

Index Care Limited

88 Abbey Wood Road

Inspection report

88 Abbey Wood Road
London
SE2 9NW

Tel: 02083121952

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01 September 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 01 September 2016 and was unannounced. 88 Abbey Wood Road is a service which provides care and support for up to seven people with mild/moderate learning disabilities. There were five people using the service at the time of our inspection.

There was a new manager who had been in place since February 2016 and has applied to be the registered manager. 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.

At the last comprehensive inspection on 05 February 2016 we had found serious breaches of regulations in respect of people's safe care and treatment, staffing, staff training, people's records and arrangements to monitor the quality of the service. The service was rated Inadequate overall and placed in special measures. We imposed a condition on the registration of the service, that the provider submitted monthly audits in respect of medicines and hot water temperatures. The provider sent us an action plan on 27 April 2016 telling us what actions they would take to address these breaches and submitted the monthly audits as required. This report only covers our findings in relation to the latest inspection. You can read the report from our last inspections in February 2016, by selecting the 'all reports' link for 88 Abbey Wood Road on our website at: www.cqc.org.uk.

We carried out this inspection on 01 September 2016 in line with our special measures policy to check if improvements had been made. During this inspection we found the provider, manager and staff had worked hard to address the previous breaches to ensure that people's needs were met. Improvements had been made in all areas and the service. The service will now be removed from special measures but we have rated the service as 'requires improvement' because it is too early to be certain the service will maintain full compliance in the future. We also judged that the condition we imposed on the provider's registration is no longer required and will be removed. We will continue to monitor the service until we are satisfied the good practice found during this inspection has been embedded and maintained.

At this inspection we found significant improvements had been made in relation to people's safe care and treatment, staffing, staff training, people's records and arrangements to monitor the quality of the service. Staff told us there were considerable changes in the home and both staff and people who used the service were all positive about the new manager at the home.

There was one area that needed further improvement in that medicine rooms temperatures were not being monitored and documented and the service did not have a medicine fridge.

We found medicine risks to people were identified assessed and monitored and there was guidance for staff to reduce risks. Work to address the risks associated with ineffective water temperature controls had been

carried out. There were systems in place to ensure that water temperatures were maintained under the recommended safe maximum temperature of 44 degrees centigrade. Accidents and incidents were logged and followed up in a timely manner Staff training was up to date and staff received appropriate support through formal supervisions. Systems were in place to monitor the quality and safety of the service but these required some improvements. People's views had been sought about the service to help drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe.

Management of medicines was significantly improved but medicine room temperatures were not being monitored and documented and the service did not have a medicine fridge, therefore this required improvement

Risks to people using the service were assessed, reviewed and managed appropriately. We found that carried out work to address the risks associated with ineffective water temperature controls. There were systems in place to ensure that water temperatures were maintained under the recommended safe maximum temperature of 44 degrees

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

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

There were enough staff on duty to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Requires Improvement ●

Is the service effective?

Improvements had been made to the effectiveness of the service.

Staff training was up to date. Staff had received appropriate support through formal supervisions.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and consideration.

People using the services' privacy and confidentiality were being respected.

Staff encouraged people to be as independent as possible.

Staff knew people well and remembered what was important to them.

Is the service responsive?

Good ●

Improvements had been made in the responsiveness of the service.

Care plans were accurate and people's preferences were correctly documented.

There were a variety of activities on offer that met people's need for stimulation.

A complaints policy was in place and available to people who used the service.

Is the service well-led?

Requires Improvement ●

There were systems in place to monitor the quality and safety of the service. Internal audits were carried out to ensure that there was a system in place to identify any shortfalls. However the audits did not pick up issues we found in this inspection which was that the service did not monitor medicine room temperatures and there was not a medicine fridge should it be needed.

Regular staff meeting took place and people's views had been sought about the service to help drive improvements.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

88 Abbey Wood Road

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 01 September 2016. The inspection team on the day consisted of one adult social care inspector and one pharmacy inspector.

