

Choice Support Erindale (1a)

Inspection report

1a Erindale
Plumstead
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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

About the service

Erindale (1a) is a residential care home which provides care and support for up to five adults with profound learning and physical disabilities or with complex needs. The service is located on a residential road close to local amenities. The home is purpose built with five bedrooms all located on the ground floor. At the time of this inspection, five people were living at the home.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support because choice and inclusion was promoted. People received planned coordinated person-centred support that was appropriate to their needs and the service ensured people live meaningful lives as much as they could.

Relatives and professionals spoke positively about the service and told us it was well managed. People received care and support which was safe and personalised to their needs. People were protected from the risk of abuse and avoidable harm. Where accidents and incidents occurred, lessons were learnt to prevent reoccurrences. Appropriate numbers of staff were available to support people's needs and the service followed safe recruitment practices. People were supported to take their medicines safely and staff followed appropriate infection control practices to prevent the spread of diseases.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were regularly assessed to ensure they could be met. People were supported by staff that had completed an induction, training and were supported through supervision. People were supported to eat healthily and access healthcare services when required.

People received care and support from staff that were kind, caring and attentive to their needs. People, their relatives and professionals were involved in making decisions about their care and support needs. People's privacy and dignity was respected, and where applicable their independence promoted. Staff understood the Equality Act and supported people without discrimination.

People were supported to maintain relationships with those that were important to them and participated in activities that interested or stimulated them. Relatives knew how to make a complaint if they were unhappy.

The management team demonstrated a commitment to ensure people experienced meaningful, person centred and high-quality care. There were systems in place to assess and monitor the quality of the service and feedback was sought from people, their relatives and staff to improve the quality of the service. The

service worked in partnership with health and social care professionals to plan and deliver an effective service. The management team understood their responsibility under the duty of candour and had been open, honest and taken responsibility when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Erindale (1a)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

Erindale (1a) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and carried out on 12 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their views of the care provided. We spoke with five members of staff including the registered manager, a service manager and three support workers. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care plans, risk management and medicines records. We looked at two staff files in relation to recruitment, training and supervision. We also looked at other records used in managing the service, including, health and safety logs, surveys, audits and minutes of various meetings.

After the inspection

After the inspection, we received feedback from three professionals who work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination. A relative commented, "There is no concern. I think the staff love them [people] and the way they speak to them is lovely."
- The service had effective safeguarding systems in place and staff had completed safeguarding training; staff knew of their responsibility to protect people from abuse or neglect.
- Staff told us they would report any concerns of abuse to their manager and would escalate any poor practices in line with the provider's whistleblowing policy.
- The registered manager knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority and the Care Quality Commission (CQC). However, there had not been any allegations or concerns of abuse since our last inspection in December 2016.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. Risk records were reviewed every six months or where people's needs had changed to ensure the care and support was safe and meeting their needs.
- Risk assessments and management plans were specific to each person's needs and covered areas including eating and drinking, medicine, falls, moving and handling, pressure sores and continence care.
- Risks relating to people's health conditions such as epilepsy had clear guidance for staff to ensure people remained safe. Staff knew the level of support people required to reduce the risk of avoidable harm.
- Regular health and safety checks including gas safety, fire tests and drills, wheelchair, slings, and legionella tests had been carried out.
- Each person had a personal emergency evacuation plan in place to ensure all staff and emergency services supported them safely to evacuate the building in the event of an emergency.

Staffing and recruitment

- There were enough staff available to support people's needs. Relatives told us there was enough staff available on each shift to support people's needs.
- A staffing rota showed the numbers of staff on shift matched the numbers planned for. The registered manager told us staffing levels were planned based on individual needs and that the staffing levels would be increased for example if a person was unwell.
- A recent recruitment scheme had taken place to increase the number of permanent staff at the service. All staff we spoke with confirmed there was enough staff available to safely support people's needs.
- The provider followed safer recruitment practices and had ensured all staff pre-employment checks were

satisfactorily completed before they could work at the service.

Using medicines safely

- Medicines were safely managed. There were safe systems in place to acquire, store, administer, monitor, dispose of medicines.
- All staff had completed medicines training and their competency had been assessed to ensure their medicines administration practices was safe.
- Each person had a medicines administration record (MAR) which staff used to record medicines administered as prescribed by health professionals. The number of medicines in stock matched the numbers in the medicines records and there were no gaps in the MARs.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there were PRN protocols in place for when staff could administer these medicines. Where topical creams were used, there were body maps in place to show the part of the body where it should be applied.

Preventing and controlling infection

- People were protected from the risk of infection. The home looked clean and was free from odour. People's bedrooms and communal areas were clean and tidy. A relative told us, "Staff take pride in what they do, it is clean and never smells; there is no clutter here. Just take a look around, it is always clean."
- The service had a cleaning schedule in place to promote and maintain the hygiene levels of all areas of the home. The service had achieved a food and hygiene rating of 5 from the Food Standard Agency in December 2018.
- All staff had completed infection control and food hygiene training and followed appropriate infection control procedure including the washing of hands, wearing of gloves and aprons where required to prevent the spread of infectious diseases. A staff member commented, "When we [staff] are sick we stay away from work."

