

London Borough of Barking & Dagenham







George Crouch Centre

Inspection report

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Date of inspection visit: 23 & 26 October 2015
Date of publication: 11/02/2016

Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

The George Crouch Centre is an extra care housing scheme run by the London Borough of Barking and Dagenham consisting of 32 flats. The council provides personal care or help with medicines to a number of tenants in the scheme assessed as needing this type of support. At the time of this inspection there were eleven people who received support with personal care or with their medicines. The flats are divided between two floors which are accessible by a lift.

There was registered manager at the service. 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.

We found the medicines record for one medicine for one person did not show a running total so the provider could not be sure the person was receiving this medicine as

Summary of findings

prescribed. Risk assessments were carried out and risk management plans were in place but in the case of one person a risk had not been identified. Staff had received training in whistleblowing and safeguarding.

Building health and safety checks were carried out. The service had a plan to respond to emergencies which staff were aware of. Safe recruitment checks were carried out. Staff received regular training, supervisions and appraisals. People gave their consent to staff before care was delivered. Staff were able to provide support to people to make and attend health care appointments. Some people received support with food preparation and staff were aware of their dietary requirements.

People and a relative told us staff were caring and staff had spent time getting to know people, their care needs and preferences. Staff were knowledgeable about maintaining people's independence, dignity, privacy and self-respect.

Staff were aware of how to deliver a personalised care service but told us extra staff would enable them to give more time to people and offer more activities. Some people felt there should be more activities. The registered manager told us there were usually more staff on duty to enable this to happen but two staff members were currently on long term sick leave. Staff and people were aware of the complaints procedure and we saw complaints had been dealt with in accordance with the complaints policy.

The service had systems in place to obtain feedback from staff, people and involved professionals. Quality assurance systems were in place to audit the care provided. However audits did not show when actions had been completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risk assessments did not always include all possible risks. Medicines were not always managed safely because we found a running stock check was not always recorded.

There was a safeguarding policy and staff were knowledgeable about how to report concerns. The building was safe with all required health and safety checks carried out and the service had an emergency plan. Safe recruitment checks were done.

Requires improvement



Is the service effective?

The service was effective because staff were trained and competent to deliver care. Staff received regular supervision and appraisals.

People were supported with food preparation and support to maintain their dietary needs where appropriate. Care files showed people had consented to their care and support plans. Staff supported people with healthcare appointments when needed.

Good



Is the service caring?

The service was caring. A relative and people thought staff were caring. People were treated with dignity and their privacy and self-respect was promoted. Staff knew how to encourage people to maintain their independence.

Good



Is the service responsive?

The service was responsive and staff were knowledgeable about how to deliver care in a personalised manner. People, their relatives and staff knew how to raise a complaint.

Staff and a relative thought there should be more activities and more staff would enable this to happen. The registered manager said there were two staff members on long term sick leave but when they returned more activities should be possible.

Good



Is the service well-led?

The service was well led and there was a registered manager. The service had systems to obtain the views of people who used the service, relatives, health and social care professionals and staff. The provider had systems in place to audit the quality of care provided.

Good



George Crouch Centre

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.

At the last inspection on 24 February 2014 the service was meeting the legal requirements. This inspection took place on 23 and 26 October 2015 and was unannounced. One inspector carried out this inspection on the first day and a policy officer from the Care Quality Commission who talked to people and one inspector carried out the inspection on the second day.

Before the inspection visit we reviewed the information we held about the service. This included previous inspection reports, registration details and notifications the provider had sent us since the last inspection. During the inspection we spoke to the registered manager, the extra care co-ordinator and three members of staff. We observed care and support in communal areas and spoke with four people who used the service in private and one relative. We looked at four peoples care files, medicines records, five staff files and training records. During the inspection we also looked at other records that related to how the home was managed including feedback surveys, records of meetings and quality assurance.

Is the service safe?