Before the inspection we looked at the information we held about the service including information from notifications they had sent us. We also asked the local authority commissioning the service and the safeguarding team 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 five 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 five 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

At our last inspection on 05 February 2016 we found a breach in regulations as people's safety had been compromised in that medicines were not managed safely. Risks to people had not always been identified or properly assessed and action had not always been taken to manage risks safely. Hot water temperatures within the service were at unsafe levels and analysis of incidents and accidents had not taken place to improve people's safety.

At this inspection we found significant improvements had been made, the provider had systems in place to ensure that medicines were managed safely. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Administration of medicines had been witnessed by two staff on every occasion to ensure that doses were correct. Regular auditing had taken place to check the balances of drugs remaining to quickly identify any missed doses. MAR charts that we looked at had been accurately completed.

However, we found improvements were needed as temperatures of the medicines rooms were not monitored regularly. This meant that medicines could become ineffective if they are kept at the wrong temperature. Although on the day of our inspection there were no people using the service whose medicines needed to be stored in a fridge, we saw that the service did not have a medicines fridge should this need arise. We brought these matters to the attention of the manager who immediately purchased thermometers and assured us that temperatures would be recorded daily. Following the inspection the manager provided records to confirm that a fridge had been purchased. We were unable to monitor this practice at the time of this inspection but will check on this at our next inspection.

We found that the provider had carried out work to address the risks associated with ineffective water temperature controls. There were systems in place to ensure that water temperatures were maintained under the recommended safe maximum temperature of 44 degrees centigrade to ensure that people would not be burnt or scalded whilst using the hot water taps or showering at the service. The inspector physically tested the water in the upstairs shower room and kitchen and found temperatures to be within a safe range.

We found that risk assessments had been carried out and action taken to manage these risks safely. For example, people on epileptic medicines had appropriate risk assessments in place, including provision for emergency medicines requirement packs that were audited monthly to ensure these were in date. We saw risk assessments completed for each person also included fire, travelling, personal safety and using the cooker. These were regularly reviewed. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, one person had suffered a small burn when using the oven but did not report this to staff. When staff noticed the burn, they assessed whether or not medical attention was required and future actions were identified to reduce future risks. For example, long oven gloves were purchased and the person had to be observed when using the oven.

At this inspection the manager told us that the service was embedding a culture of learning from mistakes which included following up immediately on accidents and incidents. This was confirmed when we found

that the service maintained an accident and incident file which recorded all incidents and accidents for people using the service. 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 an accidental injury, the incident was documented and the person taken to hospital.

People using the service said they felt safe and that staff treated them well. People we spoke with told us that they felt safe living in the home and that they were happy with the care they received. One person said, "I feel safe, [Staff] make sure I am safe." Another person said "I feel safe living here, staff are always around."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All staff we spoke with 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. The provider said that all staff had received training on safeguarding adults from abuse.

Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to. There were no safeguarding concerns at the time of our inspection.

There were enough staff on duty and deployed within the service to meet people's needs. One person we spoke with told us, "There are enough staff, they are good." The manager told us the service was in the process of recruiting a deputy manager and a further two care staff for extra support.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained completed application forms which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to 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 staff told us that personal emergency evacuation plans were in place for people using the service to ensure their safety in the event of a fire. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date.

Is the service effective?

Our findings

At our last inspection on 05 February 2016 we found we found a breach in regulations in that staff did not always receive mandatory training or regular supervisions to support them in their role.

At this inspection we found that the provider had addressed the breach and were compliant with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have rated the service as 'requires improvement' in this key question because it is too early to be certain the service will maintain full compliance in the future. We will continue to monitor the service until we are satisfied the good practice found during this inspection has been embedded and maintained.

At this inspection we found significant improvements had been made, staff had completed induction and mandatory training in line with the provider's policy and they were receiving regular formal supervision. The manager told us staff were required to complete induction training and mandatory training on manual handling, medicines, safeguarding adults, infection control, health and safety, mental capacity act, first aid and fire safety. Staff we spoke with and records we looked at confirmed this. One staff member we spoke with told us "All my training is up to date; we have a lot of training." Another staff member told us "My training is up to date, it's really good." This meant staff had the skills and confidence to carry out their role and responsibilities effectively so that people's needs were met.

