

PLUS (Providence Linc United Services) Montbelle Road

Inspection report

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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 was carried out on 15 February 2016 and was unannounced. Montbelle Road provides care and accommodation for up to five people who have learning disabilities or autistic spectrum disorder. At the time of this inspection four people were using the service.

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

People using the service and a relative told us they were safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. Risks to people were assessed and support plans and risk assessments provided clear information and guidance for staff on how to meet people's needs. Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of nutritional food and drink to meet their needs. People had access to a GP and other health care professionals when they needed them. The manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. They said the purpose of the service was to improve people's ability to live independently and provide care and support that met people's needs and wishes. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us there was always enough staff on duty to meet people's needs.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people using the service in a caring, respectful and

dignified manner. People's privacy and dignity was respected.

People using the service or their relatives, acting on their behalf, had been consulted about their or their relatives care and support needs.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Each person using the service had a program of activities.

People using the service and relative said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. Staff said they enjoyed working at the service and they received good support from the manager.

The provider recognised the importance of regularly monitoring the quality of the service provided to people and there were systems in place to monitor this.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Montbelle 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 15 February 2016 and was unannounced. We spent time observing the care and support being provided to people using the service. We looked at three people's care records, staff training and recruitment records and records relating to the management of the service. We spoke with three people using the service, the relatives of one person using the service, three members of staff and the manager. We also asked a health care professional for their views about the service.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

A person using the service told us they felt safe and that staff treated them well. They told us, "I am very happy living here and I feel safe, the staff are great." A relative said, "I have no qualms at all about the home. My relative is safe there."

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. Training records confirmed that the manager and staff had received training on safeguarding adults from abuse. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Recruitment checks took place before staff started work. Staff recruitment records were held at the organisation's head office. The manager showed us staff information sheets held at the home. These sheets included criminal record check reference numbers and recorded that all other required pre-employment checks had been obtained by the human resources team. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and they had obtained criminal record checks, two employment references, health declarations and proof of identification.

People using the service, staff and the manager told us there were always enough staff on duty to meet people's needs. One person using the service said, "There is always enough staff. I am well supported." The organisation employed a team of bank staff. These staff were mainly used to cover vacancies and staff annual leave or sickness. The home also employed a community service volunteer to work with people using the service. Records showed that the human resources team had carried out the same recruitment checks on the bank staff and volunteers and they received the same induction, training and supervision as all other staff. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on falling, cooking, ironing and bathing and showering. Risk assessments included information for staff about the actions to be taken to minimise the risks occurring. We saw personal emergency evacuation plans for all of the people using the service. These took account of people's specific needs and how they would be evacuated in the event of an emergency such as a fire at the service. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety and first aid.

Medicines were stored securely in a locked cupboard. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. We checked the balances of medicines stored in the cabinets in each unit against the MAR for all of the people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed by health care professionals. The manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.

Is the service effective?

Our findings

One person using the service told us, "I like the staff. They talk to me and help me to do things. I am well supported here." A relative said, "The staff there know everyone and they know what they need to do to support them."

Staff told us they had completed an induction when they started work, they received regular supervision and, where appropriate, an annual appraisal of their work performance. A new member of staff told us they recently started working at the home and they had completed an induction. They said they had also completed mandatory training and had two formal supervision sessions with the manager. Another member of staff said, "I am up to date with all of my training. I get formal supervision every two months with the manager and I recently had an annual appraisal." Records seen confirmed this.

Staff had the knowledge and skills required to meet the needs of people who used the service. A training matrix showed that all staff had completed training that the provider considered mandatory. This training included the administration of medicines, health and safety, first aid, fire safety and safeguarding adults. Records showed that some staff had completed an accredited qualification course, relevant to the needs of people using the service, at a local college. The course included units on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had discussed the MCA and DoLS with staff at a team meeting in October 2015 and had provided staff with a resource folder with information about this legislation. The manager had completed a staff team training analysis for the organisations training department. This included training appropriate to the needs of the people using the service for example autism and epilepsy as well as the MCA and DoLS. They told us that the homes training programme for 2016/17 was currently being arranged with the organisations training manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that all of the people using the service had capacity to make most decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating. We saw that people's care files included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. People were encouraged to cook a meal for themselves and other people using the service at least once each week supported by staff. One person told us, "I cook on a Friday. The staff always tell us that healthy food is good for us. I enjoy cooking for everyone. My keyworker is helping me with this because I want to get a job in a kitchen. We are looking for a job now." Another person said, "I like cooking fish and chips."

People had access to a GP and other health care professionals when needed. GP and healthcare professional's visits were recorded in care files. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. A health care professional told us the home had requested support from their team so that they could meet a person's health needs and understand their condition better. They provided staff with information on the condition and before they had visited the home this information had been printed off, laminated, and staff were going through this information with the person every day. The health care professional said this was really encouraging and showed that staff cared a lot about engaging with people using the service.

Is the service caring?

Our findings

One person using the service said, "The staff are amazingly caring here. They respect my privacy by talking to me properly. They are not rude, they are good to me." Another person said, "I like the staff they are kind to me." A relative told us, "I'm very happy with the home, the staff are really caring. Not just to my relative. They treat everyone the same way." A health care professional told us they found staff caring and respectful when they had visited the home.

The home had a small staff team that appeared to understand the needs of all the people using the service well. Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. They were observed to give people time and space to do the things they wanted to do. They engaged with people in meaningful conversation and activities such as planning a shopping trip and comparing prices of items people wanted on the internet. We saw that support was delivered by staff in a way which met people's needs, for example staff were observed supporting one person to make sandwiches at lunch time and supporting another person to check and record the balance their finances.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms. We observed staff knock on doors and ask if it was okay to come in before entering people's rooms. One person using the service told us staff would never come into their room uninvited. They said, "They always knock my door and I tell them if they can come in or not." Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. Staff also told us they made sure information about people using the service was kept confidential at all times. We saw that confidential information about people using the service was kept in a locked office.

