

Index Care Limited

88 Abbey Wood Road

Inspection report

88 Abbey Wood Road
London
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05 February 2016

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 5 February 2016 and was unannounced. This was the first inspection at the home.

88 Abbey Wood Road is a care home which provides care and support for up to seven people with mild/moderate learning disabilities. There were five people using the service at the time of our inspection.

There was a new manager, who has applied to be the registered manager, in place since two days prior to the inspection in February 2016. 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 a number of breaches of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

People's safety had been compromised in that medicines were not managed safely. Risks to people had not always been identified or properly assessed, and action had not always been taken to manage risks safely. CQC is considering the appropriate regulatory response to resolve the problems we found. We will report on any action taken when it is completed.

Systems were not in place to monitor and evaluate the quality and safety of the service and regular feedback was not sought from people who used the service, relatives, staff or health care professionals in order to improve the service. CQC is considering the appropriate regulatory response to resolve the problems we found and will report on any action taken when it is completed.

Staff had not received up to date refresher training. Staff had not received appropriate support through formal supervisions. You can see what action we have told the provider to take at the back of the full version of this report.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's need. Safeguarding adults procedures were robust and staff understood how to protect the people they supported from the risk of abuse. The service had a whistle-blowing procedure which was available to staff, and staff said they would use it if they needed to.

People, their relatives and healthcare professionals were involved in their care planning. Support plans provided some information and guidance for staff on how to support people using the service. However, improvement was required because they had not always been updated to reflect people's changing preferences. People had access to a range of healthcare professionals when required. People were supported to have a healthy and balanced diet.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff treated people with kindness and compassion; while respecting their privacy and dignity. Each person had a key worker assigned to them to give individual and focused support. Staff knew people well and remembered things that were important to them so that they received person-centred care.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to consider the process of preventing the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement and there is still a rating of inadequate for any key question or overall, we may take action to prevent the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

The systems for the management of medicines were not always safe.

Risks had not been appropriately mitigated to ensure people's health and safety.

There were appropriate safeguarding procedures in place and had a clear understanding of these procedures.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff training was not up to date. Staff had not received appropriate support through formal supervisions.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring

Staff delivered care and support with compassion and consideration.

People were treated with respect and their dignity and privacy

was protected.

Staff encouraged people to be as independent as possible.

People were involved in making decisions about their care and treatment.

Is the service responsive?

The service was not responsive

Support plans were not wholly accurate, people's preferences were not always updated.

There were a variety of activities on offer that met people's need for stimulation.

The complaints policy was not readily available to people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Audits had not always been effective in identifying shortfalls in the safety or quality of the service.

People's views had not been sought about the service to help drive improvements.

Staff said they enjoyed working at the home and they received good support from the registered manager.

Inadequate ●

88 Abbey Wood 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 unannounced inspection took place on 5 February 2016. The inspection team on the day consisted of two adult social care inspectors.

The service is registered to provide personal care for up to seven people with mild/moderate learning disabilities. On the day of the inspection there were five people using the service. We spent time observing the care and support being delivered. We spoke with three people using the service, two members of staff, the provider and the new manager. We reviewed records, including the care records of the five people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home and that they were happy with the care they received. One person said, "I feel safe living here because there is plenty of staff around to look after me." One healthcare professional we spoke to told us, "I believe that service users are safe." However, although people spoke positively about safety within the service, we found concerns in the way in which medicines were managed, and that hot water temperatures within the service were at unsafe levels and analysis of incidents and accidents had not taken place to improve people's safety.

Medicines were not managed safely. We found that a risk assessment had not been conducted for one person who administered their own medicines. The person completed their own Medicine Administration Records (MARs) and told staff when they required more supplies. Staff did not make balance checks on the person's stock of medicines to ensure the person had been taking their medicines correctly, or to determine whether there was a sufficient supply of their medicines available for them to take when required. We found gaps in the person's MAR and noted that remaining stocks of one of their medicines was significantly lower than expected based on the records received and administered. Staff we spoke with did not know whether the records were accurate, or where the missing stock was which meant we could not be sure the person had received their medicines as prescribed. We also found that emergency medicines kept by a person were low in stock, and one medicine was out of date. There was a risk that the medicine was no longer effective if taken in an emergency and that prescribed medicines would not be available as required.

Accurate records had not always been maintained where staff were responsible for administering people's medicines. For example, we found a gap on one person's MAR during the week prior to our inspection. We were unable to determine whether this was a recording issue or whether the dose had been missed because no stock and balance checks had been made of the person's medicines. We also noted that their current MAR showed that a prescribed cream had been crossed out and an alternative cream written in pen underneath. Staff could not tell us whether the GP had reviewed the prescription or if the change was made for another reason. Therefore there was a risk that the person had not received their medicines as prescribed.

Risks to people were not safely managed. We looked at water temperatures recorded by staff for taps and other outlets. We saw that between June 2015 to January 2016 the lowest temperature recorded was 63 degrees and the highest was 67.2 degrees centigrade, significantly above the recommended safe maximum hot water temperature of 44 degrees centigrade. We measured the hot water temperatures in two showers at the service and found that they exceeded 67 degrees centigrade. Inspectors physically tested the water in the upstairs shower room which was too hot to put their finger under the water. There were no risk assessments in place with regards to the hot water temperature management. This meant there was a risk that people may be burnt or scalded whilst using the hot water taps or showering at the service.