We saw that staff were supported through regular formal supervisions in line with the provider's policy. During supervision sessions, staff discussed a range 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 do have regular supervisions and it's good." We saw annual appraisals had not been conducted as staff had not yet completed a full year in service however staff told us they had opportunities to discuss their development. People we spoke with told us that staff were competent and knew what they were doing. One person we spoke with told us, "I think staff are well trained." Regular staff supervisions had only been implemented for the last six months at the time of inspection. In order to revise the rating for this key question we need to see consistent good practice in this area. We will check that this has been done at our next inspection.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records detailed the type of decisions people had the capacity to make when they might require support to make decisions and understand the consequences of those decisions. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. For example for member of staff told us "I always ask if people require help and also explain what I am going to do." One person we spoke to told us "[Staff] tell me what they are doing."

People were supported to eat and drink sufficient amounts to meet their needs. We saw that with the input of staff, people had decided on their own menus according to their choices and preferences. Their care files included assessments of their dietary needs and preferences. One person we spoke with said, "I pick my own menu, I like omelettes and grapes." Another person told us "I like spicy food, I cook noodles and burgers and staff help me." One member of staff we spoke with told us "We encourage people to eat well and healthily by including plenty of fruit and vegetables in their diet."

Records showed that people had access to a range of healthcare professionals in order that they maintained good health. This included GPs, dentists and opticians, psychologists, social workers and mental health team when required. When we spoke with staff they were aware of people's routine health needs and kept them under review. 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 "My keyworker helps me by taking me to appointments."

We saw that people's needs and preferences were taken into account and the environment was arranged to promote people's freedom. For example, we saw two people who had medical needs that made it difficult for them to use the stairs were allocated bedrooms downstairs. This had been done in consultation with the people using the service. This meant the service was taking preventative action to ensure people were kept in the best of health. One person told us "I like having my bedroom downstairs, it's better for me, I am happy."

Is the service caring?

Our findings

People told us that the service was caring. One person we spoke with told us "Staff care about me, I like living here." Another person said "Staff are caring and very good."

People who used the service, had support from and input mental health teams, 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 "I'm always told what's going on." People were assigned a keyworker with whom they had regular meetings to discuss any changes.

We saw staff interacting positively with people and they displayed a kind and caring attitude. Conversations between people who used the service and staff were relaxed and friendly. We noted that people had a good rapport with staff. Staff worked calmly and took their time when offering support to people. For example, we saw one person was upset and staff reassured them and spoken to them in an engaging manner.

Staff knew people's histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up, and the types of food they liked and disliked. We also saw that people who used the service had access to advocacy support when they needed it. For example, one person had been experiencing some issues with a family member, the manager spoke to the person about speaking to an advocate, they agreed and the advocate was contacted on the day of our inspection for an appointment.

Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy and confidentiality. For example, they told us they 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 knock before going into people's rooms and close doors". One person we spoke with told us "Staff shut the door to speak to me privately."

The service took into account and encouraged people's cultural and spiritual needs. We saw people were supported to attend their local place of worship when they wanted to go and people's cultural dietary needs were taken into consideration and planned for. One person we spoke with told us "I go to [place of worship] on special occasions and I listen to religious tapes almost every day."

We saw people were encouraged to be independent where possible. We saw an individual weekly cleaning schedule for each person who used the service, this included tidying their rooms, preparing meals and doing their laundry. One person we spoke with told us "I tidy my own room but staff would help if I wanted them to. I want to do it myself for when I move out."

Is the service responsive?

Our findings

At our last inspection on 05 February 2016 we found that the service's complaints policy was not accessible in an easy to understand format. We found that staff were aware of people's choices and preferences however, people's support plans were not always updated on a regular basis to reflect changes.

At this inspection we found that improvements had been made, the service had a complaints policy in place and was displayed on noticeboards in an easy to understand format for people. The policy covered how people should raise concerns or steps to take if they were not satisfied with the response they got from managers. People we spoke with told us they knew how to make a complaint and would talk to staff or the manager. One person told us "I don't have any complaints." Another person told us "I have no complaints, it's all good." The service had not received any complaints at the time of our inspection and the manager told us that should they receive any they would follow the complaints process to investigate the matter fully.

