

London Borough of Greenwich

London Borough of Greenwich - 69 Coleraine Road

Inspection report

69 Coleraine Road
Blackheath
London
SE3 7PF

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Date of inspection visit:
07 January 2016
08 January 2016

Date of publication:
17 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 07 and 08 January 2016. We carried out an announced inspection of this service on 14 June 2013. A breach of legal requirement was found. We found there were not enough staff to meet people's needs on all shifts. As a result we undertook a focussed inspection on 12 February 2014; we found action had been taken by the provider and that there were enough staff to meet people's care needs.

London Borough of Greenwich – 69 Coleraine Road is a supported living service that provides personal care for up to five adults who have a range of needs including learning disabilities. At the time of our first day of the inspection four people were using the service and on the second day of inspection one person had moved to another home, therefore three people were using the service.

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

The service knew how to keep people safe. We observed that people looked happy and relaxed. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Risk assessments were in place and reflected current risks for people who used the service and ways to try and reduce the risk from happening. Appropriate arrangements for the management of people's medicines were in place and staff received training in administering medicines.

There were enough staff to support people at the service and in the community. We observed staff had a good understanding of people's needs and were able to support them. Staff supported people in a way which was kind, caring and respectful.

Staff received an induction and further training to help them undertake their role. However, staff had not received their annual appraisal and some of the staff had not received regular supervision in line with the provider's policy.

People received enough to eat and drink and their preferences were taken into account. Staff helped people to keep healthy and well, they supported people to attend appointments with healthcare professionals when they needed to.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Care records focussed on people as individuals and gave clear guidance for staff.

Staff encouraged people to follow their own activities and interests. People and relatives told us they felt comfortable raising any concerns they had with the manager and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. Staff felt supported by managers. There was an effective system to regularly assess and monitor the quality of service provided.

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.

People told us they felt safe using the service and with staff who supported them. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people and support plans were in place to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Medicines were stored securely and administered to people safely.

Is the service effective?

Requires Improvement 

Some aspects of this service were not effective.

Staff completed an induction programme and training relevant to the needs of the people using the service. However, staff were not supported through regular formal yearly appraisal and some staff did not receive regular supervision in line with the provider's policy.

People were positive about staff and told us they supported them properly. People were supported by staff that had the necessary knowledge and skills to meet their needs. Staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Is the service caring?

Good 

The service was caring.

Staff respected people's dignity and need for privacy and they were treated with kindness.

People and their relatives were involved in making decisions about their family member's care and the support they received. Staff knew people well and understood their needs and preferences. Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support.

People were supported to follow their interests and take part in activities. The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the care and attitude of the staff and the managers.

Regular staff meeting helped share learning so staff understood what was expected of them at all levels.

The service had a system to monitor the quality of the service through internal audits. Any issues identified were acted on.

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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.

Before the inspection we looked at all the information we had about the service. This information included the 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 took place on 07 and 08 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

During the inspection we looked at three people's care records, six staff records, quality assurance records, accidents and incidents and policies and procedures. We spoke with three people using the service and two relatives about their family member's experience of using the service. We also spoke with the registered manager, assistant manager and two members of staff.

Is the service safe?

Our findings

People told us they felt safe using the service and were well supported by the staff and the registered manager. One person told us "I feel safe here, I like my bedroom." Another person said "I like staff, they give my medicine." We observed people interacting with staff in the communal areas. People appeared comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what constituted abuse and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the registered manager and the local authority's safeguarding team. Records we looked at showed that one safeguarding referral had been made by the registered manager since our previous inspection in February 2014 and the investigation into this recent referral had not yet been completed. The registered manager told us they would monitor the progress of this safeguarding investigation as part of their quality assurance process. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the provider takes to keep people safe. Records confirmed all staff and the registered manager had received safeguarding training. There were procedures in place to reconcile and audit people's money safely. The service had a policy and procedure for safeguarding adults from abuse, staff were aware and had access to this policy. The registered manager and staff knew about the provider's whistle-blowing procedures.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff on how to reduce these risks. People's care records contained a set of risk assessments which were up to date and detailed. These included, for example, going out on day trips, use of the kitchen, being out in the community, evacuation in the event of fire, choking, diabetes, epilepsy and use of electrical equipment. These assessments identified the hazards that people may face and support they needed from staff to prevent or appropriately manage these risks. For example, we saw guidelines were in people's care records for staff on how to reduce the risk of the person choking and supervision while eating, how to manage diabetes and epilepsy. One member of staff told us about the risk one person faced who had difficulty in swallowing. They told us "We follow the guidelines given by speech and language therapist (SALT) about food preparation and type of food." Later we observed staff following this guidance at mealtimes.

