

London Borough of Greenwich

64 Charlton Lane

Inspection report

Charlton
London
SE7 8LA

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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 inspection took place on 27 and 28 July 2017.

64 Charlton Lane is a supported living service that provides personal care for up to five adults who have a range of needs including learning disabilities. The people who used the service had a separate tenancy agreement with a housing association at this address. At the time of our inspection four people were using the service.

We previously carried out an unannounced inspection of this service on 15 May 2015. At that inspection we found the service was meeting all the regulations that we assessed.

The service had 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.

At this inspection we found that staff knew how to keep people safe. People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered 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 for staff 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 so that they took their medicines safely. However, we identified that staff did not monitor the medicine cabinet temperatures. We brought this to the attention of the registered manager; they procured new thermometer(s) and instructed staff to carry out regular temperature checks of medicine cabinets. We shall check this at our next inspection.

People commented positively about staff and told us they were satisfied with the way they looked after them. The service supported all staff through training and regular supervision. However, we found that four members of staff yearly appraisal was overdue, the registered manager told us that the staff appraisals were delayed due to the change of the manager and that they were now scheduled to be completed.

The service considered to have mental capacity for every person who used the service. At the time of inspection no one was subject to continuous control and supervision and people could leave the service. The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and acted

according to this legislation.

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

People or 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. The care plans were person centred and reflected people's current needs.

Staff supported people in a way that was kind, caring, and respectful. Staff also protected people's privacy and dignity.

The service 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 knew how to complain and told us they would do so if necessary.

There was a positive culture at the service where people felt included and consulted. People commented positively about staff and the registered manager. Staff felt supported by the registered manager.

The service sought the views of people who used the services, and staff to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and 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. However, following the inspection feedback, the registered manager instructed staff to carry out regular temperature checks of medicines cabinet.

Good ●

Is the service effective?

The service was effective.

The service supported all staff through training and regular supervision. However, staff yearly appraisal was overdue, the registered manager told us that the staff appraisals were delayed due to the change of the manager and that they were now scheduled to be completed.

People commented positively about staff and told us they were satisfied with the way they looked after them.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

Staff supported people to access healthcare services they required and monitored their healthcare appointments.

Good ●

Is the service caring?

Good ●

The service was caring.

People who used the service 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 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.

People who used the service commented positively about the registered manager and staff.

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 registered manager held meetings with staff which helped share learning and ensure that staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received.

64 Charlton Lane

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 took place on 27 and 28 July 2017 and was unannounced. This service was inspected by one inspector.

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. The provider had 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. We used this information to help inform our inspection planning.

We spoke with four people who used the service, three members of staff, and the registered manager. We looked at three people's care records and five 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, health and safety, and quality assurance and monitoring.

Is the service safe?

Our findings

People who used the service told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel safe, I'm happy here." Another person said, "I like this place; staff are nice." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). The registered manager told us that they had no safeguarding concerns since our previous inspection in May 2015. 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. One member of staff told us, "I'm aware about the whistle-blowing policy and procedures. I can report to the manager, senior manager and external agencies if required."

Staff completed risk assessments for every person who used the service. These covered areas including food, self-administration of medicine, accessing community, epilepsy, and health and safety management. 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 epilepsy, a risk management plan had been put in place which identified the level of support the person needed to reduce the level of risk. In another example, we saw staff regularly supported a person; to access the community on their own when road safety had been identified as an area of risk. A member of staff told us, there had been no incident in the community or at the service involving this person. This was confirmed when we reviewed people's care records.

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 and minimise future risks, and who they notified, such as a relative or healthcare professional. For example, when a person reported unwell in their bedroom, ambulance was called and taken to hospital and for another person a behaviour management plan was put in place to manage their behaviours that challenge. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. 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. We saw staff responding to people's needs in a timely manner.

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.

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

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. Staff had a clear understanding of these protocols.

Staff carried out medicine checks at each shift handover to ensure people received their medicines safely. However, we identified staff did not monitor the medicine cabinet temperatures. We brought this to the attention of the registered manager; they procured new thermometer(s) and instructed staff to carry out regular temperature checks of medicine cabinets. We shall check this at our next inspection.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "Every member of staff supports me with my personal care, and they are good." We saw staff assisted people who required help with cutting up food and made sure their dietary needs were attended to.

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training when they started work. The registered manager told us all staff completed mandatory training identified by the provider. The training covered areas from food hygiene, infection control, equality and diversity, health and safety, to moving and handling, management of medicines, catheter care, 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. The service provided refresher training to staff. Staff training records we saw confirmed this.

Records showed that staff were supported in their roles through regular supervision. Staff told us that areas covered in supervision included their wellbeing and sickness absence, roles and responsibilities, and training and development plans. Supervision records we saw confirmed this. Staff said they felt supported and were able to approach the registered manager, at any time for support. However, we found that four members of staff yearly appraisal were overdue, and we reported the details under well-led section of this report.

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, 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 registered manager demonstrated a good understanding of the MCA. They said that people using the service had capacity to make decisions about their personal care and therefore none of the people using the service were unlawfully restricted and that any applications for authorisation would be made to the Court of Protection if required.

We checked whether the service was working within the principles of the MCA. The service considered every person currently using the service to have the capacity to make decisions for themselves. The service had systems to look for and record whether people had capacity to consent to care. Staff understood the importance of asking for consent before they support people. We saw staff took verbal consent from people who used the service prior to care delivery.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person told us, "We see (pointing towards the pictorial menu) and decide what we eat for dinner." A member of staff told us people do food shopping supported by a member of staff. We saw one person returned from food shopping and was happy about it. Each person's care plan included

a section on their diet and nutritional needs. Staff ensured food in the fridge was date marked to ensure it was only used when it was safe to eat.