Learning lessons when things go wrong

- There were systems in place to report and record accidents and incidents. The provider had policies and procedures for reporting and recording accidents and incidents. Staff understood the importance of reporting and recording any accidents, incidents and near misses.
- Where accident or incident had occurred, these were recorded and analysed to identify any trends or patterns and appropriate actions were taken to prevent reoccurrences.
- Any lessons learnt were shared with staff teams to promote best practices. For example, the service had devised a system to bridge a communication gap between the them and healthcare professions due to an incident that had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed to ensure they could be met. The service carried out regular assessment of people's physical, mental and social needs to ensure the service was suitable for them. Relatives told us they were involved in these assessments to ensure their loved one's needs were met.
- Joint assessments were held with relatives and professionals including speech and language therapists (SALT), dietitians, physiotherapists and staff of the Clinical Commissioning Groups (CCG) to ensure staff delivered care and support in line with best practice and working within national guidelines.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision. A relative said, "The staff are well trained and very professional."
- All new staff completed an induction programme which included the Care Certificate. The Care Certificate is the bench mark set for the induction standards of new care workers. A staff member commented. "My own induction was fantastic, and we learnt greatly from it, they shared [the organisational] values including dignity and respect."
- Records showed that staff training, supervision and appraisals were up to date and in line with the provider's requirements. Staff had also completed training specific to people's needs including autism, learning disability awareness and operating a percutaneous endoscopic gastrostomy (PEG) tube.
- Staff told us they felt supported by their managers and colleagues. A staff member told us, "The training here is very good and very adequate, it is more than enough."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts for their health and wellbeing. Eating and drinking assessments had been carried out for each person and had appropriate guidance for staff to safely meet their nutritional needs.
- There was a weekly menu in place which was available in formats that met people's needs and promoted choice.
- Where people required their food prepared differently due to a medical reason staff knew of the support to provide. The service involved people's relatives and worked in partnership with professionals including dietitians and SALT teams to ensure people's dietary needs were met safely.
- One person required their nutrition through a PEG tube and staff had the knowledge and skills in ensuring their nutritional needs were safely met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and had been registered and treated by a team of healthcare professions. This included GPs, dentists, chiropodists and nurses.
- People were supported to book and attend health appointments. A relative commented, "When my loved one was ill, staff quickly took them to the GP. They are always contacting this professional and that professional. They are really good at that."
- The service work in partnership with a multi-disciplinary team of professionals including the community mental health team, the CCG and the local authority to ensure people's needs were safely met. Feedback received from healthcare professionals was complimentary of the service.
- Each person had a hospital passport which provided hospital and emergency services important information about their health and care needs to ensure they were safely supported.

Adapting service, design, decoration to meet people's needs

- The home environment was suitably designed and adequately maintained. The home is a bungalow with all rooms on the same floor. People's rooms were decorated and personalised to their needs.
- The entrance to the home was accessible to people with a physical disability and for wheelchair users. Doors were wide for easy navigation and handrails were available for additional support. A ceiling hoist was available in the living room and all bedrooms, and an adaptable bath was also available for easy transfers.
- The home was recently redecorated, and relatives and key workers were involved in best interest decisions to ensure people's choices, including their preferred colour, electronic appliances and soft furnishing was taken into consideration.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's rights were protected because staff sought their consent before supporting them. A relative commented, "They [staff] ask for consent."
- Where people's mental capacity had been assessed and they were found unable to make specific decisions for example, about their medicines or finance; best interest decisions were in place.
- Where people were deprived of their liberty for their own safety for example, with elements such as belts and bedrails, DoLS authorisations were in place and the conditions of the authorisation were being met and kept under review.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were kind and caring towards them. A relative told us, "I think the staff love them [people], the way they speak to people is lovely. Staff are lovely and they have a good chat with people and there is a rapport between them."
- People using the service could not communicate their views verbally. Throughout our inspection, we observed positive interactions between both staff and people. For example, when people returned from the day centre, staff greeted them cheerfully addressing them by their preferred names and asked if people had fun at the day centre.
- People received care and support from staff that were attentive and understood their individual care needs. For example, we observed a member of staff telling one person, "You are soaking wet from the rain, let me take that blanket off you." The staff member turned to another person and said, "Let me wipe your face clean, it is wet."
- We observed that people were treated respectfully and without any discrimination. People were also supported to practice their faith and engage in cultural festivities.