Accidents and incidents involving the safety of people using the service were recorded but not always acted on quickly. For example, there were seven incidents between September 2015 and January 2016 of people walking past and grazing themselves on the end of bed frames that stuck out. Four of the incidents related to the same person; however the provider had not taken action at this time to rectify the problem.

These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Following the inspection the provider reported that work had been carried out to address the risks associated with ineffective water temperature controls. However steps to mitigate this risk had not been taken until inspectors identified the risk on 5 February 2016.

On the day of our inspection the provider showed us that soft padded bumpers had been purchased in order to rectify the matter and were due to be fitted imminently. However we were unable to monitor use of this padding at the time of our inspection and will check this has been completed at our next inspection.

We saw that safeguarding policies and procedures were in place. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

There were procedures in place to deal with foreseeable emergencies. Staff told us they knew what to do in response to a medical emergency or fire, and they had received first aid and fire training. The fire risk assessment for the home was up to date and personal emergency evacuation plans were in place for people using the service to ensure their safety in the event of a fire. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

There were enough staff on duty and deployed within the service to meet people's needs. One person we spoke to told us, "There is always someone here". Another person told us, "I think there are always plenty of staff around when I need them. I stick my head out the door and call and somebody always turns up. Our observations on the day of the inspection supported that there were sufficient staff.

Is the service effective?

Our findings

One person we spoke to told us "the staff are good here and always know how to help me."

Staff told us they had not undertaken any refresher training since they started working at the service which was one year ago. On the day of the inspection there were no records available to confirm that all staff refresher training was up to date. One staff member we spoke to told us, "I have not done all my training but I only started last October" Following the inspection we were provided with a training matrix that showed that not all staff refresher training was up to date. We saw three out of four members of staff did not have up to date training in safeguarding, fire training, health and safety, infection control and mental capacity. This meant that people were at risk of receiving care and support from staff who did not have sufficient training to meet their needs effectively.

Annual appraisals were not due for all staff as they had worked for a period of less than one year at the service. However, staff were not supported through regular formal supervisions in line with the provider's policy. This meant that any shortfalls in knowledge or training could not be picked up promptly and addressed so that people continued to receive appropriate standards of care. One staff member told us, "I have had no formal supervisions." Another member of staff said, "I haven't had a supervision yet."

These issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The new manager told us that the service was in the process of arranging refresher training for all staff members and that they would also imminently be carrying out staff supervisions. However, we were unable to monitor this at the time of our inspection and will check this has been completed at our next inspection.

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 legal 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 and staff demonstrated a good understanding of the criteria under which a person may be considered to be deprived of their liberty. The manager told us that all of the people using the service had capacity to make decisions about their own day to day care and support. 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 a 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 MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the home was currently subject to a DoLS authorisation. One health care professional we spoke to told us, "There are no restrictions on people they are free." Staff told us they gained verbal consent when they were supporting people with their care needs. For example for member of staff told us "I always ask if they would like help with showering and also explain what I am going to do."

People were supported to eat and drink sufficient amounts to meet their needs. We saw that people had decided on their own menus. Their care files included assessments of their dietary needs and preferences. One person said, "I make spaghetti bolognese but mostly I have a takeaway." Another person told us, "I like to eat healthy meals and staff help me to choose things that are healthy but I get to choose what I like to eat. I also like lasagne and pizza and sausages." One member of staff told us "we always encourage people to eat healthily."

Records showed that people had access to a range of healthcare professionals in order that they maintain good health. This included GPs, dentists and opticians, psychologist and social workers and mental health team when required. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. Staff attended appointments with people to support them when needed.

Is the service caring?

Our findings

People told us that the service was caring. One person told us staff, "Are kind and caring and I get on with all of them." Another told us, "Staff are nice and caring."

People who used the service, their families, mental health teams and social workers were involved in decisions about their care and support. One person we spoke to told us "I have a keyworker and can talk to them about anything. Staff always tell me what is happening."

People were assigned a keyworker with whom they had regular meetings to discuss any changes. We saw people who used the service positively interacting with staff. Conversations between people who used the service and staff were relaxed and friendly. Staff worked calmly when offering support to people, taking their time and offering encouragement. For example, people were encouraged, reassured and spoken to in an engaging manner.

The service took into account people's cultural and spiritual needs. We saw people were supported to attend their local place of worship when they wanted to and people's cultural dietary needs were taken into consideration and planned for.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. Staff told us they respected people's privacy and dignity by knocking on doors and ensuring doors were closed if they were assisting people with personal care. One person we spoke to told us, "Staff always knock before coming into my room." People who used the service had their own bedrooms when they wanted privacy. Bedrooms were personalised with their own belongings and furniture. We saw people were well presented and looked clean and comfortable.

People were encouraged to be independent where possible. We saw an individual weekly chores schedule for each person who used the service which included preparing their supper, doing their own laundry and tidying their bedrooms.

