assessments relating to their dietary needs and preferences and staff knew how to support people with eating and drinking.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people using the service in a caring, respectful and dignified manner. People's privacy and dignity was respected.

People using the service or their relatives, acting on their behalf, had been consulted about their or their relatives care and support needs.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Each person using the service had a program of activities.

Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post at the time of our inspection however they were due to take a 12 months secondment opportunity away from the home. The provider had made appropriate arrangements for the management of the home in their absence.

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

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

101 Royal Hill

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 22 February 2016 and was unannounced. They spent time observing the care and support being provided to people using the service. They looked at three people's care records, staff training and recruitment records and records relating to the management of the service. They spoke with the relatives of three people using the service, two members of staff, the deputy manager and the acting manager. They also asked two health care professionals for their views about the service.

People using the service had complex communication disabilities and were not able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

A relative of a person using the service told us, "I think my son is safe there." Another relative said, "I know my sister is getting good care and I am happy that they are safe."

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The acting manager told us this flow chart provided guidance for staff on reporting safeguarding concerns. The acting manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Recruitment checks took place before staff started work. Staff recruitment records were held at the organisation's head office. The acting manager showed us staff information sheets held at the home. These sheets included a recent photograph, criminal record check reference numbers and recorded that all other required pre-employment checks had been obtained by the human resources team. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and they had obtained criminal record checks, two employment references, health declarations and proof of identification.

There was enough staff on duty to meet people's care and support needs. A member of staff told us there was always enough staff on duty to meet people's needs. A relative said, "When I visit the home there is always plenty of staff around to look after people. I think they are all safe." The acting manager showed us a staffing rota; we saw there was a good ratio of staff to people using the service and some people regularly received one to one support from staff. The provider employed a team of bank staff. These staff were mainly used to cover vacancies and staff annual leave or sickness. The acting manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on falling, road safety, getting lost and scalding. Risk assessments included information for staff about the actions to be taken to minimise the risks occurring. We saw personal emergency evacuation plans for all of the people using the service. These took account of people's specific needs and how they would be evacuated in the event of an emergency such as a fire at the service. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety and first aid.

People's medicines were stored securely in individual locked cabinets in a locked room. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. We checked the balances of medicines stored in the cabinets against the MAR for three people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed by health care professionals. The acting manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.

A pharmacist from the local authority Clinical Commissioning Group (CCG) told us they had recently visited the home to carry out an audit on the storage of medicines. They observed good working practices; the medicines room was kept locked at all times and the keys were restricted to authorised members of staff only. There were no issues identified during the audit apart from there being no lockable fridge in the medicines room. They said the CCG was organising for a fridge to be purchased for the home in which they could safely store fridge items. The acting manager told us there were no current medicines that required fridge storage.

Is the service effective?

Our findings

A relative of a person using the service told us, "This is a pretty good home. My relative moved into the home when it opened. Some of the staff has been there a long time and know my relative very well and they know what they need to do to support them." Another relative said, "I think the staff cope really well and they meet everybody's needs."

Staff told us they had completed an induction when they started work, they received regular supervision and, where appropriate, an annual appraisal of their work performance. The deputy manager told us they started working for the provider, at another care home, over a year ago. They had completed an induction and were up to date with all of the training the provider considered mandatory. They started working at the home four months ago. Since then they had two formal supervision sessions with the acting manager. Another member of staff also told us they received regular formal supervision with the manager and an annual appraisal of their work performance. Records seen confirmed that all staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

Staff had the knowledge and skills required to meet the needs of people who used the service. The service supports people with complex communication and profound learning disabilities. A training matrix showed that all staff had completed training that the provider considered mandatory. This training included the administration of medicines, epilepsy, moving and handling, health and safety, first aid, fire safety, food hygiene, infection control, safeguarding adults and the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received training relevant to the needs of people using the service for example dignity in care, key working, and Autism and Makaton sign language. A member of staff told us they had worked for the provider since 1982. They said, "I get a lot of training. I am up to date with most things and I have refresher training coming up. The training we get is very relevant to the needs of the people that live here. I attended training last week on Autism. That was particularly good. I really learned a lot from that."

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. 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 acting manager told us that the people using the service had capacity to make some decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make

decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. At the time of our inspection we noted that applications had been made to the supervising body (the local authority) to deprive all of the people using the service of their liberty for their protection. The supervising body had authorised one of the applications. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed. An officer from the supervising body told us they planned to assess the other applications in March 2016.