Staff supported people to access healthcare services they required. We saw the contact details of external healthcare professionals, such as GP, dentist, and chiropodist in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. Staff attended healthcare appointments with people to support them where needed.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person told us, "Staff respects my choices." Another person said, "Staff listen to me."

Each person had a member of staff assigned as their key worker. Key worker's primary responsibilities were arranging one to one sessions with people and managing people's appointments with external healthcare professionals. Staff discussed about people's personal choices in relation to food and clothing, general wellbeing, healthcare appointments, day care activities, and holidays during the key working sessions.

People were treated with respect and kindness. We observed staff had good communication skills and were kind, caring and compassionate. They used enabling and positive language when talking with or supporting people who used the service. For example, during meal times, administration of medicines, and when people returned to the service from shopping or day care centre. We further observed how a member of staff supported one person in the kitchen for putting utensils for cleaning and preparation of food. Another person returned to the service from weekly shopping with a member of staff, they appeared relaxed and calm. They further said that they liked the home and staff.

Staff took an interest in people's personal histories. They were sensitive to their cultural and spiritual needs and sexual orientation. They understood how to meet people's needs and preferences in a caring manner. Staff supported people to make day to day life choices and maintain relationships with their family and friends. For example, one person told us, "Staff supports me to maintain a relationship with my parents." A member of staff told us that they supported a person to attend a place of worship.

People told us they were consulted about their care and support needs. People's care records we saw showed that they were involved in planning and review of their care, including in the day to day activities.

Staff encouraged people to maintain their independence. For example, one person told us, "I do most of the things myself, shower, Hoover, laundry, I need staff help with shopping and cooking." Staff prompted people where necessary to maintain their personal hygiene, keep their rooms clean, and participate in washing and laundry. A member of staff told us, to promote people's independence, one person was being supported to be able to self-medicate. Care records we saw confirmed this.

Staff protected people's privacy and dignity. One person told us, "They [staff] close the door when they wash me." Another person said, "They [staff] knock on my door and ask me, can I come in, and I say yes I do, then they come in to support me, and I am happy about my privacy." We saw staff knock on doors before entering rooms and they kept people's information confidential by sharing with relevant professionals. Staff respected people's choice where they preferred to spend time, such as in their own rooms or in the communal area.

Is the service responsive?

Our findings

People told us they had care plans. One person told us, "I have a care plan; it is in a big file." Care records we saw confirmed this.

Staff carried out pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included level of support people needed and what they could manage to do by themselves. For example, how people maintained personal hygiene and participated in household chores such as cooking, cleaning, washing and laundry.

Staff discussed any changes to people's needs with the registered manager, to ensure any changing needs were identified and met. The registered manager updated care plans when people's need changed and included clear guidance for staff. For example, when one person's healthcare needs had changed this was reflected in their care plan. We saw three care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. They discussed any changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. Care records showed staff provided support to people in line with their care plan. The service used a communication log to record key events such as health and safety and healthcare appointments for people to ensure continuity of care.

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included visiting places of worship, day care centre, meeting family and friends, shopping, and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. One person told us, "I go out every Wednesday for 'safe travel' training, and I like it." We saw an activity planners were kept under review as people changed their mind about their interests and choice of activities.

People told us they knew how to complain and would do so if necessary. One person told us, "If I am not happy, I speak to a member of staff." The service had a clear policy and procedure about managing complaints. Information was available for people in an easy read format and to their relatives about how they could complain if they were unhappy or had any concerns. The registered manager told us that they had not received any complaint since the previous inspection in May 2015. Records we saw confirmed this.

Is the service well-led?

Our findings

People who used the service commented positively about staff and the registered manager. One person told us, "I like all staff and the manager, they are good."

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.

The registered manager told us the service used staff induction and training to explain their values to staff. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The registered manager held monthly staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. We observed a staff meeting on second day of the inspection, where staff shared learning and good practice in relation to people's changing needs so they understood what was expected of them at all levels. However, we found that four members of staff yearly appraisal was overdue, the registered manager told us that the staff appraisals were delayed due to the change of the manager and that they were now scheduled to be completed.

Staff said they enjoyed working at the service and they received good support from the registered manager. One member of staff said, "The registered manager is approachable and listens to any concerns." Another member of staff said, "I really get good support from the registered manager, and I feel happy about it."

A feedback survey for people was completed in June 2017. We saw completed records and all the comments were positive. For example, about how staff supported them to engage in chosen activities. The registered manager encouraged and empowered people to be involved in service improvements through tenants meetings. For example, they discussed about the range of activities they would like to do both indoors and outdoors, including going on a holiday to Paris. Records we saw confirmed this.

The service had an effective system and process to assess and monitor the quality of the care people received. These included regular tenants meeting, staff meetings, provider visits, in-house manager's checks covering areas such as administration of medicine, health and safety, care plans and risk assessments, house maintenance issues, staff training and development, tenants' finances and any concerns about people who use the service. As a result of these checks the service made improvements. For example, the care plans and risk assessments being brought up to date, people's bedrooms and the communal area redecoration work was in progress. The service had worked effectively in partnership with health and social care professionals. This ensured people's needs were met. Records we saw confirmed this.