Our findings

The service was not always safe. Medicines were not always managed safely. The provider had a clear medicines policy which covered the process of obtaining and administration of medicines. We saw medicines were given to people by appropriately trained and competent staff. We saw staff had signed the administration records when medicine had been given and any reasons for not giving people their medicines were recorded. However, we found for one person, the medicines records did not show a running total of boxed tablets remaining in stock. This meant the provider could not be sure if this person was receiving their medicine as prescribed and when they needed it.

People had risk assessments to assess if it was safe for them to move freely around their flat and the communal areas. The care co-ordinator carried out the risk assessments when a person moved in and we saw these were reviewed on an annual basis. The risks were identified and actions needed to minimise the risks were documented. For example, people had risk assessments around mobility with the number of carers needed for daily living activities, challenging behaviour and medicine administration. However, we found risk assessments did not identify all possible risks. For example, one person who smoked had burn marks in their clothing and there was no risk management plan in place for this.

The whistleblowing policy gave details of the London Borough of Barking and Dagenham's whistleblowing officer and the confidential whistleblowing telephone number. However, we noted this policy did not mention that staff could whistleblow to the Care Quality Commission (CQC). We asked staff about this and only one member of staff knew they could whistleblow to CQC. This staff member was new and was aware of being able to whistleblow to CQC from their previous employment. We raised this with the manager who agreed to add a page to the whistleblowing policy with this information.

People and a relative told us they thought the service was safe. The service had a safeguarding policy which gave clear guidance about recording an incident of abuse, making a safeguarding referral, the investigation and protection plans. Staff were knowledgeable about the different types of abuse and the procedure to follow if they

witnessed abuse. One staff member told us there was, "Plenty of information in the office downstairs," and they would, "Report it to the care co-ordinator." Another staff member spoke about confidentiality and told us, "Sometimes you need to break confidence to keep someone safe."

We saw building health and safety checks were carried out and included building safety, general health and safety, electrical equipment and fire safety. For example, we saw from the health and safety check carried out on 9 January 2015 that some lights in the communal areas were identified as not working. The checklist showed the manager had contacted the housing department to replace the faulty lights and this had been rectified on the same day. We saw the building had also been refurbished recently.

The service had a plan in place to manage emergency situations which staff were aware of. Staff told us when they left the late shift the call bell system was switched over to a call centre who answered any calls and responded as needed. Where appropriate staff at the call centre contacted the scheme manager on call. The extra care co-ordinator explained that four scheme managers including the registered manager shared the rota for being on call in the evenings and at the weekends.

We found that staff recruitment checks were carried out. We looked at the recruitment records for staff and found pre-employment checks had been carried out as required. For example, staff had produced proof of identification, had a disclosure and barring service (DBS) check and had produced confirmation of their legal entitlement to work in the UK where appropriate.

The registered manager told us the hours of support given to people was decided by the local authority following a care needs assessment. They told us that unexpected staff absences were covered with agency staff and this was confirmed by staff and the rota. The care co-ordinator told us if a person's needs changed, extra support was provided and an urgent care needs review would be requested of the local authority. We saw that a number of people had chosen to receive their personal care services from other agencies. Staff told us that in the event of an outside agency member of staff not arriving for their shift they would step in and provide the support the person needed.

Is the service effective?

Our findings

People and a relative told us they thought staff had the skills necessary to support people. A relative told us their family member is now able to communicate where they could not communicate before using the service and this is due to the skills of staff.

Staff told us they had regular opportunities for training and development. We saw that new staff were given training in the new Care Certificate. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. We saw new staff had an induction pack which they worked through when they began working at the George Crouch Centre. This contained a list of tasks a new staff member should complete during their first week, first month, first three months and first six months of being employed.

We saw from the training records that staff had received up to date training in care topics including food hygiene, dignity in care, first aid and end of life care. Records showed that training was delivered through e-learning and face-to-face. We saw staff had received face-to-face training in manual handling and although medicines training was delivered through e-learning all staff had to pass a competency assessment before administering medicines unsupervised.

