

London Borough of Greenwich

London Borough of Greenwich - 69 Coleraine Road

Inspection report

69 Coleraine Road
Blackheath
London
SE3 7PF

Tel: 02088589186

Date of inspection visit:
29 March 2018

Date of publication:
08 June 2018

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

London Borough of Greenwich – 69 Coleraine Road provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was providing care and support to three people.

At our last inspection on 7 and 8 January 2016 we rated the service Good overall but required improvement in effective. At this inspection on 28 March 2018 the service is rated Good in all key question areas, therefore the overall rating of the service remained Good. The service demonstrated that they continued to improve and to meet the regulations and fundamental standards. The service had improved on the support they provided staff through regular supervisions and appraisals.

Staff knew of their responsibility to safeguard people in their care and told us they would report to their manager. Risks to people had been assessed, identified and had appropriate management plans in place. There were enough staff available to support people's needs and the provider had safe recruitment practices in place. People were supported to take their medicines as prescribed by healthcare professionals. Staff followed appropriate infection control practices to prevent the spread of infection. There were effective systems in place to manage accidents and incidents and prevent them from happening again.

Before people used the service their needs were assessed to ensure they would be met. Staff were supported through induction, training, supervision and appraisals to deliver an effective service. People were supported to have adequate amounts of food and drink for their wellbeing. The Staff teams worked well within and outside the organisation and supported people to access healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service do support this practice.

People told us they were happy using the service. People and their relatives where appropriate were consulted about their care and support needs. People's privacy and dignity were respected and their independence promoted. Staff understood the need to promote equality and diversity and support people without any discrimination.

Each person had a care and support plan in place which was available in formats that met their needs. People were supported with various activities that stimulated them. People told us they would report to staff or the registered manager if they were unhappy.

The provider had systems to monitor the quality of the service including, audits. People's views were sought through surveys, residents meetings and staff meetings and the feedbacks were used to improve on the service delivery. Staff team worked well with health and social care professionals to deliver an effective 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 remained safe.

Is the service effective?

Good ●

The service was effective.

Before people started using the service they were assessed to ensure their needs would be met.

Staff were supported with induction, training, supervision and appraisals.

People were supported to eat and drink sufficient amounts for their well-being.

Staff teams and services within worked well to deliver an effective service.

People were supported access to healthcare services when required.

Both the registered manager and staff knew of the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

London Borough of Greenwich - 69 Coleraine 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 comprehensive inspection took place on 28 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector inspected the service.

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 also contacted the local authority that commissioned services from the provider to seek their views.

During our inspection we spoke with three people, two staff and the registered manager. We looked at three care records and three staff files which contained their recruitment records. We also looked at records related to the management of the service such as policies and procedures, medicines records, accidents and incidents, health and safety records and minutes of various meetings. We also spent time observing the support people received.

Is the service safe?

Our findings

People said they felt safe using the service and were happy with the care and support they received. The provider had safeguarding policies and procedures in place. Staff knew of their responsibility to protect people in their care and understood what abuse was, the types of abuse, the signs to look out for, and told us they would report any concerns to their manager. The registered manager knew of their responsibility to report any concerns of abuse to the local authority safeguarding team and CQC. Staff knew of the provider's whistleblowing procedure and felt they would be able to use it if needed. There had not been any safeguarding concern since our last inspection on 7 and 8 January 2016.

Risks to people had been assessed, identified and had management plans to reduce or prevent the risks occurring. The risk assessments covered areas such as personal care, medicines, chocking, road safety, access to the local community, behaviours that challenge and completing various house chores. The risk assessments were person centred and provided guidance for staff on how to manage and/or prevent specific risks to individuals. Where required, health and social care professionals were contacted to provide additional support and treatment. Risks to people were reviewed regularly to ensure their needs were met.

There were arrangements in place to deal with foreseeable emergency. Each person had a personal emergency evacuation plan in place which provided guidance for staff and emergency services on how to evacuate them safely in the event of an emergency. Staff knew of actions to take in the event of a medical emergency or fire and had completed training in first aid and fire awareness.

There were sufficient numbers of staff available to support people's needs and where required, additional staff were booked to support people at weekends, attend activities and health appointments. The staffing rota we looked at confirmed that the staffing arrangement in place matched what was planned for. There was also a 24hour on-call-system which provided staff with additional managerial support when required. Staff from the provider's other homes were used to cover staff absences to promote consistency.

There were safe recruitment practices in place to ensure appropriate background checks were carried out and staff were well vetted before they were employed to work in social care. Staff files included staff qualifications and previous experiences, two references, criminal records checks, prove of identity and the right to work in the United Kingdom. New staff we spoke with told us these checks were carried out before they started working at the service.

There were systems in place to ensure medicines were acquired, stored, administered and disposed of safely. Medicines were stored securely and safely. Staff had completed medicines training and their competencies had been assessed. Each person had a medicines administration record (MAR) which was completed without gaps and this demonstrate that people were receiving their medicines as prescribed by healthcare professionals. The number of medicines in stock correlated with the number recorded on the MARs. One person was being supported to take their medicines independently and there were appropriate risk assessments and safe storage protocols in place. People's medicines were reviewed regularly by healthcare professionals to ensure they were effective and meeting their needs.

