

London Borough of Greenwich

London Borough of Greenwich - 169 Lodge Hill

Inspection report

169 Lodge Hill
Abbey Wood
London
SE2 0AS

Tel: 02083111139

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14 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 June 2016 and was unannounced. At our previous inspection on 19 November 2013 we found that the provider was meeting the regulations that we looked at.

169 Lodge Hill is a care home which provides accommodation and personal care support for up to six people with multiple learning and physical disabilities. The home is based in Abbey Wood, South East London. At the time of our inspection the home was providing care and support to six people and there was a registered manager in post. 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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents involving people using the service were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their treatment and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Is the service effective?

Good ●

The service was effective.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and were consulted about their care and support needs.

Staff respected people's dignity and privacy.

People were supported to maintain relationships and people were supported to access community services.

Is the service responsive?

Good ●

The service was responsive.

People's needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

The service worked well with health and social care professionals to ensure people's needs were appropriately met.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People and their relative's views about the service were sought and considered through residents meetings and satisfaction surveys.

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Detailed findings

Background to this inspection

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

This inspection was carried out by one inspector on 14 June 2016 and was unannounced. There were six people using the service on the day of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service to seek their views. We used this information to help inform our inspection.

On the day of our inspection we met with all six people living at the service. Due to the nature of people's complex needs, we did not ask direct questions, however we observed people as they engaged with staff and completed their day-to-day tasks and activities. We spoke with five members of staff including the registered manager. We spent time observing the support provided to people in communal areas, looked at two people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

Throughout the course of our inspection we observed people were supported by staff to ensure their well-being and safety. People appeared safe and relaxed in the company of staff and other people using the service. Staff we spoke with knew how to keep people safe, the signs of possible abuse or neglect and what they would do if they had any concerns. One member of staff told us, "The safeguarding training we have is very good and it teaches us best practice. All the staff know everyone's needs so well and we would know if something was wrong. I wouldn't hesitate to report any concern." Staff received training on safeguarding adults to keep them up to date with their responsibilities and safeguarding policies in place were readily available in the staff office to provide additional guidance for staff if required. We looked at the safeguarding records and noted there had been four safeguarding concerns reported within the last 12 months. We saw that all concerns had been appropriately documented; referrals were made to relevant professionals as required and actions taken as necessary. The registered manager was aware of their responsibilities in relation to safeguarding and knew how to raise a safeguarding alert if needed.

Medicines were managed, administered and stored safely. We saw there were individual Medicine Administration Records (MAR) in place for each person using the service. MARs detailed people's names, photographic identification, date of birth, swallowing difficulties and information about their prescribed medicines including any known allergies to ensure medicines were administered safely. MAR sheets we looked at were up to date, accurate and had no recorded omissions or errors. Staff we spoke with described how to administer medicines safely and staff training records confirmed that staff had received appropriate medicines training and medicine competency assessments on a regular basis to ensure safe practice.

Medicines were administered to people from their original packaging supplied by a local pharmacist. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was appropriate information for staff about the circumstances when these medicines were to be used. Medicines were securely stored in locked cabinets in a locked medicines room that only trained staff had access to. Temperature checks were carried out to ensure medicines were stored at the correct temperatures and were safe to use. A member of staff who administered medicines explained that all medicines were delivered from a local pharmacist in blister packs and newly delivered medicines were checked to ensure that the correct prescriptions had been received. We saw that medicines for return were stored safely and entered into a record ledger. The record book was up to date and included explanations for why the medication was being returned. Monthly medicines audits were completed to check for any issues or concerns.

Risk assessments were completed to determine the levels of risk to people's physical and mental health needs. People had care plans in place which contained guidance for staff and included detailed information that would protect people from harm by minimising assessed risks. Risk assessments were detailed and responsive to individual's needs, for example where a person was at risk of falling out of their wheelchair, there was a risk assessment specific to the use of a lap strap which prevented falls. Another risk assessment detailed the support staff should provide in the event of the person suffering a seizure. Their risk assessment also detailed the equipment in place to ensure the person's safety in the event of a seizure for example the placement of a soft crash mat next to their bed to reduce injury and anti-suffocation pillows to ensure

airflow during a sleep seizure. Risk assessments were reviewed on a monthly basis, or when there had been a change in a person's condition and level of risk. Information from health and social care professional's involvement was also documented to ensure people's needs were met and risks to people's health were minimised.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required. Information relating to accidents and incidents was analysed to address any recurrent risks and patterns and when required accidents and incidents were also referred to local authorities and the CQC.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that all staff had received fire training and records we looked at confirmed this. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular routine maintenance and safety checks were carried out on gas and electrical appliances. We observed the home environment was clean and free from odours.

Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications. We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. We looked at the staffing rotas and saw there were no gaps in staff cover. Where staff cover was required due to staff absence we saw appropriate bank or agency staff cover was sought.

Is the service effective?

Our findings

During our inspection we observed that staff had the knowledge and appropriate skills to enable them to support people effectively. We saw several examples of how staff used their knowledge and skills to engage people of varying abilities. For example, by using pictures, objects and body language to communicate with people effectively. Staff we spoke with were able to tell us in detail about people's care needs. For example, they were able to describe people's health conditions and how it affected them and how they would know if the person's health deteriorated or what the person wishes were if the person was unable to express themselves verbally.

Staff new to the service completed an induction programme which was in line with the Care Certificate, a nationally recognised qualification for health and social care workers. Newly recruited staff were also provided with mandatory training and opportunities to initially work alongside experienced members of staff to promote good practice. Staff were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. Supervision records showed that both parties had agreed the content and supervision was provided every two months. Staff told us they felt supported by management to carry out their roles effectively. One staff member said, "I get supervision on a regular basis and feel supported to do my job well."

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also met the needs of staff. Training provided included areas such as medication management, person centred care planning, understanding autism and learning disabilities, safeguarding, fire safety, managing behaviour and the Mental Capacity Act 2015.

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.

Staff demonstrated their knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before offering support and when supporting people who could not verbally communicate, staff looked for signs from people's body language and behaviour to confirm they were happy with the support being offered. Care plans contained mental capacity assessments and best interests meetings that were held and demonstrated involvement from health and social care professionals where required.

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. We saw applications for Deprivation of Liberty authorisations were made appropriately and were monitored to ensure any conditions were met and that a renewal application was made, if required, before any authorisation expired. The registered manager demonstrated knowledge about their role in relation to the MCA and the circumstances when an independent mental capacity advocate might be needed to support someone with making a decision.

People's nutritional and dietary needs were planned for and met to ensure their well-being. Staff told us menus were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were offered menu choices and we saw picture cards of various foods and menu options available for people who were unable to verbally express their choice and to aid comprehension. Staff were knowledgeable about people's nutritional needs such as the need for a soft or moist diet to reduce the risk of choking. Guidance by visiting health care professionals such as dietitians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs. Care plans documented guidance for staff on people's diet and nutrition which included weight records, known food allergies, food and fluid charts and diabetic nutritional records where appropriate.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate healthcare professionals as required. Care plans also demonstrated that where appropriate relatives and advocates were kept informed of health issues and any medical interventions people had received. The home worked well with a range of community based health and social care professionals when required including social workers, nurses, occupational therapists, speech and language therapists, GP, dentists and opticians. The registered manager told us they had effective working relationships with health and social care professionals and found them to be responsive and supportive.

Is the service caring?

Our findings

We observed that positive, caring relationships had been developed between people living in the home and staff. During our inspection we saw people were relaxed around staff, were happy to make their wishes known and engaged with staff positively. We heard conversations between people and staff which demonstrated people were supported to make decisions and choices in relation to how they spent their day for example, would you like to attend this activity or what would you like to do. People were cared for by staff that were attentive and who understood their individual needs.

People and their family or advocates were involved in the planning of their care where appropriate. Care plans were person centred and used pictures to illustrate and aid communication. Care plans described individuals in a positive way focusing on what people could be supported to achieve and clearly documented people's preferences and aims. People's life histories were recorded together with their interests in relation to daily living and detailed people's preferred routines. Care plans provided staff with information on how people liked to be supported and how best to achieve their wishes. For example, one care plan detailed that the person liked to be assisted to choose an outfit for the day and for staff to ensure they assisted them by giving them a choice of two outfits.

