

Index Care Limited

Index Care 88 Abbey Wood Road

Inspection report

88 Abbey Wood Road
London
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17 August 2017

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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 17 August 2017 and was unannounced. At our last inspection on 01 September 2016, we found improvements were needed in relation to medicine room temperatures not being monitored and documented and the service did not have a medicine fridge. Systems in place to audit and check the service were not entirely effective as issues found at the inspection had not been identified by the provider.

At this inspection on 17 August 2017, we found improvements had been made in relation to medicine room temperatures were monitored and documented on a daily basis and there was medicines fridge available should it become necessary for medicines to be stored in the fridge.

88 Abbey Wood Road is a service which provides care and support for up to seven people with mild/moderate learning disabilities. There were seven people using the service at the time of our inspection.

The service had a registered manager who had been in place since February 2016. 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.

Appropriate safeguarding adult's procedures were in place and staff knew and understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Risks to people were identified and monitored and provided clear information and guidance for staff on how to support people. Medicines were stored, administered and recorded appropriately. Appropriate recruitment checks were carried out before staff started work. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service. There were enough staff deployed to meet people's care and support needs. Accidents and incidents were recorded and followed up in a timely manner.

Staff received appropriate training and support to carry out their roles and staff training was up to date. Staff received regular supervisions, appraisals. There were processes in place to ensure staff new to the service were inducted into the service appropriately. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). Staff asked people for their consent before they provided care. People were supported to have a balanced diet. People had access to a range of healthcare professionals when required in order to maintain good health.

People said staff were kind and caring and their privacy and dignity was respected. People were encouraged to be as independent as possible.

People were involved in their care planning which was person-centred and identified people's needs, choices and preferences. Care plans provided clear guidance for staff on how to support people in line with their individual needs. People participated in a range of personalised activities which protected them from

social isolation. Regular service user meetings were held to obtain people's feedback. People knew about the complaints procedure and said they would use it to complain if they needed to.

There were effective processes in place to monitor the quality and safety of the service. People's views had been sought about the service to help drive improvements. Regular staff meetings took place and the service sought people's feedback about the service. People and staff were complimentary about the service and the registered manager.

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 safeguarding adult's procedures were in place and staff had a clear understanding of these procedures.

Risks to people were identified and monitored and provided clear information and guidance for staff on how to support people.

There were enough staff deployed to meet people's care and support needs.

Medicines were stored, administered and recorded appropriately.

Appropriate recruitment checks were carried out before staff started work. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Accidents and incidents were recorded and followed up in a timely manner.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to carry out their roles and staff training was up to date.

Staff received regular supervisions, appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). Staff asked people for their consent before they provided care.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals when required in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring.

People's privacy and dignity was respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People were involved in their care planning which was person-centred and identified people's needs, choices and preferences.

Care plans provided clear guidance for staff on how to support people in line with their individual needs.

People participated in a range of personalised activities which protected them from social isolation.

Regular service user meetings were held to obtain people's feedback.

People knew about the complaints procedure and said they would use it complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Regular staff meetings took place and the service sought people's feedback about the service.

People and staff were complimentary about the service and the registered manager.

There were effective processes in place to monitor the quality and safety of the service. People's views had been sought about the service to help drive improvements.

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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.

This unannounced comprehensive inspection took place on 17 August 2017. The inspection team consisted of one adult social care inspector.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

The service is registered to provide personal care for up to seven people with mild/moderate learning disabilities. On the day of the inspection there were seven people using the service. We spent time observing the care and support being delivered. We spoke with two people using the service, two members of staff and the new manager. We reviewed records, including the care records of the four people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I feel safe living here, staff make me feel safe". Another person said, "Yes I do feel safe here".

At our last inspection on 01 September 2016, we found improvements were needed in relation to medicine room temperatures not being monitored and documented and the service did not have a medicine fridge. At this inspection we found that medicine room temperature were monitored and documented on a daily basis. We also saw that there was a medicines fridge available should it become necessary for medicines to be stored in the fridge.

We saw medicines were stored, administered and recorded appropriately. Staff did not administer medicines until they had been deemed competent to do so. Medicine Administration Records (MAR) charts that we looked at had been accurately completed show that people were given their medicines.

Risk assessments were carried out and regularly reviewed. These included risks to people in relation to medicines, epilepsy, accessing the community, challenging behaviour, self-harm, water temperatures and activities. Risk assessments included information about actions to be taken to minimise the chance of the risk occurring. For example, one person was at risk of challenging behaviour. There was a risk assessment in place that provided staff with information and guidance on how to reduce these risks to such as using de-escalation techniques and setting boundaries.

