

London Borough of Greenwich

London Borough of Greenwich - 99 Elliscombe Road

Inspection report

99 Elliscombe Road
Charlton
London
SE7 7PD

Tel: 02083051696

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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

London Borough of Greenwich - 99 Elliscombe 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 of this service on 21 and 22 January 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

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.

Staff knew how to keep people safe. 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 and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents, and to prevent them from happening again. The provider carried out comprehensive background checks of staff before they started working and there were enough staff available to support people.

Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff received medicines management training and their competency was checked. All medicines were stored safely. The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures.

The provider had trained staff to support people and to meet their needs. The registered manager supported staff through regular supervision and appraisal.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible and the policies and systems in the service support this practice.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The registered manager and staff liaised with external health and social care professionals to meet people's needs.

People, and where appropriate their relatives 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, caring, and respectful. Staff protected people's privacy and dignity and promoted independence.

People were supported to maintain relationships with people that mattered to them. People's needs were reviewed and monitored on a regular basis. The service had policy and procedures about managing complaints. People knew how to complain and told us they would do so if necessary.

There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through satisfaction surveys. Staff felt supported by the registered manager. The service worked effectively with health and social care professionals.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

People spoke positively about the care and attitude of staff and the registered manager.

The registered manager regularly sought people's views about how the care and support they received could be improved.

Staff felt supported by the registered manager.

The service had a system in place to monitor the quality of the service through internal checks.

London Borough of Greenwich - 99 Elliscombe 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 inspection took place on 28 March 2018 and was unannounced. 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.

During our inspection we spent time observing the support people received. We also spoke with two people, and two members of staff. We looked at two people's care records and four staff records. We also looked at records related to the management of the service such as the administration of medicines, accidents and incidents reports, health and safety records, and the provider's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and that staff and the registered manager treated them well. One person told us, "This place is safe and I am happy." Another person said, "Oh yeah, I feel safe here."

The service had a policy and procedure for safeguarding adults from abuse. Staff understood what abuse was, the types of abuse, the signs to look for and what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. Staff we spoke with told us they completed safeguarding training and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to. Staff told us that there had not been any safeguarding concerns since their previous inspection in January 2016. This was confirmed by the records we looked at.

The provider completed risk assessments for every person. These included kitchen tasks, administration of medicines and accessing the community. Risk assessments were up to date with detailed guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Records demonstrated that where staff had identified concerns, they took actions to address the issue and referred to health and social care professionals when required. For example, records showed that one person was referred to healthcare professional when they had a minor injury in the kitchen. We noted that their care plan had subsequently been updated to include further guidance for staff on how best to support them.

There were enough staff on duty to support people safely in a timely manner. The registered manager carried out regular reviews of people's needs in order to determine appropriate staffing levels which met people's needs. Records showed that staffing levels were consistently maintained to meet the assessed needs of people. Staff told us that when people needed to attend appointments, additional staff were arranged to support them. .

The provider carried out comprehensive background checks of staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment histories, references, criminal records checks and proof of identification.

People were supported to take their medicines safely. People's capacity to manage their own medicines had been individually assessed and they were supported by staff to self-medicate where they were able to. One person told us, "Staff supervises, I take the medicine." One member of staff said, "I supervise people taking their medicines, except PRN (as required) which I give." Staff had been trained on the administration of medicine. The medicine administration records (MAR) were up to date and clearly recorded. The MAR and stocks we checked correlated and indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely in the locked cabinet. Daily medicine checks were carried out to confirm people were receiving their medicines safely.

Staff were aware of the provider's infection control procedures. We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us and we saw they washed hands before and after any procedure.

The service had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require to evacuate from the service safely. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them. One person told us, "All staff listen and are very helpful."

The provider trained staff to support people's needs. All staff had completed mandatory training identified by the provider. The mandatory training covered areas such as basic life support, food safety, health and safety, infection control, moving and handling and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff when this was due and the training records confirmed this.

The provider supported staff through regular supervision and appraisal. They included discussions about staff wellbeing including any absence due to sickness, their roles and responsibilities, and training and development plans. Staff told us that the supervisions and appraisal were helpful and they were able to approach the registered manager at any time for support.

The registered manager carried out assessment of each person's needs to determine the level of support they required and this involved feedback from relatives where appropriate. The information from the assessments were used as the basis for developing personalised care plans to meet individual needs. Healthcare professionals such as occupational therapist advice had been sought for people with mobility needs. People had access to specialist equipment enabling greater independence which met their physical needs and this included wheelchairs, adapted chairs and cutlery.

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 inspection we found people did not required Court of Protection.

Staff sought consent from people before supporting them. Records showed people's choices and preferences about the care provision were taken into consideration and respected. Staff knew the importance of gaining consent from people's before they supported them. At the time of the inspection staff told us that all the people receiving care and support had capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people with their nutritional needs. People told us they had enough to eat and drink. One person told us, "I go out for food shopping of my choice." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs, including any assistance required whilst using kitchen appliances. Food in the fridge was labelled and dated to ensure it was only used when safe to eat. People's care plans included sections on their diet and nutritional needs. We carried out observations during a mealtime and saw positive staff interaction with people. The atmosphere was relaxed and not rushed and there were enough staff to assist people when required.

