London Borough of Greenwich

London Borough of Greenwich - 75 Ashburnham Grove

Inspection report

75 Ashburnham Grove, Greenwich, London,
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

London Borough of Greenwich – 75 Ashburnham Grove provides accommodation and personal care for up to 11 people with learning disabilities. At the time of our inspection there were 10 people living at the service. This inspection was unannounced and carried out on 12 November 2014. At our previous inspection on 27 December 2013, we found the provider was meeting the regulations we inspected.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Some people were able to tell us their views of the service, whilst others had a variety of ways of communicating and were not able to fully communicate their views and experiences. Staff used pictures and sign language to communicate with people. People using the service and their relatives said staff knew them or their relatives well and knew what they needed help with. As far as possible people using the service had been involved in the care planning process. People's relatives and appropriate health and social care professionals had been involved in the care planning process. We found risks to people using the services were assessed, risk assessments and care plans provided clear information and guidance to staff.

Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The manager and staff completed relevant training to ensure the care provided to people with learning disability needs was safe and effective. Staff supervision and annual appraisals for care staff were up to date and in line with the provider's timescale. All staff we spoke with felt supported by their line manager and said they received advice and direction when required, to meet the needs of people at all times.

People were able to make choices. Where they lacked the capacity to do so decisions were made in line with the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS authorisations currently in place; however the registered manager knew the correct procedures to follow to ensure people's rights were protected.

We observed that staff were caring and attentive to people. Staff approached people with dignity and respect and demonstrated a good understanding of people's needs.

The provider had effective systems to regularly assess and monitor the quality of service that people received. Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. A health care professional told us the staff manages people's needs extremely well, and they follow guidance given to them. The manager told us the provider had planned for a consultation on 19 November 2014, with people, their relatives and advocates in relation to the proposed closure of the home, due to the age of the building.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. The people who used the service and their relatives told us they thought the service was safe. However, on one occasion half hourly checks needed for three people were not carried between 10.30pm and 12.30am. Staff understood how to safeguard the people they supported.

Risk management plans were in place and staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

Is the service effective?

Good

The service was effective. The manager and staff undertook regular training and received one to one supervision and appraisals which supported them to meet people's needs.

People's health care needs were met and they had access to health care professionals. People were supported to eat and drink sufficient amounts and they had a choice of what they ate.

People were able to make choices. Where they did not have the capacity to make decisions the Mental Capacity Act 2005 code of guidance was used. No one was subject to a Deprivation of Liberty Safeguards authorisation. The registered manager knew the correct procedures to follow to ensure people's rights were protected.

Is the service caring?

Good

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate.

Is the service responsive?

Good

The service was responsive. The service regularly reviewed people's risk assessments and care plans. Activities were available for people, including support to maintain social contacts. Staff gave information to people and supported them to make their own choices in relation to their daily routine.

Summary of findings

Staff had enough time to provide care and support to people. We saw health and social care professionals help was sought as and when required to meet people's specific needs. People and their relatives we spoke with felt able to raise concerns.

Is the service well-led?

Good

The service was well-led. The manager interacted well with people who used the service. People who used the service and their relatives said the manager was approachable and visible.

Staff spoke positively about the culture of the service and told us it was well-managed and well-led.

Staff knew their roles and responsibilities. There were regular team meetings, which provided an opportunity to discuss concerns and suggest improvements. The provider had effective systems to regularly assess and monitor the quality of service that people received. There was evidence that learning from audits took place and appropriate changes were implemented.

London Borough of Greenwich - 75 Ashburnham Grove

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 checked 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 12 November 2014 and was unannounced. The inspection was carried out by two inspectors. Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider 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 spoke with a speech and language therapist, community nurse, social worker, service user's advocate and GP about their views on the service. They gave us positive feedback about the service.

People using the service had different ways of communicating and some were not able to fully tell us their views and experiences. We spent time observing the care and support being delivered. We spoke with two people using the service and the relatives of two people. We also spoke with five members of staff and the manager. We looked at records, including the care records of four people using the service, five staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

A person using the service told us staff treated them well and they felt safe. The relatives of two other people using the service said their relatives were well looked after and safe. For example, one relative told us "My relative was absolutely safe as a result of the calibre, consistency and nature of staff." People said staff supported them in making decisions about their lives which helped them stay safe.