The provider had infection control policy which provided guidance to staff on how to prevent the spread of diseases. Staff we spoke with knew of actions to take to minimise the spread of infections and had completed training in infection control. We observed staff using personal protective equipment such as gloves during our visit. Cleaning products were kept securely and cleaning equipment such as mops and buckets were colour coded to prevent the risk of cross contamination. Food stored in the fridge was labelled and dated to ensure it was safe for use and was not contaminated or expired.

The provider had systems in place to manage accidents and incidents and reduce the likelihood of it occurrence. Where things went wrong for example with medicines administration; the provider took appropriate action to prevent the risk reoccurring. Learning from this were shared at staff meetings to improve the service delivery.

Is the service effective?

Our findings

People told us that staff supported them well in ways that met their needs, they enjoyed the food and visited the GP. When we asked people which staff was the best cook, they mentioned several staff names.

Before people started using the service their needs were assessed either by the registered manager or the assistant manager to ensure they would be met. People's care plans contained information from their relatives to ensure staff were aware of their history and care needs. Information from these assessments were used to draw-up individual care plans and risk assessments.

New staff were supported through an induction into their role. This included familiarising them with the provider's policies and procedures, training, and shadowing an experienced colleague. Staff were also placed on six months probations to ensure they had been monitored, assessed and found competent to undertake the role. Records showed that regular probationary meetings were held with new staff to support them in the role. New staff we spoke with told us the management team and other staff supported them develop into the role of a support worker. We saw that new staff completed the Care Certificate Standards to gain knowledge and skills for the job role.

All staff were up to date with training courses the provider considered mandatory in areas such as medicines, safeguarding, infection control, moving and handling, food safety, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us there was enough training available all the time to develop their knowledge and skills and deliver an effective care. Records showed that refresher training was provided where staff were due. Staff were supported with regular supervisions and had their performances appraised in January and February 2018 and with new objectives set to further their development.

People were supported to eat and drink sufficient amounts for their well-being. Menu planning was included in the weekly tenant's meetings and people were supported with picture cards to make appropriate meal choices. Staff supported people with the grocery shopping and the preparation of meals. A staff member told us, "We plan the menu and get them involved in cooking." The registered manager told us healthy meal choices were promoted at the service and staff told us healthy eating and low sugar diets were offered. Records showed that people were weighed monthly to ensure appropriate support was sought if any changes were noted.

Staff teams worked well within to provide an effective service. The provider operated a house-buddy systems where two services close to each other were paired together to support for each other. Where required staff from these homes supported each other to ensure adequate staffing was in place for people. We saw that the homes had joint staff meetings to discuss issues of importance to staff and for service improvement.

People were supported to access healthcare services where required. People had been registered with the GP and supported to attend regular health appointments. Each person had a black book where all health appointments were recorded. Records showed that healthcare professionals such as community learning

disability teams, speech and language therapist, podiatry, psychologists, dentists and dietician were involved in treating people. We saw that people were also supported to attend hospital appointments and annual health checks when required.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of this inspection we found people did not require an application to the Court of Protection.

Staff understood the importance of seeking consent from people but where necessary they acted in their best interest. People's ability to make decisions were included in their care plan and the registered manager told us that people were able to make day-to-day decisions for themselves. However, for example where a person had been assessed and found not being able to spend a large sum of money, best interest meetings were undertaken with the person, their relatives, relevant health and social care professionals and staff to make decisions in their best interest in line with MCA.

Is the service caring?

Our findings

People told us that staff were kind to them and treated them with compassion. We observed positive interactions between people and staff. Staff had good relationships with people and discussions were had in an open and friendly manner. Staff called people by their preferred names and people also knew the names of staff on duty. We observed that people had smiles on their faces and were happy. One person made jokes which caused both people and staff to laugh. We asked people if they had a favourite staff and they mentioned several staff names.

Staff understood the principles under the Equality Act in regards to disabilities, gender, race, religion and sexual orientation. They told us that none of the people currently using the service had expressed any support with diverse needs, however, they would support people express themselves and with any choices they made.

People said their privacy and dignity was respected and staff supported them with respect. Care records included instructions for staff on how to promote privacy and dignity for example during personal care whilst maintaining safety of the individual. Staff we spoke with told us of ways they promoted privacy and dignity. Staff said they knock on doors before entering, seek consent from people before supporting them, providing choice and keeping information confidential.

People's independence was promoted. The registered manager told us all the people using the service were independent and only required verbal prompting. Information in people's care records showed they could complete tasks such as personal care, tidying their room and washing their own plate. We found that people were also included in communal chores such as mopping the floor and cooking. People's support plans included food and drinks they could prepare for themselves independently or with staff support. We observed one person prepare a hot drink independently whilst staff supported all the people to prepare their evening meal. A staff member told us, "We are here to support them not to do things for them and we can't take their skills from them." People's care records also included things they could do and those that they needed support with. We saw that where people were not motivated to complete certain chores staff encouraged and supported them to develop those skills.