The care co-ordinator told us staff received a one to one meeting every three months. Staff and staff records confirmed this this was the case. We saw that one to one meetings consisted of a minimum of two supervisions a year, a mid-year appraisal and an end of year appraisal. Supervision records showed these meetings were used to discuss how the person was finding the job, acknowledgement of the staff member's achievements,

training and development and customer care. We saw that appraisals were used to discuss strengths, areas for development, targets reached from the previous year and new goals were set for the next twelve months

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 registered manager and staff demonstrated they understood the principles of the MCA. For example, one staff member gave an example of gaining consent to call a doctor for a person. Another staff member told us when they gained verbal consent from a person they, "Log in communication book their choice or consent." We saw that people had signed to consent to receiving support for medicines, personal care and having their photograph taken.

Staff told us they helped people with preparing light meals or heating food in the microwave and that shopping and the preparation of main meals were usually provided by a meals on wheels service or families. This was confirmed by people who used the service. Staff were knowledgeable about people's requirements with regards to food and dietary needs.

People told us they were able to make appointments themselves or with the help of their family. Staff told us they helped people to make appointments if they needed assistance. We saw from care records that where staff assisted people with their medical appointments the outcome was recorded.

Is the service caring?

Our findings

People told us they thought staff were caring. One person told us, “The staff I know are caring and treat people nice and do listen.” Another person told us the staff listened to them but “It took a while to settle in.” A relative told us the staff, “Are really caring, they go beyond what I expected.”

The care co-ordinator told us that before a person entered the service, they received information about the person from the local authority. One staff member told us they developed caring relationships with people through, “Sitting and talking to them, building rapport through sharing and engaging [in conversation].” Another staff member told us, “Management provide some information. You must read the paperwork to know what is needed, care plans are important to capture key details and you must never assume.” This staff member also said it was important to, “Communicate, have to go to their level, never shout and always make sure that they understand. You get to learn how people are.”

Staff told us the service had recently introduced a “keyworker” system. A keyworker is a member of staff who is responsible for overseeing the care a person received and liaising with other professionals involved in a person’s life. One staff member explained that by being a keyworker to a person you could “get to know the person really well.”

The care co-ordinator told us people were involved in making decisions about their care and they signed their care plans to show they agreed to it. We saw this was the case. Staff told us it was important to offer people choices and said, “Ask them, always ask them” and “Got to be able to choose [and we] respect their choices. Staff also said

“We have different cultures and diversity here”, and explained how they encouraged people to maintain their identities by helping them to have contact with their family and their community.

The service had a comprehensive dignity in care policy which covered eight main factors that promote dignity in care. These included offering people choice and control about their life, communication, pain management, privacy, and social inclusion. The policy gave clear guidance to staff about delivering care in a manner which promoted people’s dignity and self-respect.

Most people told us that staff knocked before entering their flats and we saw this was the case. One person told us that sometimes staff did not knock before entering. We saw that each person had a keysafe outside their flats so that staff could gain entry when a person was unable to answer the door or in an emergency. Care files showed that people consented to this as part of their support plan. A staff member explained that staff would always “Encourage them to answer the door when they can walk.” Another staff member explained that all people, “Are checked twice a day, starting with a phone call at around 8 AM.” Staff explained that if they do not get a response when they knocked on the door then they would let themselves in to ensure the person was okay.

Staff described to us how they respected and promoted people’s independence, privacy and dignity. For example, one member of staff said they did this by, “Staying outside and letting them shower by themselves if they are able and they want to. Treat as you want to be treated yourself.” Other staff members told us they made sure the front door, bathroom door and windows were shut when supporting a person with personal care and the person was covered. One staff member told us they always ask people, “how do you want me to assist?”

Is the service responsive?

Our findings

Staff were knowledgeable about how to deliver personalised care. One staff member told us, “It’s about that person, not just health; it’s about their likes, dislikes and background.” Another staff member told us personalised care was the, “Care package put together for a person specially done to ensure they are looked after properly and how they want.”

People’s care records were comprehensive and person-centred containing a timetable of the support they received. We saw that care plans were done pictorially for people with a learning disability to help them to read and understand them. Support plans contained an overview of the person and showed how the person wished to receive their care.