People were supported to see relatives and friends and they could have visitors at any time. One person told us, "I was a bit worried about moving here in the beginning but I'm really happy with the place it's near my mum and she can visit me more often." Another person told us, "I ring my grandma and visit her often."

Is the service responsive?

Our findings

One person told us "Staff know I like to get up about 10am, have a coffee then play computer games." However we found that the service need to make improvements to people's support plans

People were assessed to receive care and treatment that met their needs and their care plans were reviewed on a regular basis to ensure their current needs were met. The care files we looked at included individual support plans addressing a range of needs such as communication, personal hygiene, nutrition, physical needs and religious beliefs. Daily progress notes were also maintained in individual diaries for people who used the service that recorded the care and support delivered to people to ensure the care and support delivered met their needs.

Although staff were aware of people's choices and preferences, improvement was required because people's support plans were not always updated on a regular basis to reflect changes. For example, we saw that one person's support plan stated they practised a particular religion and attended a place of worship, observed religious festivals and fasts, and should be reminded of important days in their religious calendar. However the new manager told us that the person no longer attended their place of worship and was in fact exploring a new faith. This meant that staff did not have access to up to date information about how to support people to practice the religion of their choice.

A range of personalised activities were offered and people attended these outside of the home on a daily basis. These activities included attending college, football, dance, Zumba and the gym. People also went on regular outings to the pub. One person we spoke to told us, "I do lots of activities like the gym and Zumba, I went yesterday." Another said, "I go to football every Tuesday." A third person explained, "I sometimes help train blind people at Arsenal Football Club every month. I also play blind cricket."

People were supported to follow their interests when in the home. Activities within the home included playing video games, listening to music and watching DVDs. One person we spoke to told us, "I love watching movies and watch them in my room."

Although People we spoke to told us they knew how to make a complaint and would talk to staff or the manager and we saw the service had a complaints policy in place, improvement was required. The complaints process was not accessible in an easy to understand format for people who used the service to follow, should they need to raise concerns or if they were not satisfied with the response they got from managers. One person told us "I haven't got any complaints but would tell the staff if I did." The service had not received any complaints at the time of our inspection and the manager told us they would follow the complaints process to investigate the matter.

Is the service well-led?

Our findings

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service and improvement was needed. Quality monitoring audits that had been carried out in September and October 2015 did not identify the extreme hot water temperatures that had been an issue since July 2015. The water temperature record sheet for the service showed that the provider had been informed of this issue continuously from June 2015 to January 2016 but no action had been taken to rectify matter. The provider, when requested by the local authority, had carried out an investigation in to the unsafe hot water temperatures, but this investigation was based on obtaining opinions for staff and people suing the service and did not include a record of the actual temperature of the hot water . Sufficient action to mitigate the risks to people had not been taken. We found at our inspection on 5 February 2016 that hot water temperatures remained significantly higher than the recommended maximum temperature of 44 degrees centigrade.

The provider had not conducted any audits of people's medicines within the last three months and therefore the concerns we found relating to the safe management of medicines at the service had not been identified or addressed. The provider had not ensured that adequate risk assessment for self-administration of medicines had been carried out. The provider had not carried out balance checks on people's stocks of medicines to ensure people had been taking their medicines correctly, or to determine whether there was a sufficient supply of medicines available when required. There was also a gap in one person's MAR chart, staff we spoke with did not know whether the records were accurate, or where the missing stock was which meant we could not be sure the person had received their medicines as prescribed. The provider's quality monitoring system had not been effectively operated and steps to mitigate risks and improve the service were not taken.

Although the provider had recorded accidents to people involving protruding bed frames, no analysis of this risk or on-going monitoring had taken place to ensure the risk was mitigated. People were placed at risk of further incidents because the system had not been operated effectively..

Staff told us that formal staff meetings did not take place. This meant that learning and best practice was not shared in order for staff to understand what was expected of them at all levels. The service had not sought regular feedback from people using the service, staff, relatives or health care professionals in order to implement changes or make improvements at the home. One member of staff we spoke to told us, "I have never completed any feedback forms." A health care professional we spoke to told us, "I have never been asked for feedback on the service provided or how the service could be improved." This meant that people's feedback could not be used to improve the service.

These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We saw that resident meetings were not held regularly but had been instigated from January 2016. Items discussed at the meeting in January 2016 included weekly activity planners and that one person stated that

they wanted their television on their bedroom wall and we saw that this had been actioned.

In January 2016, the registered manager resigned and immediately left the service. The new manager had only started two days prior to our inspection on 5 February 2016 and there had been no formal handover from the previous registered manager. Therefore there was a period that the home did not have a manager in place and there was a lack of consistency in the service provided.

Staff told us they were happy working in the service and spoke positively about the future of the new leadership which was receptive to staff input. One member of staff said "I have faith in the management even with the issues". Another member of staff said "We have a good team and managers will attend the service when called". Staff attended daily handover meetings so they were kept up to date with any changes to people's care and welfare.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supported by effective training and supervision. Regulation 18(1) (a) (2) (a).