People were supported to access the relevant health care services when required. One person told us, "They [staff] take me to a doctor and optician." Staff supported people to attend healthcare appointments when needed. We saw contact details of local health services and GP's in people's care records. People had health action plans which took into account their individual health care support needs. Staff had clear understanding of any issues and treatment people required.

Is the service caring?

Our findings

People told us staff were kind and supported them with respect. One person told us, "I like the staff, they help me every time." Another person said, "They [staff] encourage me to go to the club, they don't force me to go." We observed staff communicating with people in a caring and compassionate manner throughout the time of our inspection. Staff took time to talk to people on a one to one basis, talking gently and in a dignified manner.

People and their relatives were involved in the assessment, planning and review of their care. One person told us, "They [staff] listen, I have a care plan." Staff completed care plans for every person, which described the person's likes, dislikes, life stories, activities, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people.

Staff respected people's choices and preferences. For example, staff respected people's decisions on where they preferred to spend their time, such as in their own room, the lounge or go out in the community. One member of staff told us, "I ensure people's choices are respected, such as clothes, food and drinks, and if they would like to go out in the community." People were encouraged to maintain their personal hygiene and participate in daily household chores including, cleaning their bedroom, washing and laundry, medication and healthcare appointments. We observed people engaged in doing household chores and they looked relaxed after they completed the household tasks.

People told us staff treated them with dignity, and that their privacy was respected. We saw staff knocked on people's bedrooms before entering their rooms and they kept people's information confidential. Records showed staff received training in maintaining people's privacy and dignity.

People were supported to be as independent in their care as possible. People were encouraged to participate in the preparation of their own meals. We observed one person cooking/preparing their own food and whilst staff supported another person to make a cup of tea. Staff told us that they would encourage people to complete house chores for themselves as much as they were able to. For example, one member of staff told us, "I ensure to promote what people like to do. One person likes cleaning their bedroom and for another person I assist with shower."

Is the service responsive?

Our findings

Staff recognised people's need for stimulation and supported them to follow their interests and take part in activities. One person told us, "I go to a social club, day centre, and a discussion group." We saw weekly activities plans for each person. Individual activities included household chores, attending day centres, and accessing the local community amongst others.

Staff had developed care plans in an easy read format, for people based upon their assessed needs. These contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals involved in their care. They also included dependency assessments which identified the level of support people needed. Care plans were reviewed on a regular basis and reflective of people's current needs. Staff completed daily care records to show what support they provided to each person and this was in line with the care planned for. The service used a communication log to record key events such as changes to people's health and any healthcare appointments.

People's care plans included details about their ethnicity, preferred faith and culture. 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. Staff showed an understanding of equality and diversity. One member of staff told us, staff comes from diverse cultural background, but we ensure professional values supersede staff cultural background, to meet people's needs.

People told us they knew how to complain and would do so if necessary. None of the people we spoke with had needed to complain. One person told us, "I have no complaints. I don't have to complain because, I am happy." The provider had a policy and procedure for managing complaints to ensure people were aware of what they should expect if they made a complaint. Staff told us that there had been no complaint received since the previous inspection in January 2016.

Is the service well-led?

Our findings

People commented positively about staff and the registered manager. One person told us, "The manager is good and helps me." Another person said, "The manager is alright."

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.

The registered manager held meetings with staff where learning and good practices were shared so they understood what was expected of them at all levels. Records of staff meetings showed that areas discussed included details of any changes in people's needs, guidance to staff about the day to day management of the service, discussions about co-ordinating with health and social care professionals. There was an out-of-hours on-call system in place that ensured management support and advice was available to staff when required. Staff described the leadership at the service positively. One member of staff told us, "The manager is alright, when I have an issue and bring it to her attention, she would resolve it." They told us that for example, the manager planned the staff rota to suit their availability." Another member of staff said, "The manager is approachable, and we work well professionally." Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

The service had an effective system and process to assess and monitor the quality of the care people received. This included checks covering areas such as medicines, health and safety, care planning, risk assessments and food and nutrition. The provider made improvements as a result of these checks. For example, complaints information in a pictorial format was displayed on people's notice board.

The service had a positive culture, where people and relatives felt the provider cared about their opinions and included them in decisions. They completed a feedback surveys about service improvements. The results of the feedback survey carried out in July and September 2017 showed that they were happy with the quality of services. One relative commented, "The staff at the Elliscombe road are excellent. They always keep me informed of any issues and my [loved one] has been happy there." We observed that people were comfortable approaching staff and their conversations were friendly and open.

The registered manager encouraged and empowered people to be involved in service improvements through periodic meetings. Areas discussed at these meeting included menus, activities, care plan reviews and redecoration of the premises. Care records we saw showed that the service worked effectively with health and social care professionals. One external professional commented, "Excellent, caring staff team."