Appropriate recruitment checks were carried out before staff started work. We checked staff four staff files, and saw they contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity reviewed and criminal record checks undertaken for each staff member. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were enough staff deployed to meet people's care and support needs. We reviewed staff rotas and through observations we saw that there were enough staff to meet people's needs. The registered manager told us that staff numbers were calculated by establishing people's dependency needs. Although there were enough staff at present to meet people's needs, the service was recruiting additional staff. The registered manager and staff told us, that if there was a need to cover sickness or annual leave the service used regular agency staff. One staff member said, "There are enough staff to meet people's needs".

Accidents and incidents were recorded and monitored. This included the detail of the incidents or accident, i.e. what happened, what action was taken. We also that accidents and incidents were followed up in a timely manner. For example one person using the service had suffered a small burn whilst baking. We saw the incident was documented and the person was appropriately treated for a minor burn.

We saw that there were arrangements in place to deal with foreseeable emergencies. Training records confirmed that staff had completed training in first aid and fire safety training. Staff told us what they would

do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the home was up to date, and we saw that personal emergency evacuation plans were in place for people using the service to ensure their safety in the event of a fire.

Is the service effective?

Our findings

People told us that staff were competent and we saw staff knew what they were doing. One person said, "Staff know me well and do know what they are doing".

We saw new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. Records showed that staff had completed a programme of mandatory training which covered, safeguarding, medicines, mental capacity act, fire and first aid. Staff told us they had completed all mandatory training as well as specialist training such as epilepsy. One staff member said, "The training is very good here. I have done my mandatory training and am now doing my NVQ level 3 in social care".

Staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a variety of topics including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff we spoke with told us, "I have supervisions so that I can raise any issues that come up and get feedback."

Staff understood the requirements of the Mental Capacity Act 2005 and acted according to this legislation. 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. The application procedures for this in community services are to be made to the Court of Protection. The registered manager told us that all of the people using the service had capacity to make 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. We checked whether the service was working within the principles of the MCA and found all plans contained consent forms, which were signed by the people who used the service or their relatives.

Staff were knowledgeable of the MCA and understood the importance of obtaining consent from people prior to providing care or assistance. One staff member told us, "I always make sure I ask people if they want me to help. I always get their consent first". Another staff member said, "I ask for people's consent and tell them how I am going to help them".

People were involved and supported to choose what they wanted to eat or drink which helped ensure they had a healthy balanced diet whenever possible and were protected from risk of poor nutrition and dehydration. People's care files included assessments of their dietary needs and preferences. One person we spoke with said, "I love spicy food and spaghetti Bolognese. Staff help me to cook but I do as much as

possible myself".

People had access to healthcare professionals when needed and staff supported people to attend appointments to such as GPs and dentists when needed. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. Staff attended appointments with people to support them when needed. One person we spoke with told us "Staff help me make appointments and come with me to the doctor". We saw that the service allocated downstairs bedrooms to people with health needs that would put them at risk if their bedroom was upstairs. For example, the risk of falling down the stairs. One person said, "I feel safe with having my bedroom downstairs. I like being downstairs".

Is the service caring?

Our findings

People told us that they were happy living at the service which was caring. One person we spoke with told us "Staff really care about me. Another person said, "Yes staff do care about me, they look after me".

Throughout the inspection we saw staff treating people kindness, patience and a caring attitude. Conversations between staff and people were calm and friendly. We noted that people had a good rapport with staff, laughing and joking with them. For example, one person was really interested in football and we saw the person and staff happily joking and discussing football teams.

People were involved in making decisions about their care and also had support and input from social workers and their families where possible were to help them make decisions about their care and support. One person we spoke with told us "Staff talk to me, I know what's happening." People were assigned a keyworker with whom they had regular meetings to discuss any changes and receive individual, focused support. One person told us, "I have a keyworker, they help me. They go out with me and help me to cook. I can talk to them about anything".

Staff knew people as individuals and how to support them. They were able to describe people's individual needs. For example, the time people liked to wake up and go to bed, their hobbies and their likes and dislikes. For example, one person loves trains and heavy metal. Another person likes to have a shower first thing every morning".

People had their own individual bedrooms which they had personalised with their own belongings. We saw people's privacy and dignity. Staff knocked on people's bedroom doors before entering and kept bedroom doors closed when they were supporting people. One member of staff we spoke with told us that "I always maintain people's privacy and dignity by knocking on people's rooms before entering and closing doors when supporting people with personal care".

People's care files documented people's cultural and spiritual needs as well as their choices and preferences. This enabled staff to provide a service suited to their individual needs. For example their cultural dietary requirements and whether they wished to be supported to attend their chosen place of worship and the festivals they wished to celebrate. One person said, "I listen to my religious tapes when I feel like it".