We saw that staff were aware of people's choices and preferences and care plans were updated to include current information. For example, there was up to date information about people's faiths and there was guidance for staff on how to support people to practice the religion of their choice.

One person we spoke with told us "I can choose what I want to do" and another person said "Staff know what I like."

People were assessed to receive care and treatment that met their needs and their care plans were reviewed on a regular basis to ensure their current needs were met. The care files we looked at addressed a range of needs such as communication, personal hygiene, nutrition, physical needs and religious beliefs. We saw these were person-centred and identified people's needs, choices and preferences. Daily progress notes were also maintained in individual diaries for people who used the service to ensure the care and support delivered met their needs. The care files also included evidence that people using the service, their relatives, their keyworkers and care managers had been involved in the care planning process. This ensured that people received continuity in the delivery of their care and that this was effectively communicated to all persons involved. One person we spoke with told us "I'm always told what's going on."

We saw that the service protected people from social isolation by ensuring a range of personalised activities were offered both outside and inside of the home. Each person had a weekly program of person-centred activities which were recorded in a daily log. Activities for people outside of the home included attending college, swimming, going to the cinema and day trips. Activities inside of the home included playing computer games, watching television and karaoke. One person we spoke with told us, "I like watching TV in my room and I am about to start playing badminton." Another person said, "I like swimming and going to the cinema." We saw that the service encouraged people to maintain good relationships with family and friends when possible.

Is the service well-led?

Our findings

At our last inspection on 05 February 2016 we found we found a breach in regulations in that the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Internal audits did not pick up issues we found at that inspection, such as there were no adequate risk assessments for self-administration of medicines or risk assessments for people at risk of burns and scalds from unmonitored hot water temperatures. We also found that regular staff meetings did not take place. The service had also not sought regular feedback from people using the service, relatives and staff in order to implement changes or make improvements at the home.

At this inspection we found that the provider had addressed the breach and that significant improvements had been made. However, we found further improvements were needed. The audits did not identify the issues we found in relation to the service not monitoring temperatures of the medicine rooms and there not being a medicines fridge should it be required. Following the inspection the manager has confirmed that the service was now monitoring medicine room temperatures and the service had acquired a medicines fridge. However we were unable to monitor the effectiveness of this and will check at our next inspection.

Some areas of the quality monitoring system in place were effective and appropriate steps to mitigate risks and improve the service were taken. For example, we saw a medicine audit had been carried out by a pharmacist and no shortfalls had been identified in the administration of medicines. We found that internal audits covering areas such as staffing, health and safety had been carried out consistently for the past six months with no issues being identified.

Staff told us and records we looked at confirmed that regular staff meetings now took place. Minutes of these meetings confirmed discussions took place around areas such as training, activities, health and safety and risk assessments. One staff member we spoke with told us "I get a lot of information, it's also a chance for us to get together and team build." Another member of staff told us "I find these useful, important things are brought to our attention." This meant that learning and best practice was in order for staff to understand what was expected of them at all levels.

We also found that the service had carried out a resident and relative survey to obtain feedback on the service being provided and feedback received was positive. One person had commented that they would like more pictures on communal walls. We saw that this person had a particular disability which meant that pictures on communal walls could be a health and safety risk. The manager told us that they were liaising with a specialist external company to ensure that any pictures placed on the walls were suitable and safe. This meant that the provider was taking appropriate action and that people's feedback was being used to improve the service

We found that regular residents meetings were held. Minutes showed items discussed included weekly activities, trips and daily cleaning schedules. We saw that one person had requested that their television on their bedroom wall was repositioned. We saw that this had been actioned.

The manager and staff told us the ethos of the home was to improve people's independence and quality of life. The manager told us that the service had embraced a clear vision on how to take the service forward and would strive to ensure the service was the best it could be. Staff told us they were happy working in the service and spoke positively about the future of the new leadership which was receptive to staff input. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One staff member we spoke with told us "I like working here, the manager is very good and is taking the service in the right direction. The directors are also very good, they are all hands on." Another staff member told us "Since the last inspection the service has improved a lot. The new manager is very good; the culture is now very open"