

London Borough of Greenwich

London Borough of Greenwich - 99 Elliscombe Road

Inspection report

99 Elliscombe Road
Charlton
London
SE7 7PD

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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

London Borough of Greenwich – 99 Elliscombe Road is a supported living service that provides personal care and support for people with learning disabilities and/or autistic people. The service accommodates up to four people in one adapted building. At the time of our inspection there were two people receiving care and support.

People's experience of using this service

People told us they were supported to understand risks and they knew how to stay safe. Risks were well managed. The provider ensured people were protected from the risk of acquiring infections and the service was clean and hygienic. Medicines were managed safely by staff who had received relevant training. There were sufficient staffing levels to maintain people's safety and ensure their social care needs were met.

People's health and social care needs were 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 given ongoing information and guidance to help them understand and manage their health conditions. 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 staff were kind and caring and knew them well. People were treated with dignity and respect and they were supported to learn and maintain daily living skills.

The provider ensured people were supported to attend activities of their choice in their local community. Communication needs were considered, and detailed guidance was in place to help effective communication.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People told us how they were in control of how they lead their lives and were supported to learn and maintain daily living skills.

Right care:

- People were treated as individuals and their personal preferences were known and upheld by staff that knew them well.

Right culture:

- The provider engaged and included people in all aspects of their support, including the selection of new staff. Staff were proud of how they worked together as a team to ensure people were supported to make decisions for themselves and lead the life they wanted.

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

Rating at last inspection:

The last rating for this service was good (19 May 2018).

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.

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 responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Borough of Greenwich - 99 Elliscombe 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

London Borough of Greenwich – 99 Elliscombe Road provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who were living at the service and we carried out observations of people's support and interactions with support workers. We spoke with the current registered manager and the new manager who was planning on taking over the registered manager role.

We reviewed the care and medicine records of two people and we looked at records related to staff 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 spoke with two support workers and the acting resource manager. We received feedback from three professionals who worked with the service to plan and deliver health and social care.

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 protect people 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 and they conducted prompt investigations when necessary.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves. The registered manager conducted regular audits of people's finances to ensure they were being managed appropriately. One person told us, "I can go to the bank myself and the [registered manager] checks my money for me."

Assessing risk, safety monitoring and management

- People using the service told us staff helped them to stay safe. Risks to people were assessed, and precautions put in place to mitigate the risk of harm. For example, the risk of accessing the community independently had been assessed and plans were in place to help people understand the risks and keep themselves safe. One person told us, "I always take my mobile phone with me when I go out. I can call staff for help if I need to."
- We received positive comments from professionals about the way staff supported people to manage risks. One professional said, "They definitely take a positive risk-taking approach to ensure people are supported to be as independent as possible and take considered risks."
- The service ensured each person had a personal emergency evacuation plan which was developed with them which explained how they should evacuate their home in the event of an emergency.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. Staffing levels changed according to people's individual needs and to ensure appointments and activities could be supported.
- At the previous inspection we found the service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included applicants' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on applicants' backgrounds, including convictions, to help employers make safer recruitment decisions. We did not review the recruitment files at this inspection as there had not been any new staff employed since we last inspected.

Using medicines safely

- People's medicines were stored, administered, and managed safely. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- The registered manager checked medicines regularly and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and there were processes in place to ensure medicines were being stored at the correct temperature.
- People's ability to take their medicines independently was assessed and plans were in place to support people to develop their skills in this area whilst ensuring they took their medicines as prescribed. One person told us, "I can do my own medication. I always remember what times to take my tablets. The staff check that I'm taking everything properly."

Preventing and controlling infection

- The provider was managing the risks associated with the COVID-19 pandemic and there were good infection control procedures in place. People receiving care were given information and advice on the benefits of regular testing and their choices around having regular tests were upheld.
- The provider had adapted the visitors' protocol as government guidelines changed. Visitors to the home were asked to complete a COVID-19 test, wear appropriate PPE and follow hand hygiene procedures before entering the home.
- Staff had access to personal protective equipment, such as gloves and aprons to prevent the spread of infection. They were also given infection prevention control training which was regularly refreshed. There were systems in place to ensure high standards of cleanliness were kept and the home was clean and hygienic when we visited.