Staff supported people to express their views and to be actively involved in making decisions about their care, treatment and support needs as much as possible. We saw that staff had good knowledge of people's behaviour and body language and were able to communicate effectively for example when enquiring if they wanted a drink or if they wanted to participate in an activity. Care plans contained communication passports which pictured and detailed the best methods for effective communication. Staff also used various pictorial signs to enable people to understand and communicate effectively. People were allocated their own keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. We noted that clocks and calendars throughout the home were correct and these were a good aid to support people's orientation.

Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. We observed how staff were respectful of one person's privacy whilst they wished to spend time alone in their room doing a chosen activity. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. We saw that people's bedrooms were thoughtfully decorated with people's preferred colours and incorporated their interests and hobbies. The registered manager told us that the home had undergone a recent redecoration programme and people were actively involved and encouraged to choose the colour of their room and the furniture they wanted. We saw that bedrooms were personalised and contained family photographs and personal items.

People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services such as social clubs. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and other relevant meetings or events held.

Is the service responsive?

Our findings

People received care, support and treatment in accordance with their identified needs and wishes. Assessments of people's needs were completed upon their admission to the home to ensure the staff and home environment could meet their needs safely and appropriately. Care plans provided guidance for staff in relation to people's varied needs and behaviours and how best to support them. For example one person's support plan documented clear guidance for staff on how best to support the person safely when they were feeling confused or anxious as they could display physical frustration. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and people's progress was also recorded by staff to ensure the care provided was responsive in meeting their needs.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. We saw that people's care needs were identified from information gathered about them and consideration was given to people's history, past preferences and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and promoted dignity whilst ensuring their physical and emotional needs were met. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and routine servicing when required.

People's need for stimulation and social interaction were met and people were supported by staff to attend a range of local community based activities that met their needs and reflected their interests. The home had access to a vehicle that enabled people to access community services with support from staff. People had individual activity programmes contained in their care plans which detailed their weekly schedules and chosen planned activities. Activities documented included visits to the local library, gardening, playing board games, aromatherapy, shopping trips, baking cakes and arts and crafts.

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at residents meetings. We looked at the minutes of the last residents meeting held on the 22 May 2016 which included pictures of people who attended. Items discussed included activities that people enjoyed and peoples preferred support for personal care.

There was a complaints policy and procedure in place and an easy read version of what to do if people were unhappy or had any concerns available. Peoples care plans also contained guidance for staff on how to support people in making a complaint. Complaints records showed that where appropriate action was taken in line with the provider's policy to address any reported complaints or concerns.

Is the service well-led?

Our findings

Staff spoke positively about the provider and registered manager and the support they received to ensure the home was managed well. They told us management encouraged feedback to help drive service and care delivery improvements. One member of staff told us, "We recently had a team away day which was really good and gave us the opportunity to meet with colleagues and give feedback about what we do." Another staff member commented, "I get support from the manager and feel I can approach them with anything."

There was a registered manager in post at the time of our inspection. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs, activities attended and any issues or concerns. Staff team meetings were held on a regular basis and provided staff with the opportunity to discuss issues relating to the running of the home and the care and supported provided. During our inspection we observed positive team work within the staff team helping each other to ensure people's needs were met. We saw staff communication was good and we observed staff frequently discussing and sharing what they were doing and how they were preparing to support people to complete activities of daily living.

There were a range of quality assurance and governance systems in place to monitor the quality of the service provided. The registered manager showed us audits and checks that were conducted in the home on a regular basis. These included a manager's monthly health and safety check, environmental and maintenance checks, equipment checks and maintenance, care plans and records and monthly medicines audits amongst others. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were clearly documented and recorded as completed. As well as internal audits and checks the registered manager told us that the provider completed frequent compliance visits to ensure the quality of the service was maintained and people's health and welfare needs were met.

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis. We looked at the results for the survey conducted this year. Results were positive showing that 100% of people and their relatives felt their care plan and records provided a clear picture of peoples wishes, 100% felt there were opportunities for their cultural needs to be met, 100% felt people were supported to maintain relationships with their families and friends, 100% agreed that their personal care needs were met and undertaken in a sensitive manner and 80% of people rated the service as either excellent or good. We noted that where there were areas requiring improvements for example relating to people being fully involved in how they chose to lead their lives, staff took action and sought to improve working relationships with speech and language therapy teams to develop there use of objects and pictures to improve communication with people.