Supporting people to express their views and be involved in making decisions about their care

- Relatives were involved in planning their loved one's care and support needs. A relative informed us, "I am involved in everything."
- People were provided with choice, so they could make day to day decisions for themselves. Staff told us they used people's body language to determine their preference. During our inspection we observed staff asking one person, "Do you want tea or coffee" By observing the person, the staff member was able to deduce the person preference.
- Relatives confirmed choice was promoted at the service. A relative commented, "They give people variety of drinks and they always give them choice."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway. A relative told us, "Staff are good, they promote privacy and dignity and they are lovely."
- Staff told us they promoted privacy and dignity by knocking on doors, seeking consent first before supporting a person, shutting doors during personal care and informed people using step by step guidance of the care and support they were about to receive.
- Information about people was kept securely in lockable cabinets in the office and staff knew the

importance of keeping information about people confidential.

- People were supported to maintain their independence. Staff informed us, they promoted independence by for example, using hand-over-hand techniques to enable a person to hold a cup.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their needs. Each person had a support plan which provided staff guidance of how their needs should be met. The support plans included people's medical conditions, communication, preferences and the level of support they required.
- Staff knew people well and the level of support each person required.
- Staff told us they promoted choice by offering people two options for them to indicate which one was their preference.
- People's care and support plans were kept under review and updated when their needs changed. Daily care notes showed people were supported in line with the care and support which had been planned for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service worked within the principles of AIS. People's communication needs had been assessed and with appropriate guidance in place for staff on how to meet their needs. For example, a choice board had been developed for one person where two options would be displayed on the board for the person to pick their preferred option.
- Information was available to people in easy read and pictorial formats. Staff told us they used words, pictures, objects and body language to communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain and develop relationships with those important to them. A relative commented, "I am here at least four times in a week, I am always welcomed, and I have no concerns."
- Where planned in advance staff supported people to visit their family homes during special occasions to spend time with their loved ones. Where required, relatives were also supported to visit the home and spend time with people.
- Social gatherings such as coffee mornings were held to promote a relationship with relatives and friends from the provider's other services.
- People were supported to follow their interests and participated in activities which were socially relevant and suitable to them. In-house activities included audio storytelling, arts and crafts, aromatherapy, music

sessions and karaoke.

- People had access to the local community and its facilities. The service had its own transport and this enabled people to access places of interest including parks, shops, libraries, hydro pool and trips to the seaside. People also attended various day centres to engage in activities that stimulated them.

Improving care quality in response to complaints or concerns

- There was an effective system in place to handle complaints. The service had a complaints policy and procedure which provided guidance on actions the service would take when a complaint was received including the timescales for responding.
- Relatives told us they knew how to make a complaint if they were unhappy and were confident their concerns would be listened to and acted on. A relative commented, "I am happy with the care and I don't have any concerns or complaints."
- The service maintained a complaint log and had received one complaint about staff retention since our last inspection in December 2016. This was being managed at the time of the inspection.

End of life care and support

- No one using the service required end of life support. However, people and their relatives had been consulted about end of life care needs. Where required people had been supported to purchase a funeral plan to ensure their end of life wishes would be respected.
- Where people did not wish to be resuscitated, they had an authorised Do Not Attempt Resuscitation (DNAR) documentation in place.
- The registered manager informed us that where required they would work with people, their relatives where applicable and other professionals to ensure the people's end of life wishes were respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. There were two managers responsible for managing the service. A registered manager another manager responsible for the day-to-day running of the service. Both the registered manager and service manager demonstrated a commitment to provide meaningful, person centred, high quality care by engaging with relatives and professionals.
- Staff spoke positively about their managers. A staff member commented, "The manager is very helpful, and we can go to her for everything."
- Relatives were complimentary about the management team and told us the home was well managed. A relative mentioned, "[Manager] runs a tight ship, she is a good manager. If this place is not good, I would have got [my loved one] out a long time ago."
- The management team understood their responsibility under the duty of candour and had been open, honest and taken responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post who had an oversight of the service and knew of their responsibility to work within the requirements of the Health and Social Care Act 2014 and had notified CQC of significant events at the service. They had also displayed their last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and contribution they made to the service.
- The service had an effective governance and accountability system in place. There were daily, weekly, monthly, quarterly and annual checks carried out by staff and the management team. Where issues were identified, these were acted on to improve the quality of the service.
- There were systems in place to promote continuous learning and improve the quality of the service. For example, the service had taken action to address issues raised by the local authority contract monitoring team following their visit. This included the use of red bags and the display of SALT guidelines in the kitchen.
- The service had an effective out-of-hours system to ensure appropriate management support was available to staff when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives views were sought to improve the quality of the service. Residents' meetings and carers/parents' meetings were used to gather feedback about the service. Minutes from meetings evidenced relatives showed appreciation and also discussed how the quality of the service could be improved.
- Staff views were also sought through surveys and team meetings. Feedback from staff in a recent survey stated staff wanted more staff recruited. At the time of this inspection, the service had acted, and new staff were in post.

Working in partnership with others

- The service worked in partnership with the local authority and CCG to drive improvement. Feedback from three professionals was consistently positive about partnership working and the quality of care people received.
- The service also liaised with the day centres and carried out quarterly joint meetings so important information was shared with professionals involved in people's care and support to promote safe and consistent levels of care delivery.