Staff we spoke with had received safeguarding training and training records we saw confirmed this. Staff had an understanding of what constituted abuse and knew the correct action to take if abuse was suspected. They were confident the manager would respond appropriately to any concerns raised. We saw safeguarding and whistle blowing policies were available, and staff told us they knew how to access them and that they would use them if they needed to.

The manager told us there had been no safeguarding concerns at the service since the last inspection. This was further confirmed by a review of the information we held about this provider that showed no safeguarding issues had been reported to the Care Quality Commission.

Detailed risk assessments were recorded which identified the level of risk to a person and showed the actions required to minimise the risk. For example, risks identified included diabetes, seizures, accessing community, medication and self-neglect. We saw risk assessments were reviewed and updated regularly. People had management plans for risks which had been identified. Staff demonstrated they knew the details of these management plans and how to keep people safe. We spoke with a health care professional who visited the home regularly. They told us staff worked closely with them and they were cared for like a family member.

We looked at five staff recruitment records and found that safe recruitment practices were being followed and that the relevant checks had been completed before staff worked at the home. These checks included satisfactory criminal records checks, references and proof of identification.

At the time of our inspection the home was providing care and support to 10 people. The manager showed us a staffing rota and told us that staffing levels were evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or they needed to attend health care appointments, additional staff cover was arranged to support people to their appointments when required. We saw there were sufficient staff on each shift and they were suitable to care for people and had the right skills, experience and knowledge. Staff told us there were always enough staff on shift and said that if there was a shortage, for example due to sickness, cover was arranged.

There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents or fire. The care records we looked at each contained a personal emergency evacuation plan. Staff we spoke with were aware of actions to be taken in the event of an emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care.

The service operated an on-call rota for senior staff to ensure someone was always available for advice or to attend in the event of an emergency. However, we noted from the night care records on one occasion when a member of staff on the night shift went off sick the sleep-in staff member tried to get cover. During this time half hourly checks needed for three people were not carried between 10.30pm and 12.30am. The manager told us, "The on call duty manager arrived on time but sat outside in their car and did not come into the premises." The manager told us that they would escalate this with their senior management. However, we were unable to assess the impact of action taken by senior management, as the action was not completed at the time of our inspection.

During the inspection we saw all communal parts of the home and some people's bedrooms. We found the premises were well maintained. Regular visual checks by the staff made sure any problems were quickly identified and put right and servicing and maintenance records were up to date.

There were appropriate arrangements in place to protect people against the risks associated with the unsafe management, use and administration of the medicines prescribed. We reviewed the medicines records for four people and found they were receiving their medicines as prescribed by health care professionals. The manager told us that the people had received their medicines regularly. Staff who administered medicines were trained and authorised to do so. Medicines were administered safely.

Requires Improvement

Is the service safe?

We saw people received their medicine on time from staff. We found there were appropriate storage facilities which met with good practice guidance for the storage of medicines.

Good

Is the service effective?

Our findings

Staff had completed induction training before starting work at the home. The induction training required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. Staff informed us they received a range of training, which enabled them to feel confident in meeting people's needs and raising any concerns or changes in health. Staff records we saw showed that staff received training on subjects in relation to their roles and responsibilities, such as diabetes, safeguarding adults, administration of medicine and food hygiene. Staff were able to speak confidently about care practices they delivered and understood how they supported people's health and wellbeing.

We saw from staff supervision records that formal supervision of all care staff was up to date and was in line with the provider's timescale for supervision, i.e., once in every two months. We saw that at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. All staff we spoke with during the inspection felt supported by their line manager and said they always received advice and direction when they requested it. The staff records we looked at included evidence of annual appraisals taking place for all staff who had completed one year in service. We saw their specific learning and development needs had been discussed. This showed us staff were supported to enable them to meet people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place; however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Staff we spoke with told us they had received training in Mental Capacity Act 2005 and DoLS and were confident in the meaning of the Act and how to ensure any deprivation of liberty only took place with appropriate authorisation. We found people were able to make choices in line with the principles of the Mental Capacity Act 2005. Where people lacked the capacity to make a decision we saw that mental capacity assessments were carried out and if appropriate best interests meetings were held. For example, records showed a best interests meeting was held with a person undergoing a medical procedure. This was attended by the person, their relatives, staff and other appropriate professionals.

