

London Borough of Greenwich

# London Borough of Greenwich - 75 Ashburnham Grove

## Inspection report

75 Ashburnham Grove  
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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 unannounced comprehensive inspection took place on 15 and 17 February 2017. London Borough of Greenwich – 75 Ashburnham Grove provides personal care and support for up to 11 adults who have a range of needs including learning disabilities. There were nine people receiving personal care and support at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, currently a new manager was in day to day management of this service.

People who used the service and their relatives told us they felt safe and that staff treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The new manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance to reduce risks. There was an effective system to manage accidents and incidents, and to prevent them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people to take their medicines safely.

The service provided training, and supported staff through regular supervision and an annual appraisal of their performance to help them undertake their role. Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs.

The provider ensured the service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff also supported people to access the healthcare services they required and monitored their healthcare appointments.

People and their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing. Staff supported people in a way which was kind, respectful and encouraged to maintain their independence. Staff also protected people's privacy and dignity.

Staff supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People and their relatives knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. Staff felt supported by the manager. The provider sought the views of people who used the service to help drive improvements. The provider also had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. Staff used the results of audits to identify how improvements could be made to the service.

## 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.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff administered medicines to people safely and stored them securely.

### Is the service effective?

Good ●

The service was effective.

The service supported all staff through training, supervision and annual appraisal.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

Relatives commented positively about staff and told us they were satisfied with the way their loved ones were looked after.

The manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences. Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People and their relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in decisions about making improvements to the service.

The manager held monthly meetings with staff to enable them share their experiences which helped them to support people.

The service had an effective system to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve.

# London Borough of Greenwich - 75 Ashburnham Grove

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Before the inspection, 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.

This inspection took place on 15 and 17 February 2017 and was unannounced. The service was inspected by one adult social care inspector and an expert by experience on 15 February 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector returned to the service 17 February 2017 to complete the inspection.

We spoke with four people who used the service, one relative, five staff, and the manager. We looked at four people's care records and seven staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and that staff treated them well. One person told us, "Staff look after me well." Another person said, "Yes, I feel safe; I like it here." A relative told us, "Staff are absolutely wonderful and extremely helpful, never any concerns over safety." People appeared comfortable with the staff supporting them and we saw examples of people seeking support from staff when needed in a relaxed manner.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse and the signs to look for, as well as the action to take if they suspected abuse had occurred. This included reporting their concerns to their line manager, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. The manager told us there had been no safeguarding concerns since the previous inspection of the service in November 2014.

Staff completed risk assessments for every person who used the service. These covered areas including seizures, manual handling, eating and drinking, falls, transport, risk of choking, and behaviour. We reviewed four people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff supported one person appropriately in line with the guidance in their care plan where they had been assessed as being at risk of choking.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond to and minimise future risks, as well as information about who they notified, such as a relative or healthcare professional. We saw examples of referrals made to healthcare professionals by staff after incidents occurred to improve safety. For example, we noted occupational therapist support had been sought to meet a person's sensory needs. Records also showed that actions to reduce the risk of future occurrence were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. One relative told us, "Staff are really very busy. Yes, I see regular staff; we know them as does my [loved one]." The manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. For example, when people needed extra support to help them to access the community or healthcare appointments, we saw that additional staff cover had been arranged. At the last inspection we found improvement was required in relation to on call system and at this inspection we found this was improved. The service had an on call system to make sure staff had support outside the office

working hours. Staff confirmed this was available to them at all times.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when, and under what circumstances individuals should receive their PRN medicine. There were also protocols in place for dealing with medicines incidents. Staff were aware of the action to take in response to a medicines incident, should one occur, and we saw that action had been taken in response to previous medicines incidents. For example, where medicines errors had been identified we saw the service implemented a more robust administration procedure so that one member of staff administered medicines whilst a second staff member observed, to ensure people received their prescribed medicines safely.

We saw medicines were stored securely in a locked cupboard. Staff monitored fridge and room temperatures to ensure medicines were stored within safe temperature ranges. We also noted staff had carried out medicine checks during each shift handover to ensure people received their medicine safely. The manager conducted monthly medicine management audits and analysed the findings. They shared any learning outcomes with staff to ensure people received their medicine safely. For example, the MAR charts were recorded correctly.

# Is the service effective?

## Our findings

Staff were supported through regular supervision and a yearly appraisal of their performance. Records confirmed that during supervision sessions staff discussed topics including progress in their role and any issues relating to the people they supported. We also saw annual appraisals had been completed for staff where they had completed one year in service. Staff told us they felt supported and able to approach their line manager at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. For example, one relative told us, "Yes, I think staff have adequate knowledge and skills." One staff member said, "Training programmes help me understand my responsibilities and they are important." Staff completed mandatory training which covered areas from food hygiene, infection control, equality and diversity, health and safety, safeguarding, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. However, records showed that some staff refresher training was outstanding. The manager told us that all the outstanding refresher training had been booked in December 2016 and records we saw confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, about their specific healthcare needs.

The manager knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. There were no conditions imposed on these authorisations.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "Yes, food is alright, I choose what to eat." Another person said, "The food is good." Staff recorded people's dietary requirements in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff sought advice from a Speech and Language Therapist (SALT) where a person had been identified as having swallowing difficulties. One relative confirmed their loved one's meal was prepared in line with SALT guidance. We also saw clear written guidance for staff in care plans with appropriate risk assessments and protocols around potential emergencies arising from possible choking where this had been identified as an area of risk to people.