The service had a system to manage accidents and incidents and try to reduce reoccurrence. We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks and who was notified, such as a relative or healthcare professionals. For example, when a person had change in behaviour, social and health care professional's advice was sought and followed. Action to reduce future risk included reviewing and updating this person's risk assessments and was discussed at a staff meeting in order to share learning.

There were sufficient numbers of staff on duty to meet people's needs. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. During our two days of inspection we saw there were enough staff to support people when accessing the local community and when people stayed at the service. Staff were always visible and on hand to meet people's needs and

requests. The service had a 24 hour on call system in place to ensure adequate support was available to staff on duty when the registered manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included employment references, the staff member's qualification and previous experience, criminal records checks, and proof of identification. Staff we spoke with told us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. One person told us "When the fire alarm goes off, I go there (pointing towards the safe meeting point)." There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, personal evacuation plans were available and fire drills were carried out regularly. There was a business contingency plan for emergencies which included the contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely.

People were supported to take their medicines safely. Staff authorised to administer medicines had been trained. We observed staff completed Medicine Administration Records (MAR) after administering medicine to people. We saw MAR charts were up to date and the amount of medicines administered was clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely. Medicine checks were carried out to ensure people received their medicines safely. The registered manager confirmed there was always a trained staff member on every shift to administer people's medicine.

Is the service effective?

Our findings

Staff had not completed their individual annual appraisal and this required improvement. The registered manager told us that they were aware of this concern, therefore discussed in a staff meeting and had scheduled annual appraisals for February 2016. Four of the six staff were supported through regular formal supervision in line with the provider's policy. The provider's policy stated that staff would receive supervision every eight weeks; however staff supervision records showed that, two of the six staff had not received supervision in the last three months. The registered manager told us that this was due to sickness absence and now the supervisions had been scheduled for January 2016. Annual appraisal and supervision records we saw further confirmed this.

People received support from staff that had been appropriately trained. People told us they were satisfied with the way staff looked after them. Staff knew people very well and understood their individual needs. For example, staff were knowledgeable about people's personal and physical health care needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training. This included training on safeguarding adults, food hygiene, mental capacity, equality and diversity, health and safety, epilepsy, first aid, administration of medicine and positive behaviour support. Records confirmed staff training was up to date. Staff told us training programmes were useful and enabled them deliver the care and support people needed. Staff told us they felt able to approach their line manager at any time for support.

When people had capacity to consent to their care, the provider had systems in place to seek and record their consent. Records were clear about what people's choices and preferences were with regard to their care provision and staff we spoke with understood the importance of gaining people's consent before they supported them.

The service had processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the Mental Capacity Act 2005 (MCA 2005). 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. We saw assessments of people's capacity to make specific decisions were carried out and best interests meetings held where needed, regarding specific decisions about people's care. For example, in relation to healthcare treatment.

The provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. At the time of inspection no one was subject to continuous control and supervision and people were able to leave the service.

People were supported to have a balanced diet and were involved in decisions about their food and drink.

Menus were planned every week, where they were discussed at service users meetings. One person told us "On Friday we have a tenants meeting and we discuss food menus." People were encouraged to be as independent as they could be with the preparation of their own food and drink; we observed how staff supported people to make their own meal. One person told us "I am cooking sausages, carrots, parsleys and peas for dinner." Food in the fridges was date marked to ensure it was only used when it was safe to eat. People's support plans included sections on their diet and nutritional needs. We carried out observations during a mealtime and saw positive staff interaction with people. The atmosphere was relaxed and not rushed and there were enough staff to assist people when required.

People were supported to access the relevant health care services they required when they needed to. Staff attended healthcare appointments with people to support them where needed. For example, one person told us "Staff take me to the doctor." We saw from care records that there were contact details of local health services and GP's. People had health action plans which took into account their individual health care support needs. They also had a hospital passport which outlined their health and communication needs for professionals when they attended hospital. Staff had clear understanding of any issues and treatment people required.

Is the service caring?

Our findings

People told us they were happy living at Coleraine Road and that staff were caring. One person said, "I go out with my key worker for shopping, they are nice." Another person said "I liked another bedroom, I spoke with the staff and changed my bedroom, I am happy."

