London Borough of Greenwich

64 Charlton Lane

Inspection report

64 Charlton Lane
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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

Overall summary

This announced inspection took place on 14 and 15 May 2015. At the last inspection on 11 December 2013, the service met all the regulations that we inspected.

64 Charlton Lane provides personal care and support for up to five adults who have a range of needs including learning disabilities. The people who use the service have a separate tenancy agreement with a housing association at this address. There were five people receiving personal care and support at the time of our inspection.

There was not 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

Summary of findings

for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager and assistant manager in post at the time we visited.

People said they felt safe and staff treated them well. 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.

Staff received an induction and training to help them undertake their role and they were supported through regular supervision and appraisal. We saw staff had received training in the Mental Capacity Act (MCA) 2005 and people's capacity was assessed in line with the MCA.

People received enough to eat and drink and their preferences were taken into account. People's health needs were closely monitored and the service worked with health care professionals to ensure people got the right support.

Staff knew people's needs well and treated them in a kind and dignified manner. People told us they were happy and well looked after. They felt confident they could share any concerns and these would be acted upon.

There was a positive culture at the service where people felt included and consulted. People commented positively about the service they received. There was an effective system to regularly assess and monitor the quality of service provided.

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?

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 who used the service and support plans were there 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?

Good

The service was effective.

People were positive about staff and told us they supported them properly. Staff completed an induction programme and training relevant to the needs of the people using the service

People were supported by staff who had the necessary knowledge and skills to meet their needs. Staff were aware of the requirements of the Mental Capacity Act 2005.

People told us they 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.

People who used the service told us staff respected their dignity and need for privacy and they were treated with kindness and respect.

People were involved in making decisions about their care and the support they received. Staff knew people well and understood their needs and preferences. People had regular sessions with their key worker where they could express their views.

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. Staff were knowledgeable about people's preferences and needs.

Summary of findings

People who used the service felt the staff and manager were approachable and there were regular tenants meeting to feedback about the service. There was a complaints procedure available in an easily to understood format. There had been no complaints since our last inspection.

Is the service well-led?

Good

The service was well-led.

There was positive and open culture at the service. Everyone was working towards the same values which were keeping people comfortable, happy and safe.

Staff received the support they needed to care for people competently. Staff were clear about their roles and responsibilities. The service had a system to monitor the quality of the service through internal audits and provider visits. Any issues identified were acted on.

64 Charlton Lane

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 14 and 15 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in. The inspection team comprised of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

During the inspection we looked at five support plans, five staff records, quality assurance records, accidents and incidents records, correspondence about people who used services, and policies and procedures. We spoke with the manager, assistant manager and three members of staff, a visiting social care worker and five people about their experience of using the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe using the service and well supported by the staff and the manager. One person told us "I like this house, I sleep well. The staff are good." Another person said "I like everything here. It's my home. I'm happy here. The staff help me with money and what I need." People knew what to do if they had any concerns and we saw there were pictorial guides displayed in the kitchen and dining area that covered a range of situations for keeping safe within the home and outside. We saw tenants meetings and staff meetings included discussions about aspects of people's safety.

Staff received training in safeguarding adults and knew how to keep people safe. The service had a policy and procedures for safeguarding adults from abuse, staff were aware and had access to this policy. Staff told us they were aware of the whistleblowing procedure for the service and they would use it if they needed to. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff training records showed that all staff had received safeguarding training and refresher training was available as and when necessary.

The Care Quality Commission received three safeguarding notifications form the provider in relation to incidents at the service, during the period November 2014 and March 2015. The manager told us that they have made referrals to people's care managers about these incidents, however the incidents did not meet the threshold for safeguarding investigation by the local authority, therefore they had been closed. Safeguarding records we saw confirmed this. We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks. These incidents were analysed by the manager and discussed at staff meetings in order to share learning.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff to reduce these risks. We saw that a general risk assessment had been completed for each person using the service. These included, for example using the kitchen, finances, accessing the community, risk to themselves and others and using electrical appliances. There were also individual risk assessments in place specific to people's needs. For example, one person had a medical condition and staff were provided with guidance to support this person in the event of a medical emergency.