The manager told us information about people was treated confidentially and any personal information was discussed with people privately and discreetly. The care records we reviewed showed discussions had been held about information sharing and consent was obtained from people who had the capacity. For example, one person's care records showed best interests decision meetings were held with their GP, advocate, relative and palliative care nurse in relation to a decision about Do Not Attempt Resuscitation (DNAR).

Care plans were in place showing people had a wide range of health and social care needs. People were supported to maintain good health and had access to external healthcare services such as a GP, Continuing Health Care Nurse, Community nurse, Speech and Language Therapist (SaLT) and the local Hospital. One person had a specific health issue that needed to be closely monitored and we saw there were clear guidelines for staff to follow. Relevant staff received training in End of Life Care from the palliative care team. Staff we spoke with were aware of people's health care needs and supported them to attend health care appointments. Health care records we saw showed us people attended their health care appointments. Daily care notes we looked at showed people were cared for in line with their care plan.

People and their relatives told us staff looked after them well and supported them to meet their care needs. For example, one health care professional said they had no concerns with the manager and staff. They also said that staff followed guidance given to them to meet the needs of the people.

There was a choice of food that suited people's recorded needs and preferences. We saw a good supply of fresh vegetables and fruit, as well as food for a person that met their dietary needs. One person using the service told us "The staff cook well." Another person said, "The food is very nice." Staff told us they supported people to make choices about the menu. Food menu records showed people were offered a variety of meals. However, we found on another floor what was being served on the day was not on the menu. This was brought to the attention of the manager, who told us the staff would be reminded to prepare what is

Good

Is the service effective?

on the menu. We found that staff had attended basic food hygiene training which provided them with the skills and knowledge to ensure people's food and drink was prepared safely.

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Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with respect and they were caring. One person using the service told us "I like living here, staff are kind." A relative of a person using the service told us, "I can't speak highly enough of the staff team. Without them my relative would not be in such a good state as she is now." Another relative said "I am lost for words about how kind and supportive staff are." One staff member told us "I hold their hand and talk to them so that they do not feel alone." One health care professional told us staff were very caring and provided the best care they could.

Care plans were personalised around the needs of the individuals, and were updated to reflect the change of needs, as and when any changes took place. We saw that individual needs were documented clearly in care records and staff were knowledgeable about this. These care plans guided staff on how to ensure people's assessed needs were met. Care records we looked at showed that all people using the service had one to one key worker support sessions. A key worker is an allocated staff member who has overall responsibility for a person using the service, in relation to their care planning and delivery.

Some of the care plans we looked at included advanced care plans where staff had discussed end of life care wishes with people and relatives. Where possible, this was done with the person living in the home but if they were unable to make decisions about their care, appropriate people were involved, for example their relatives and GP. We saw one person, who was on End of Life Care support, received one to one support at all times, and external healthcare services were sought as and when it was appropriate. A staff member told us "The End of Life Care training has given me more confidence, as it can be a bit stressful to be with someone who is dying, if you are unsure about how best to care for them." We observed staff interacting with people who used the service in a sensitive and caring manner. People were relaxed and at ease in the company of staff and regularly sought staff out to chat with them. We saw staff were attentive towards people, they ensured that they made time for people so they did not feel rushed and explained things to them before being carried out.

We saw that staff communicated effectively and interacted in a respectful way with people at all times. For example one person would communicate verbally and another person used gestures and objects of reference. We saw how people were encouraged to make choices in many aspects of their daily life. For example, people were asked what they would like to eat or if they wished to join in an activity.