People and their relatives told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. Each person had a member of staff who acted as their key worker. Key workers had the primary responsibility of one to one sessions with the people and also managed their appointments with external healthcare professionals. Weekly tenants meetings were held where people discussed issues such as menu choices, activities, news and events and what they should do if they felt unhappy or about house security. People's individual views and responses had been recorded in the minutes. We saw people making choices about their day to day life, for example one person wanted to go on a riverboat trip and another person for Christmas shopping and staff told us how these choices had been met for them. One relative told us "We participate in every six monthly care review of my [family member] and we are satisfied with the care plan." It was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs including their sexual orientation and how they met this in a caring way.

We observed staff treated people with respect and kindness. Staff pro-actively engaged with people, people were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. For example, we saw this pattern of care in the afternoon when people returned from their day centres, during their meal times and administration of medicine. We observed one person leading a member of staff to the kitchen and preparing a cup of tea. We saw that when the person had tea, they appeared relaxed and calm. Another person said that they liked the home and staff. During lunch staff took time to sit and engage with people in a kind and friendly way.

People were encouraged to maintain their independence. Care records we saw showed that people were encouraged to maintain their personal hygiene and participate in daily household chores including, cleaning their bedroom, washing and laundry. One person told us "I do my shaving myself." Another person said "I clean my room and do my washing in a washing machine." We saw one staff member encouraged a person to peel the vegetables for dinner. Another person prepared the table for dinner and laid the cutlery and plates for all people living in the home. When they had finished laying dinner table, they said they felt "happy."

Staff respected people's privacy and dignity. Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that their human rights were respected.

Is the service responsive?

Our findings

People told us that staff followed what was agreed with them in their care plans. For example, one person told us staff reminded them to take their medicines or attend health care appointments. Another person said staff prompted them with household activities such as cleaning, washing and cooking.

Care records gave staff important information about people's care needs. Care records were person-centred and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences, physical and mental health, allergies, social networks, preferred activities and interactions with friends and family. For example, there was information about how people liked to spend their time at the service, their food preferences, and contact with their family members, likes and dislikes and what activities they enjoyed.

Care plans had been updated when there were changes and reviewed regularly to ensure that there was an up to date record for staff of how to meet people's need. For example, we saw a person's care plan was updated to reflect their change of healthcare needs and there was clear guidance for staff on how to meet their needs. Staff completed daily care records relating to wellbeing and care which showed what support and care had been provided and the activities the person was involved in during the day.

People were supported to follow their interests and take part in activities. Each person had a weekly activity planner which included going to day care centre, meeting family members, eating out, drama group, shopping and walking. People also carried out household chores such as cleaning, washing and meal preparation with help from staff. Staff were able to tell us about people's needs and how they responded to them. Staff had handover meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a communication log to record key events such as healthcare appointments, prescriptions and renewal of medicines.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. One person told us "If I am not happy, I tell my key worker." Another person said "If I am upset, I tell staff." A relative told us "We are confident that if we bring any issue to the manager's attention they will act on it." The service had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. There was a complaints procedure in an accessible format for people who use the service. The registered manager told us there had been no complaint raised since our last inspection in February 2014. The registered manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People and their relatives commented positively about the registered manager, assistant manager and staff. For example, one relative told us "The registered manager is good." One person said "I talk to the manager in the kitchen, manager and staff are nice, I am happy." We observed people were comfortable approaching staff and conversations were friendly and open and also between people themselves.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. There was a positive culture at the service where people and their relatives were included and consulted. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us "The registered manager is very supportive and reminds me and asks me what training I want to do." Another staff member said "We have a nice staff team and we work well together. I can speak with the registered manager when required and they are always supportive."

Regular staff meetings and staff handover meetings at the end of every shift helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, appointments with external health care professionals, daily activities, people using the service going to day centre and holidays and staff training needs. These meetings kept staff informed of any developments or changes within the service and staff were being supported in their roles as well as identifying their individual training needs.

Relatives were encouraged to be involved in the service through care review meetings. We saw care review records from these meetings covered issues such as health conditions, food, activities, holidays, day care centre, transport, equipment and communication with staff.

The provider had an effective system to regularly assess and monitor the quality of service people received. These included regular staff meetings, internal audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance issues, staff training, people's finances and any concerns about people who use the service. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, PRN guidance was obtained from GP and a person's care plan was updated. Following an audit of staff annual appraisals and supervision sessions to complete these with staff were scheduled. Staff reduced buying ready-made meals and encouraged people buy more fresh food and do more home cooking. The registered manager was in the process of completing a satisfaction survey with the people who use the service and relevant stakeholders. However, we were unable to assess the impact of this survey, as this action was not completed at the time of our inspection.