Learning lessons when things go wrong

- There was a system in place for staff to record accidents and incidents. The registered manager received all incident reports immediately, so they could ensure all necessary steps were taken to maintain safety after incidents occurred.
- Accidents and incidents were analysed during the regular audits of the service to help identify patterns or trends. The registered manager used staff meetings to discuss previous safety incidents to ensure the whole team benefited from lessons learnt.

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

- Care and support was delivered in line with the law and guidance. People's needs were assessed before admission to ensure the service could provide effective care and support. Assessments considered all aspects of people's health and social care needs. For example, people's ability to manage their oral care was assessed and guidelines were in place to ensure staff supported people appropriately to maintain their oral health.
- Care plans were devised and reviewed in consultation with people. There was support from independent advocates during the review of people's care plan to ensure their needs and choices were considered and upheld.

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 and probation period to ensure they were competent to deliver care and support for people with learning disabilities. The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge.
- Staff told us they felt supported by their manager, had regular supervision and an annual appraisal, and records we saw confirmed this. One member of staff told us, "We get supervision about every six weeks. It gives us the chance to discuss any issues or concerns we might have about service users. We also talk about our own personal development."

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

- People were supported to prepare and cook food they liked and maintain a balanced diet. People we spoke with were happy with the level of involvement they had with choosing and preparing their food. People told us, "We plan the menu every week so get to choose what we want" and "I can do my own shopping and I can buy things for the house."
- Care plans and risk assessments contained information on special dietary needs and allergies, so staff would understand what food was safe for people to eat. People with specific dietary guidelines were supported with regular 'safe eating' sessions to ensure they remembered about healthy eating and special recommendations about what food was safe for them to eat.

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

- People were supported to access appropriate healthcare services when needed and have a regular annual health check. We received positive feedback about the service from the GP who told us, "The practice has

worked closely with the service over a number of years. We work collaboratively to ensure the primary healthcare needs of the residents there are met."

- People told us the service helped them stay healthy and ensured they got medical attention when they needed it. There were clear guidelines in place to ensure people and the staff understood how to manage specific health concerns such as diabetes and mental health conditions.
- Hospital passports had been developed which contained detailed personal health information about people which could be shared with hospital staff if they were admitted to hospital.
- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included occupational therapists, physiotherapists, psychologists, and social workers.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Care and support was delivered in line with the principles of the MCA. Staff received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support.
- The provider assessed people's capacity to make key decisions regarding their care and support and informed the relevant authorities when there were concerns that people lacked capacity to make key decisions for themselves.

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

- People told us that they were treated with kindness and respect. We received comments such as, "The house is very nice. The staff are alright, they treat me with respect." We received positive comments from professionals about the way people were treated. One professional told us, "The service appears to treat people with kindness and compassion."
- There was a stable staff team in place, so people received support from familiar staff who knew them well. We observed positive interactions between people using the service and staff and this was confirmed by a health and social care professional who worked with the service. They told us, "The staff there have always been approachable, helpful and diligent in their approach to caring for the residents."
- The provider respected people's equality and diversity. Care plans contained information about people's protected characteristics and cultural needs and people were offered support to practice their religion in the way that they wanted.

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

- People were supported to express their views and make decisions about their care. Staff told us how they regularly consulted people about all aspects of their care. One member staff told us, "We make sure people make their own choices about what they want to do. We can make suggestions, but we don't decide for people."
- People were supported by independent advocates when they needed additional help to make large or complex decisions. The positive way that staff empowered people to take the lead on decisions in their life was confirmed by professionals who worked with the service. We received comments such as, "The staff encourage people to lead in their decisions" and "The staff are very supportive but they are good at letting service users take control and advocate for themselves when they can but they also offer support when people need it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and their independence was maintained wherever possible. Staff described how they maintained people's privacy and dignity when providing personal care support.
- Care plans had clear information on what people could do for themselves, so staff could ensure their dignity and independence was maintained. There were a range of daily living skills teaching plans in place to ensure staff took a consistent approach to supporting people to learn and new skills. People spoke positively about how staff supported them to maintain skills and be independent. One person told us, "The

staff help me clean my room and I do my own laundry myself. I like to be independent."