Staff demonstrated a good balance between promoting people's independence and enabling people to be as safe as possible. For example, a person welcomed us to the home at the start of the inspection, and offered us a cup of tea. We saw a staff member was quick to offer the right level of support, enabling the tenant to remain as independent as possible, but also keeping them safe around electricity and hot water. We saw one person's bedroom was designed in such a way, that they had the freedom to move around, without the risk of hurting themselves. This person told us "I like my room; I don't want it to change at all. It's all nice."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People using the service told us there were enough staff to meet their needs and staff were available to support them when required. There was a sleep in member of staff to support people if needed overnight. One person told us "I know in the night staff will come to help me but I'd only call them if it was an emergency." The service was managed by a part time manager and the assistant manager during weekdays and during weekends a 24 hours on call manager system was in place to ensure adequate support was available

Good

Is the service safe?

to staff on duty. 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.

People were cared for and supported by staff that were suitable for the role. Appropriate recruitment checks were conducted before staff started work. Staff files we looked at included completed application forms, references, qualification and previous experience, employment history, criminal records checks, and proof of identification. Staff we spoke with told us that pre-employment checks including references and police checks were carried out before they started work.

There were arrangements to deal with emergencies to reduce risks to people. 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 in an emergency. There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills were carried out regularly. One person told us "I don't like the fire alarm, don't like the noise, staff help me." There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

People were supported to take their medicines safely. Staff authorised to administer medicines had been trained. The Medicine Administration Records (MAR) 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 audits were carried out to ensure people received their medicines safely and to determine if staff required additional training to administer people's medicines safely.

Good

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and were knowledgeable about their roles. One person told us “I like it here; I get on with everyone really.” We saw in a person’s bedroom, there was a plan that had been drawn up to help them deal with the anxiety they felt if another resident displayed behaviour that challenges in the communal area. People said staff supported them to calm the situation as necessary: staff knew people very well and understand their individual needs. People were supported to develop coping strategies and keep safe.

People received support from staff that had been appropriately trained. 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, infection control, epilepsy, first aid, administration of medicine and behaviour that may challenge. Records confirmed staff training was up to date. Staff told us they felt training programmes were useful and enabled them deliver care and support people needed.

Staff were supported through formal supervision, yearly appraisal and they attended regular staff handover and team meetings. Staff records seen confirmed this. These records referred to people’s changing needs, care planning and delivery, staff training needs, learning and development objectives. Staff told us they felt able to approach their line manager at any time for support and there was an out of hours on call system in operation that ensured management support and advice was available when they needed it.

Where people had capacity to consent to their care, we found the provider had systems in place to seek and record their consent. People told us staff discussed their care needs with them on a day to day basis. For example, people told us staff always asks before carrying out any care or support. 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.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty. The MCA sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The manager told us that people currently using the service did not have capacity to make some decisions about their care and treatment. Where they had concerns regarding a person’s ability to make specific decisions they had worked with them and the relevant health and social care professionals in making decisions for them in their ‘best interests’ in line with the MCA. We saw capacity assessments and decisions in their best interests had been completed for specific decisions. For example, at the time of our inspection we noted that five people’s property and finances were managed by local authority under court of protection, to ensure people’s finances were protected and used for their benefit. The manager demonstrated a clear understanding of the MCA and Deprivation of Liberty, therefore people were given care and support in line with this legislation..

People were supported to eat and drink sufficient amounts to meet their needs. One person told us “I get all the types of food that I like, I can choose what I like.” People told us they were encouraged to help prepare their own meals supported by staff. This included menu planning, budgeting, shopping and cooking. One person told us “We take turns to make the dinner.” We saw weekly menu of meals they had chosen displayed in the kitchen. Each tenant had a separate cupboard, as well as there being a communal food area for stock items. Food in people’s fridges was date marked to ensure it was only used when it is safe to eat. People’s support plans included sections on their diet and nutritional needs. One person’s support plan indicated food allergies, and there was clear written guidance for staff on display in

Good

Is the service effective?

the kitchen, and in the person's support plan with appropriate risk assessment and protocol around potential emergencies arising from these. We saw a staff member encourage a tenant to make a choice regarding a healthy snack of fresh fruit, which was in plentiful supply and out on display in the kitchen.