A relative told us they had been consulted about their relatives care and support needs. They said, "I have always been involved in planning for my relatives care and support needs. I have never missed a review meeting. We discuss things together and I can put my views and opinions across on how my relative might like to be supported."

People using the service and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The manager told us this was given to people and their relatives when they first moved into the home.

Is the service responsive?

Our findings

One person using the service told us, "I am really busy here. I attend classes all week and do lots of different things for myself and with staff. The volunteer also goes out with me a lot. I like him, he's a good friend." A relative told us, "The manager and staff are great, very welcoming. I'm very happy with what my relative does at the home. They get to do a lot of activities. The staff always let me know what my relative has done and what they will be doing."

Assessments were undertaken to identify people's support needs before they moved into the home. Care files contained detailed pre-admission assessment documents. The files also included care and health needs assessments, support plans and risk assessments. These indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care and support planning process. Support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. For example there was step by step guidance in place for staff to support one person to administer and sign that they had taken their medicines. There was also guidance in place for another person who required support when having a bath or a shower. Support plans were reviewed regularly and reflected any changes in people's needs. A member of staff told us the support plans included good information about people's needs and were very easy to follow.

We saw that each person using the service had an individual program of activities. These were displayed in the office and in people's bedrooms. Activities included attending day centres, colleges, a music group, a disco club, swimming sessions, spa sessions and working on allotments. There was a range of in house activities for people to partake in such as computer games, jigsaw puzzles, DVD's, a foot spa and manicures. People had also been allocated domestic tasks such as cleaning the kitchen, laundry, washing windows and gardening. One person using the service told us, "I do cooking classes at college and cook here too. I can do lots of things for myself. I attend an iPad class and go to an allotment every week. I go into town a lot for shopping and to the cinema. I have a keyworker; we talk about things all the time. It's all in my support plan. We talk about me finding a job, independent living and me moving out to my own place."

We saw that residents meetings took place at the home on a monthly basis. A set agenda for the meetings included, new items required for the home or the garden, maintenance at the home, social activities and anything people wanted to discuss. At the last meeting one person said they wanted a new rug and another person said their window in their bedroom lock needed to be repaired. We saw that the person had a new rug and the provider's maintenance person had fixed the lock in the bedroom. One person using the service told us about the residents meetings. They said, "We all talk about the home. I get to say important things about myself and if there is anything else I need to tell staff."

The service had a complaints procedure in place. One person said they knew how to make a complaint. They said, "I would tell staff and they would do something." A relative told us they knew about the procedure and they would tell staff or the manager if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager told us complaints were logged and held at head office. They showed us a record from the last

complaint made to the home. We saw that the complaint had been fully investigated and responded to appropriately.

Is the service well-led?

Our findings

People and their relatives spoke positively about the staff and the manager. One person said, "I like the staff and the manager. They are helping me to do things for myself." A relative said, "I think the manager and staff are great. They run the home very well. The manager has a listening ear and they extend their support to family members. They have given me good advice in the past and I know everything about my relative because the communication is really good."

Throughout our inspection it was clear from people using the service, the manager and the staff we spoke with that the purpose of the service was to improve people's ability to live independently and to provide care and support that met people's needs and wishes. The manager told us that the ethos of the home was to help people move on to more independent living services. A member of staff said, "Since I have started working here three people have moved out to supported living services. One of these people called me recently and told me they now went shopping by themselves. I felt happy and fulfilled because all of the support I had given them had made a difference in their lives."

Staff told us about the support they received from the manager. One said, "I get good support from the manager. She has an open door policy and listens to staff and what they have to say. If the manager is not around I can speak to her line manager for support." Another member of staff told us, "The manager is very supportive and available when I need them." All of the staff said they enjoyed working at the home. There was an out of hours on call system in operation that ensured management support and advice was always available for them when they needed it. Staff felt they could express their views at staff meetings. One member of staff said, "We talk about people's needs, the progress they are making and what the team needs to do to support them. We also discuss incidents and accidents, what caused them and how we can reduce the risk of them happening again." We saw that staff meetings were held every month. Items discussed at the December 2015 meeting included people's individual needs, person centred planning and activities. The meeting was also attended by a psychologist who provided feedback to staff about supporting a person using the service with their behaviours. The manager told us that they and the staff team found this to be really helpful.

The provider recognised the importance of regularly monitoring the quality of the service. The manager showed us records that demonstrated regular audits were being carried out at the home. These included health and safety, finance and medicines audits. The manager showed us quarterly reports prepared by the provider for the local authority that commissions services from them. These reports covered areas such as incidents and accidents, safeguarding, complaints, person centred support and internal quality monitoring visits carried out. We also saw reports from the monthly quality monitoring visits. These were carried out by other managers from within the organisation. Managers spoke with people using the service and staff and looked at areas such as incidents and accidents, complaints and compliments, medicines, health and safety and staff training records. The reports included action plans and progress made from previous visits. For example the November 2015 visit recorded that a full fire evacuation had taken place, activity records had been updated and a new shower curtain had been fitted. No actions were carried forward to or made in the December 2015 report.

The provider sought the views of people using the service and relatives through surveys. We saw a survey had been carried out by the provider for all of the homes within the organisation in 2014. The feedback recorded in the report drawn up following the survey had been mostly positive. No survey had been carried out in 2015 however the provider was due to carry out another survey shortly. The manager told us they were currently completing a service user and relative's survey just for the home. They planned to analyse the feedback from the questionnaires, draw up a report and an action plan and share the findings with people using the service, their relatives and staff.