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

- Care plans contained detailed and personalised 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 individual needs.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with health and social care professionals. Keyworkers arranged regular meetings with people to review progress towards goals and get ongoing feedback about their care and support. One person told us, "My keyworker helps me with shopping

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

- People led active lives with activities of their own choosing according to their personal preferences. As community activities had been restricted during the COVID-19 pandemic people had been supported to find alternative ways to carry on activities and stay in touch with friends and social groups. One person told us, "Lots of my activities stopped because of Covid but I am keeping busy with my Zoom sessions instead." One member of staff explained, "People's routines are very important to them. Some people are able to go out and about on their own which is important to them. Another person likes to have lots of planned activities and stay in touch with friends. Keeping the routine keeps them happy."
- Professionals who worked with the service told us people received an individual service that was tailored to their needs and preferences. One professional told us, "People are getting a very person-centred service. People's different needs and preferences are well accommodated."

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 can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was working to ensure people's individual communication needs were met. Communication needs had been assessed and guidance was given to staff to ensure they understood people's individual styles and preferences.
- Care plans and key information about proposed changes to the service were created in accessible formats to ensure people could understand them better.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they were not happy about any aspect of their care and support.
- There was an easy read complaints policy and records showed that people had been supported to complain when they were unhappy.

End of life care and support

- At the time of the inspection the service was not providing end of life care and support.
- The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs they wanted to be addressed.

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.

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

- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service which included the risks associated with the COVID-19 pandemic. Not all aspects of the contingency plan were considerate to people's individual needs and wishes. The provider had asked people to temporarily move out of the service during the peak of the pandemic so that the service could be used to accommodate people who needed care and supported whilst isolating. There was a lack of evidence that people had been fully consulted about this temporary move and the provider did not resolve the situation in good time when it became clear that the temporary move was causing one person additional anxiety and they had requested to move back to their home. Since this time the provider has made improvements to the way people are consulted about changes to their service and people are now fully supported by independent advocates and psychology around difficult complex decisions.
- The service engaged with people receiving care and sought feedback in a variety of ways such as regular tenant's meetings and keywork meetings.
- The registered manager held regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. Regular agenda items included, health and safety, maintenance issues, staff training and the health and wellbeing updates about people receiving care.
- People were actively involved in the wider community. Staff supported people to understand the local and general election processes which enabled them to make informed decisions about voting. People were also involved in the selection and recruitment by taking part in staff interviews.

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 spoke positively about the support they received. People told us, "I'm quite happy here. I don't want to move" and "It is a nice place to live. The staff are nice and they let you do your own thing and go out when you want to."
- Staff were positive about how the team worked together to improve the quality of people's lives. We received comments such as, "The best thing about this service is we promote people's independence and empower them to make decisions for themselves" and "We tailor support based on what people want, what they like and what they don't like."

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. The registered manager understood their responsibility to monitor and mitigate risks to people using the service and support workers understood their responsibilities to provide safe and effective care.
- The registered manager was regularly at the service and observed staff carrying out their duties and addressed any concerns. There were regular quality assurance audits which looked at all aspects of the service including care plans, risks assessments, health and safety, medicines, staff training and accidents and incidents within the service.

Continuous learning and improving care; Working in partnership with others

- The service had supported one person to apply to take part in a technology based support system which would use technology to help people who need help remembering things, making decisions, planning, or managing anxiety. The aim of this system is to help people live more independently.
- The service regularly worked in partnership with a range of other health and social care professionals to ensure people received ongoing support to meet their needs. These included social services teams, behaviour specialists, psychologists, speech and language therapists and other healthcare specialists as needed. One professional told us, "The staff contact us appropriately to raise concerns or discuss matters relating to the residents."