People told us staff treated them with dignity and respect and this was confirmed by our observations during the inspection. Staff were present but discreet: we saw they enabled people to be as independent as possible by prompting and supporting. Staff records we saw showed staff had completed training in promoting privacy and dignity. Staff we spoke with were able to explain how they ensured people's privacy, dignity and independence were maintained. One staff member told us they closed the doors and curtains were drawn when providing personal care and left people alone to manage as much care for themselves as it was safe for them to do. Another staff member told us they always knocked on people's doors and asked if they could come in before entering a person's bedroom. Our observations further confirmed that staff obtained consent from people before entering their bedroom.

The provider had policies in place in relation to equality and diversity and we saw that people's cultural needs, religious beliefs and practices, were respected and catered for at the service. The staff were mindful of individual cultural needs. For example, they supported a person using the service that her religious and cultural needs were acknowledged and supported.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Prior to using the service, people's health and social care needs were assessed to ensure the service was suitable to meet their needs. We saw that the assessment covered areas such as personal care, communication, personal hygiene, mobility, medication, dietary preferences and activities. Initial assessments were used to inform risk assessments and care plans for people at the service and these included detailed information and guidance for staff about how the people's needs should be met. We saw the risk assessments and care plans were reviewed and updated to reflect any change in people's needs. For example, in one case this included guidance about use of a new type of hoist. We saw reviews involved people's care managers, relatives and advocates as appropriate to represent people's interests. For example, one relative told us, "I am always asked in the reviews about whether I am satisfied with the service."

We saw that activities were offered to people, based on their choices and as recorded in their care plans. People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. One person returned from their day activity and told us "I go twice a week and like it".

The care records reflected the different relationships people had and showed how these were maintained. We saw people were supported to maintain relationships with relatives. Relatives we spoke with talked about their loved ones and told us how they kept in touch, which they said was important to them.

The complaints policy and procedure was available in an easy read format, provided people with details about how to make a complaint and it was accessible to all staff and people. It set out the procedures which would be followed by the manager and organisation. People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. People told us, if they had concerns all they needed to do was speak to a staff member or the manager and they would sort it out for them. The manager told us there had not been any formal complaints received since the previous inspection in December 2013. One relative told us "I had to point out something about my relative which I would have expected staff to have been aware of (a physical issue); however, they responded very quickly as they generally do." Another relative said, "I feel comfortable raising any issues or complaints with the manager."

Good

Is the service well-led?

Our findings

At the time of our inspection the home was providing care and support to 10 people, most of them had profound learning disability and communication needs. We spoke with three healthcare professionals and two social care professionals about people who use the service and the home. They gave positive feedback about the service. For example, a healthcare professional told us the home is dealing with people with complex needs and the staff manages them extremely well, and they follow guidance given to them. Another healthcare professional said the manager and staff are good, they manage people's needs well. There was no particular concern of quality of care and governance. People and their relatives who used the service praised the manager and said they were approachable and visible.

The manager told us a satisfaction survey was completed in April 2013, in which people who lived in the home, relatives and health care professionals participated. We saw the feedback received was all positive. The manager further said that the provider had planned for a consultation on 19 November 2014, with people, their relatives and advocates in relation to the proposed closure of the home, due to the age of the building, following which they planned to arrange for a satisfaction survey in December 2014.

Incidents and accidents were all recorded including the action taken, to ensure the safety and welfare of people using the service. For example, when someone suffered an eye infection they were referred to a local hospital for healthcare support.

The provider regularly assessed and monitored the quality of the service people received. This included audits of care plans, health and safety, medication, food preparation and food served, supervision and training. There was evidence that learning from these audits took place and appropriate changes were implemented. For example, following these audits, an action plan was developed and implemented to address the issues identified; we saw repairs carried out in people's bedrooms and communal areas.

The service had a registered manager in post. Staff told us regular team meetings were held which provided an opportunity to discuss people's changing needs and suggest improvements. The staff meeting minutes we saw further confirmed this. Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. They described management as "supportive" and said they enjoyed working at the home. They said the manager encouraged them to make suggestions about how improvements could be made for people and they felt their views were taken into consideration. They told us they enjoyed working at the home and felt supported in their roles. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. They were aware of the service's whistleblowing procedures and how to access them.