People had access to a GP and other health care professionals when needed. GP and healthcare professional's visits were recorded in the care files we looked at. Each person using the service had a health profile which contained important information about their health care needs and conditions. The deputy manager told us that the profiles were taken with people using the service to health care appointments. Any advice received from health care professionals was recorded and passed onto the manager and all staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. We saw that people's care files included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Staff were aware of people's dietary needs and how to support them to eat and drink. We observed staff supporting people to eat at breakfast time. They sat down at the table with people and encouraged them to eat and drink independently. One member of staff was supporting a person who had been assessed as at risk of choking. The member of staff helped the person to load their spoon which allowed the person to eat independently. We saw guidelines on a notice board in the kitchen on how to support this person to eat and drink safely and observed that the member of staff had followed these.

A dietitian from the local authority Clinical Commissioning Group told us they had recently visited the home to carry out to check on the food and drinks provided for a person using the service who was recommended to have pureed food and thickened fluids. There had previously been a few problems for example, the guidance for staff to support the person with eating and drinking was not easily accessible and food was not being made for them to the recommended texture. The dietitian said these problems had been addressed. The guidance was now available for staff in the kitchen and food was now being made to the recommended texture. They said they had referred the person concerned to a speech and language therapist for further support and they were working with the acting manager and staff to make sure the person's needs were being met.

Is the service caring?

Our findings

The relatives of people using the service told us staff treated them and their relatives in a respectful and caring way. One relative said, "I visit my relative twice a week. The staff are very respectful and caring. My son moved in when the home opened ten years ago. I'm really happy that he moved there." Another relative told us, "The staff are nice, friendly and caring. My sister is very happy there." A third relative said, "I am very satisfied with the home and the care sister receives from staff."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. They were observed to give people time and space to do the things they wanted to do. Support was delivered by staff in a way which met people's needs, for example staff were observed engaging with people in conversation and activities such as completing jigsaw puzzles and singing along to songs on a karaoke. We saw that one person went out with staff on the homes shopping weekly trip. Another person went out with a member of staff to purchase new clothes and items for their upcoming birthday party.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. We observed staff knock on doors and ask if it was okay to come in before entering people's rooms. One member of staff told us, "When I am carrying out personal care tasks with people, I cover them to maintain their dignity. I explain what I am doing and ask them if what I am doing is okay. I encourage them to do what they can for themselves and help them to do the things they can't." The deputy manager told us they and staff made sure information about people using the service was kept confidential at all times. They said, "We don't leave peoples information lying around and information about people is only given to people who need to know, for example health care professionals." We saw that confidential information about people using the service was kept in a locked office.

People using the service and their relatives were provided with appropriate information about the service in the form of a 'Tennant's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The acting manager told us this was given to people and their relatives when they started using the service.

Is the service responsive?

Our findings

The relatives of people using the service told us the service met their relatives care and support needs. One relative told us, "My son gets one to one support from staff throughout the week. It's great, the staff really engage with him. He gets to do plenty of things." Another relative said, "The support my sister gets from the regular one to one member of staff is excellent. I get lots of emails from them about everything, she's great." A third relative told us, "They are looking after my sister really well. She has come on a lot and things have really improved for her since she moved there."

We looked at the care files of three people using the service. The files included care and health needs assessments, care plans and risk assessments, monthly key working reports, the person's method of communicating, capacity assessments and, where appropriate, best interests decision report minutes, Deprivation of Liberty Safeguards authorisations and associated paperwork. These indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care and support planning process. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. For example there was guidance in place for staff to support people at risk of choking with eating and drinking. There was also guidance in place for staff to support another person when they presented with a specific medical condition. A relative told us, "I have always been involved in planning for my sons care and support needs. I attend all the review meetings and I am always asked what my views are about his care." Another relative said, "I regularly attend my sisters care plan and review meetings. The staff ask for my opinions about what they are doing and if I have any suggestions."