The care co-ordinator told us activities on offer to people included bingo, morning and afternoon teas, fish and chip supper and painting. These activities took place in the large communal lounge. We saw there was a small room dedicated to providing a hairdressing service to those tenants who wanted to have their hair cut or styled. The care co-ordinator told us the hairdresser visited the service once a week. Staff told us about the festive activities that were planned for the forthcoming Christmas celebrations which included carol singers and a Christmas dinner celebration provided by the YMCA. Some people told us they had other activities outside the George Crouch Centre or they chose not to participate in the activities offered. One person said “There are lots of people here during the day to talk to and laugh with.” A relative told us they felt more activities should be offered to their family member to encourage them to socialise outside their flat.

People told us there were enough staff to help them and respond to their needs. Staff told us they thought there were enough staff to be able to attend to people’s basic care needs. One staff member told us that, “Having two staff is fine, but anything unexpected can put you behind.” This staff member told us that having another staff member person on shift would allow time for more activities. Another staff member told us that a third person on shift, “Would make a little bit of a difference to someone’s life.” We discussed this with the registered manager and care co-ordinator who explained that the reduction in staffing was temporary and was due to two members of the team being on long-term sick leave. Rotas and care records showed there were enough staff to meet people’s assessed needs.

People and a relative told us they knew how to make a complaint. One person told us if they were not happy about something they never bothered to take it further. A relative told us when the new bathrooms were being fitted in people’s flats, they were not happy about how it was progressing but it was only when they threatened to make an official complaint that things were resolved to their satisfaction.

The registered manager told us if anyone expressed dissatisfaction with the service, they tried to resolve the issue before it became a formal complaint. The service had a complaints policy and brochure which was available for people using the service. We reviewed the complaints log and saw five complaints had been made during 2015. The records showed the date the complaint was made and the nature of the complaint. These were signed and dated by the manager when the complaint had been resolved and showed they had been resolved in line with the policy.

Is the service well-led?

Our findings

Staff confirmed that they attended staff meetings. Records of staff meetings showed these were generally held every three months. Topics discussed included the fire evacuation procedures, people who used the service, daily tasks, medicines and keyworking. The minutes of these meetings showed that staff had the opportunity to give their views and contribute to discussions.

The service held meetings with the tenants and we reviewed the minutes of the most recent meeting held on 8 October 2015. Topics discussed included health and safety, medicine prescriptions and activities. People we spoke with confirmed they had the opportunity to attend tenants meetings and one person said, “Yes, everyone gets to have their say.” One person told us they sometimes attended these meetings.

People told us they were asked for feedback. We saw the quality feedback survey results from November 2014. Thirty-one people were given surveys and nine people responded indicating they were happy with the service. One of these respondents made a comment saying they would like more visits than the two visits a day they received. We asked the registered manager about this who said the care management team were asked to carry out a review of this person’s care needs and the person was happy with the outcome. We saw eight surveys were given to health and social care professionals and three professionals responded. One professional respondent had asked if more entertainment could be offered to the

tenants. We discussed this with the registered manager who said they had spoken to the day service which used the George Crouch Centre as their base and asked them to open up their activities to the tenants.

There was a registered manager in post at the time of the inspection who was also the registered manager of two other services run by the same provider. People said they did not see the registered manager often and that if they wished to raise or concern or discuss their care, they would approach the extra care co-ordinator. The extra care co-ordinator was responsible for the day to day running of this service and their work was overseen by the registered manager. Staff told us they were comfortable with discussing concerns or ideas openly with the extra care co-ordinator.

We saw the provider had carried out a monitoring visit on 12/03/2015 to check the service was providing care in line with CQC’s key questions and no issues were identified. Care records contained audit check sheets which enabled the registered manager to randomly select files for auditing. We saw the most recent care file audit was carried out in September 2014 where twelve files were randomly selected. This check acknowledged the files were up to date with risk assessments and personalised support plans. We saw it was identified that next of kin details needed to be updated on some files but there was no record that action had been taken around this or that a further audit was carried out to check this was done. The registered manager told us another file audit was in process at the time of inspection.