People told us they were involved in making decisions about the care and support they received and their preferences were respected. The provider operated a key worker system where a member of staff was responsible for monitoring an individual's well-being and progress and for managing healthcare appointments where required. Staff said weekly one-to-one key worker meetings provided people with opportunities to inform staff of their preferences and wishes. There were also weekly tenants meeting where people discussed the menu, activities, furniture and finance. We saw that people were given opportunities to make decisions about their day to day life and also important occasions such as birthday and people's wishes were respected. People had signed their care plans to demonstrate they were involved in making decisions about the support they received.

Is the service responsive?

Our findings

The service continues to plan and deliver people's care and support in a personalised manner. Each person had a support plan which covered areas such as personal care, medicines food and drink, communication and activities of daily living. The support plans also included specific medical diagnosis and health professionals to contact if staff had any concerns. People's care plans included their preferences, likes and dislikes and how they would like to be supported. People's care plans and risk assessments were reviewed regularly and were up to date. It was evident during the inspection that staff knew people well and supported them in ways that met their needs. A staff member was able to describe to us one person's medical conditions and the care and support they provided and this matched with information in the person's support plan.

People were supported to maintain relationships with people that mattered to them. People's care records showed their relatives were involved in planning the care and were in regular contact with them. People were supported to visit their relatives and relatives could also visit people at the service if they preferred. Records showed that people were able to have overnight stay with their family which supported them maintain relationship with them. Staff told us they supported people to make phone or video calls to their family or friends. People were also supported to attend an evening club to socialise with their friends and other staff.

People were supported with activities that interest them. Each person had an activity planner in place which included attending a day centre. At the day centre people were supported with activities such as painting, gardening and communicating effectively. The service also supported people with activities such as swimming, watching movies at the cinema, bowling, going to the night club, attending cookery class and drama groups. People's care plans included information on daily activities that interest them. For example one person liked listening to music, singing and entertaining other with their puppet whilst another person liked to shop for automobiles. At our inspection, we observed the person using their puppet to entertain other people and staff. The service also had a pet that people were fond of.

People knew how to complain if they were not happy with the service and did not have anything to complain about. They said they would speak with staff or the manager if they were unhappy about the service. The provider had a complaint policy and procedure in place which was accessible to people in easy read and pictorial formats. The complaint procedure was displayed in the communal areas to ensure people had easy access to this information. The registered manager told us there had not been any complaints and people we spoke with told us they were happy and had nothing to complain about. Staff told us they would support people to make a complaint if they were unhappy.

Is the service well-led?

Our findings

People spoke positively about the service and said they knew who the manager was. There was a registered manager in post who understood their role and responsibilities in meeting the requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had submitted statutory notifications where required.

The registered manager told us their line manager provided them with additional support through supervision to develop them in the role. The registered manager was supported by an assistant manager who was responsible for the day-to-day management of the service. The registered manager attended manager's meetings where good practice and service improvement were shared and encouraged.

Both the registered manager and staff told us the organisational values and vision included supporting people to live independently in a respectful way, by providing choice and engaging people in activities that interest them and the community. Staff spoke positively about the culture of the home. A staff member said, "I enjoy working here, I am really happy working in this house ... I am happy to come to work." Another staff said, "The management team are open and there is respect between us. We can have a laugh and it's a friendly atmosphere." The registered manager told us, "This is a lovely home, the staff are very caring and they go the extra mile to support people...they have good rapport but maintain professionalism". They also told us that the house was 'service user' focussed and people were able to express their needs which staff respected.

The provider had systems in place to assess and monitor the quality of the service provided. There were internal audits which included monthly service user file information audit, accident and incidents, health and safety, medicines, finance and daily records. There were external audits carried out by the local authority that commissioned services from the provider, the local pharmacist and Food and Hygiene Standards. Where issues were identified for example with labelling of food in the fridge, action was taken and all food in the fridge had been labelled to ensure it was safe to eat.

People's views were sought through weekly tenant's meetings. Minutes of tenant's meeting showed discussions on topics such as menu planning, activities, trips, holidays, birthday parties and also the welfare of the service pet and how it should be care for. People shared any progress they had made for example with their medicines to encourage others.. The weekly tenant's meetings were also used to encourage people raise any concerns they had. Staff told us that feedbacks from these meetings were used for example to plan the menu and organise trips and activities of interest.

Monthly staff meetings were used for cascading information as well as provide staff with opportunities to feedback on the service. Minutes of staff meetings covered topics such as health and safety, travel, food, finance and any progress people had made or concerns that needed addressing. Where suggestions were made these were considered and actioned to improve the service delivery.

The provider worked well with other organisations such as the local authority that commissioned services

from them to develop and improve. The commissioning team had carried quality monitoring checks and told us that London Borough of Greenwich – 69 Coleraine Road was regarded as a good service.