We carried out observations of the support provided at meal times and saw staff interacting positively with people. Staff offered appropriate support to people who required assistance to eat and drink, taking time and encouraging them to finish their meals. The atmosphere was relaxed and not rushed.

Staff supported people to access healthcare services. One relative told us, "They [staff] always let us know of hospital appointments and if we want to attend." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses and podiatry in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. People had hospital passports in place which outlined their health needs and other important information for healthcare professionals to know when they attended the hospital. Staff attended healthcare appointments with the people to support them.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "The staff are kind and nice." Another person said, "I like it here." One relative told us, "The staff are definitely polite."

Staff involved people or their relatives, where appropriate, in the assessment, planning and review of their care. Care records we saw confirmed this.

Staff respected people's choices and preferences. For example, one staff member told us, "I respect the person's preferences; I always give them a choice of food and drinks." Staff supported people where they preferred to spend time in their own rooms, lounge, rear garden, and walk about in the home. We saw that staff regularly checked on people's wellbeing and comfort. Staff knew people's preferred form of address and we saw this information was recorded in their care plans. Relatives told us there were no restrictions on visitor times and that all were made welcome. One relative told us, "Whenever we visit the home, they [staff] always ask if I would like a cup of tea."

Staff understood how to meet people's needs in a caring manner. For example, one member of staff told us, "I talk to people when giving personal care, to make them feel comfortable." Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for.

Staff treated people with respect and kindness. Staff used enabling and positive language when talking with or supporting people who used the service. Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding one person's hand which was positively received. This we saw during meal times, indoor activities, administration of medicines, and when people returned to the service from day care centre.

Staff respected people's privacy and dignity. Records showed staff received training in maintaining people's privacy and dignity. We saw staff knocked and waited for a response before entering people's rooms, and they told us they kept people's information confidential. Staff told us how they ensure people's privacy and dignity was respected, for example by closing people's bedroom doors when they delivered personal care. People were well presented and we observed staff helping people to adjust clothing to maintain their dignity.

Staff encouraged people to maintain their independence. Staff told us how they prompted people where necessary to maintain their personal hygiene, dress and undress, eat and drink, keep their rooms clean, and participate in washing and laundry.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people

with any needs they had with regards to their disability, race, religion, sexual orientation or gender. They confirmed that people were supported by staff of same gender where this was their preference and records we saw confirmed this.

## Is the service responsive?

### Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. One relative told us when their family member's needs had changed the service continued to seek advice from healthcare professionals to meet their change of needs. Staff carried out assessment of each person and used this information as a basis for developing tailored care plans to meet their needs. Care plans contained information about each person's personal life and social history, their physical and mental health needs, allergies, information about their family and friends, details of their preferred activities and contact details of health and social care professionals. They also included information about the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed. We saw four care plans and all were up to date and reflective of people's individual needs.

Staff completed daily care records to show what support and care they provided to each person. People's records included daily care notes which covered areas such as activities, food and drinks, personal hygiene and administration of medicines. We observed staff had handover meetings to share any immediate changes to people's needs on a daily basis to ensure continuity of care. They also used a daily care log to record key events such as hospital appointments, prescription and renewal of medicines.

Staff supported people to follow their interests and take part in activities they enjoyed. One person told us they enjoyed activities at the day centre. One member of staff told us "We do ask residents what they would like to do and build a programme to suit them." Each person had an activity planner, which included visits to a day care centre, accessing community, meeting members of family, shopping and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. They told us they kept the activity planner under review because people changed their mind quite often about their interests and choice of activity.

People and their relatives told us they knew how to complain and would do so if necessary. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The manager told us they had not received any complaints since the previous inspection in November 2014 and the records we saw confirmed this.

## Is the service well-led?

### Our findings

Relatives of people who used the service commented positively about staff and the service. One relative said, "There are clear points of communication. I can leave a note in the contact book to call us back." We saw meaningful interactions between staff and people and the atmosphere in the home was calm and friendly.

We observed the manager interacting with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The new manager is approachable, and makes sure staff are accountable about supporting people." Another member of staff said, "The new manager is supportive."

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. The manager held monthly meetings with staff, where they discussed the experiences of people receiving care at the service. Records of the meetings included discussions of any changes in people's needs and how staff supported them with these changes. For example, we noted during a recent meeting that staff had discussed a change of a bedroom for one person and details of activities people wanted to take part in.

The service worked effectively with health and social care professionals. We saw the service had made improvements following recommendations from these professionals. For example we noted that staff followed the advice from the GP where people had been identified as needing medicine mixed with their food and drinks.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicines, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training. We noted that improvements had been made in response to audit findings. For example, people's risk assessments were reviewed and updated in response to audit findings.

Relatives completed satisfaction surveys about their views of the service. The areas covered in these surveys included personal and healthcare support, the quality of the care provision and delivery, the content and quality of activities, and the quality of staff interactions with people. All the responses were positive however, one relative commented in their response, "More attention should be made to personalise resident's rooms." The manager told us the redecoration work of people's bedrooms was in progress. We saw one person's bedroom was redecorated with their personal belongings. Staff held residents meetings and their suggestions were actioned. For example, when a person asked for a specific confectionary, we saw it was offered to them.