Although most people using the service could not communicate their needs verbally we saw that each person's file included their method of communicating. Some people used Makaton sign language, some people used picture cards and some people used body language and facial expressions. A Makaton "Word of the week" was displayed in the staff office, we saw that last week's word was 'radio', and the word for this week was 'birthday'. A member of staff told us they had received training on Makaton and they had a good understanding how people using the service communicated. We saw that residents meetings took place at the home on a monthly basis. We saw the minutes from the last meeting December 2015. A set agenda for the meetings included, tenant, family, staffing and environmental issues, activities both in house and in the community, anything people wanted to discuss and a discussion topic. The focus for the December meeting was preparing for Christmas and the minutes recorded people's comments and suggestions.

We saw that each person using the service had an individual program of activities. These were displayed in the office. Some people attended day centres and colleges and some people attended cookery classes, went swimming, bowling or to the cinema. Other activities included music and aromatherapy sessions, a dance group visits to a local pub. There was a range of in house activities for people to partake in such as jigsaw puzzles, DVD's, karaoke and a foot spa. Some people attended their places of worship or practiced their faith or visited family members at weekends and some people visited family members. People had also been allocated domestic tasks such as doing their laundry or tidying their rooms. On the day of the inspection a musical entertainer visited the home. People using the service got really engaged with the

music and singing and appeared to enjoy this activity.

We home had a complaints procedure in place. The relatives of people using the service told us they knew about the procedure and they would tell staff or the manager if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The acting manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. We saw a record from the last complaint made to the home. The complaint had been fully investigated and responded to appropriately.

Is the service well-led?

Our findings

The relatives of people using the service spoke positively about the staff and the acting manager. One relative said, "The new manager has introduced herself to me. The staff said they are happy with her so that's good." Another relative told us, "The staff to know what they are doing. The new manager is on the ball and is doing a good job as far as I can see."

The home had a registered manager in post. The registered manager notified CQC in January 2016 that they would be on secondment from the home for one month. An agency manager (the acting manager) had been appointed to run the home in their absence. During this inspection the registered manager informed us they would be continuing this secondment for a further 12 months. They told us they were in the process of submitting an application to cancel their registration as a manager with CQC. The acting manager told us they were in the process of applying to CQC to become the new registered manager.

Staff told us about the support they received from the acting manager. One member of staff told us, "The new manager is putting new systems in place and as a team we are all supporting each other. She's a good leader, firm but fair, her door is always open and she's easy to speak with." Another member of staff said, "The new manager is good at explaining what needs to be done and why. We get good direction from her. She looks out for people using the service. She is approachable; the office door is open not closed." Staff also said there was an out of hours on call system in operation that ensured management support and advice was available for them when they needed it.

Staff said they enjoyed working at the service. One member of staff said, "I like being a key worker, seeing people happy and helping them to do the things they like. Sometimes when I'm off work for a while and I come back people show me they are glad to see me. That makes me happy to do this job." Another member of staff told us, "We have a good team; we are all here for the people who use this service. When they are happy we are happy. What I do here comes from my heart and I really enjoy what I do." We saw that team meetings were held on a monthly basis and were well attended by staff. A member of staff told us, "The team meetings are helpful. We talk about what's new and what people using the service need. Staff can voice their views and put forward any ideas. We discuss any incidents or accidents and what we need to do to stop the same things happening again. "

The provider recognised the importance of regularly monitoring the quality of the service. The acting manager showed us records that demonstrated regular audits were being carried out. These included health and safety, finance, medicines and care file audits. The deputy manager showed us monthly reports prepared by the home for provider to monitor the homes performance. These reports covered areas such as for example, incidents and accidents, medicines errors, health and safety issues, complaints, staff vacancies, supervisions and appraisals. We also saw a report from a quality monitoring visit carried out by the provider in January 2016. The report made a number of actions for improvements to be made at the home. We saw an action plan drawn up following the visit and evidence confirming that many of the actions had been fully addressed. For example, a medicines fridge had been ordered, fire drills were planned on a three monthly basis, all foods had been labelled with an opening date and a broken bin in a bathroom had been replaced.

The provider told us the acting manager was very keen to improve the service and open to constructive feedback. She responded quickly to the recommendations they had made in the report.

The provider took into account the views of people using the service expressed through surveys. The acting manager showed us some completed questionnaires from the last survey July 2015. The feedback recorded in these was generally positive. The acting manager told us the findings had not been fully analysed and a report had not been produced following that survey. They had however summarised the findings of the survey for the provider in response to the recent quality monitoring visit. They told us following the homes next survey they would analyse the feedback from the questionnaires, draw up a report and an action plan and share the findings with people using the service, relatives and staff.