We saw staff encouraged people to be as independent as possible. People had individual weekly chores schedules which included being preparing meals and tidying bedrooms. One person we spoke with told us "I do what I can and ask staff for help when I need it." Another person said, "It's good to do things for myself so it will help if I move out to live on my own".

Is the service responsive?

Our findings

People's care needs were assessed before they moved into the service to ensure their needs could be met. People were involved in decisions about their care and support and received person-centred care which was responsive to their individual needs. Care files were reviewed regularly and included people's personal details such as date of birth, next of kin details, food preferences, life histories, ethnicity and religion. They included information about people's medicines, nutrition, personal care, physical and mental health. Daily progress notes were maintained to record the care and support people were receiving.

Care plans provided clear guidance for staff on how people's health needs should be met. We saw people using the service, their key workers, and relevant healthcare professionals were involved in the care planning process. People were assigned a keyworker with whom they had regular meetings to discuss any changes and discuss the support people needed.

Staff were aware of people individual likes, dislikes and food preferences. For example, one staff member told us that there were two people using the service that enjoyed going to football training on a weekly basis and they were supported to do this.

We saw people participated in a range of personalised activities both outside and within the service. Each person had an individual weekly program of activities. Activities for people outside of the home included working at charity shops, swimming, football matches, going shopping, horse-riding, day trips and going to the cinema. Activities within the home included playing watching television, computer games and listening to music. One person we spoke with told us, "I like relaxing in my room". Another person said, "I like playing computer games, going bowling and for walk in the park".

Regular resident meetings took place in order to obtain people's feedback about the service. Items discussed included, activities, the cleaning rota, day trips and volunteering opportunities. We saw that at a meeting in July 2017, it was discussed about purchasing garden furniture for people to enjoy. We saw that this had been done and gave the people the opportunity to relax in an outside space.

The service had an accessible complaints procedure in an easy to understand format that was available to people using the service. A copy of the procedure was available on notice boards as well as in people's care files. Although the service maintained a complaints folder they had not received any complaints. However, the registered manager stated that if they did then they would follow the complaints process to investigate the matter.

Is the service well-led?

Our findings

People were very complimentary about the staff, the registered manager and the management of the service. One person said, "The registered manager is a good leader. I can talk to them about anything". Another person said, "I like the staff and the registered manager. I like living here, I am happy."

Staff told us the ethos of the home was to improve people's independence and quality of life. One staff member said, "I love working here and playing a part in promoting people's well-being." Staff told us they were happy and enjoyed working in the service and they spoke positively about the registered manager and the leadership of the service which was receptive to staff input. Staff told us that the registered manager was very supportive and operated an open door policy. One staff member said, "The registered manager is brilliant. They are calm and they listen." Another person said, "The registered manager is a good leader, you can talk to them about anything at any time." We saw there was an out of hours on call system in operation that ensured that staff had management support and advice when required.

The service had a registered manager who had been in place whom people and staff were very complimentary about. One person said, "The registered manager is very nice, I can talk to them at any time. They are like family. One staff member said, "The registered manager is very good, very open, ready to listen and hands on". The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

There were effective systems in place to monitor the quality and safety of the service. Records showed regular internal audits were carried out in order to identify any shortfalls. Areas audited included medicines, water temperatures, health and safety, the environment and care files. We found that no issues were identified from these audits.

The service had introduced regular newsletters from May 2017 which provided staff and people with information about events that already had taken place and what was going to take place in the future. For example, the latest newsletter included information about fun days, such as a BBQ and summer fete. There was information about interactive therapies which included learning about animals and holding animals which helped with stress. We saw that the provider had introduced staff awards which recognised and celebrated staff achievements with financial incentives. The registered manager told us that it was important for the service to recognise and reward staff financially for the good work they were doing.

Records confirmed that regular staff meetings now took place. Meetings were minuted and we saw discussions took place around areas such as risk assessments, health and safety, activities, staffing and what about them people who used the service. One staff member we spoke with told us, "I attend staff meetings which give us the opportunity for us to come together as a staff group." This meant that learning and best practice was shared with staff to understand what was expected of them at all levels.

We saw the service regularly sought feedback about the service from residents, relatives and health care

professionals and this feedback was positive. Comments included, "The service is good" and "It's very nice". Comments received from relatives included, "Thank you for doing a great job, I have no concerns at all" and "My relative is so happy, I know they are well cared for". Comments from health care professionals included, "I am really pleased with the support of staff towards people's independence and empowering service users" and "I can see a person-centred approach. Keep up the good work."