People were supported to access the relevant health care services they required to meet their health needs. 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. Records of health care appointments and visits were kept in people's files and explained the reason for the appointment and details of any treatment required and advice given. People had access to a range of health care professionals such as dentists, GP, optician, chiropodist and psychologist when required. Staff had clear understanding of any issues and treatment. Staff could attend appointments with people to support them where needed.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person told us “The staff are nice” Another person said “I like the staff, they help me if I need things.” We observed staff interactions with people were caring and they had developed supportive relationships with the people they provided personal care to.

People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. People told us they were happy with the care that was given. We observed a staff meeting in which it was evident both staff and managers knew people’s personal histories, preferences and needs as well and that people’s care was personalised to meet their individual needs. Staff showed an understanding of people’s needs including their sexual orientation and how they met this in a caring way. Due to the complexity of people’s needs, staff sought consent to care and treatment using a variety of communication methods. For example pictures were used by staff to help people make choices and decisions on a day to day basis. These included pictures of meals, restaurants, markets and activities. We saw a picture board displayed pictures of staff on shift, planned activities for the day and dinner time meal.

Each person had a member of staff who acted as their key worker; their personal choices during their key working sessions were considered. Key workers held monthly meetings with the person concerned to discuss their care and support needs and if any changes to be noted. The change of needs was recorded and action identified was picked up. For example, one person told us “Next month I’m going to a Carole King concert in London. I said I would like to go, and now I’m going.” Another person said “The house is soon to be redecorated and I would be able to choose the decoration of my room.”

Staff respected people’s privacy and dignity. One person told us “The staff knock on my door and come in gently.” 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 were providing and felt they had developed good working relations with people they care for. There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected.

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 support plans. People told us they had a personalised support plan detailing the support they needed and told us they were involved in their development, reviews and making any changes needed to the plan. The support plan contained information for each person's life and social history, their interests, physical and mental health, allergies, social networks, preferred activities and were written in a clear language using symbols. The support plans included the level of support people needed, and what they were able to manage on their own was included in the support plan. For example, one person told us "I do my own washing, I like doing my clothes, staff just has to help me put the washing powder in." This meant that people were being supported to be as independent as possible, whilst keeping them safe. Support 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 tenant's support plan was updated to reflect that they shall be moving out to live in an independent flat as their needs had changed. This person told us "It (flat) will be my own place, people will visit me there, my [family member] will be buy me a present for moving in my independent flat, I can't wait."

Where people had a history of behaviour that challenges, there were behaviour support plans in place. The behaviour support plans enabled staff to understand the person's condition and to care for them in a safe manner. For example by removing the tenant from whatever triggered the behaviour and redirecting the tenant to their favourite activities. This allowed the tenant time to calm down to mitigate any potential risks. Staff completed daily 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 involved in a range of activities they enjoyed and provided them with simulation, community links and benefitted their self–esteem. People told us about the various activities they engaged in throughout the day time and evening with the varying degrees of support from staff. For example, one person told us "I like going to the day centre, see my friends, we do a lots of things there." Another person said "I have been bowling; I sit with my mate and watch Eastenders together." A third person said "We have aromatherapy here in the house on a Monday night, I like this, and it makes me feel relaxed."

People's concerns were responded to and addressed. The service had a complaints procedure which was available in words and pictures for people using the service. People told us they knew how to complain and would do so if necessary. They said that they would speak with the manager if they had any concerns. Complaints records showed there were no recorded complaints made by tenants or their family members since last inspection. We saw that a concern raised by a neighbour had been responded to appropriately. The manager told us the focus was on addressing concerns of tenants as they occurred before they escalated to requiring a formal complaint.

Good

Is the service well-led?

Our findings

People commented positively about staff, the new manager and the new assistant manager. The atmosphere was at all times friendly, with some meaningful interactions between staff and tenants, and also between tenants themselves.

There was no registered manager in post. A new manager had been appointed in December 2014. At the time of inspection, the new manager informed us that their application with CQC to become the registered manager was in progress. They had a 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. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us "If I was to raise an issue, I know they would deal with it." Another staff member said "It's much better now." A third staff member said "The manager is quite clear of my expectations, things they wants me to do, they are very supportive." We saw staff meetings were held every month. Topics discussed included people's change of needs, external health care appointments, activities, health and safety, safeguarding, people using the service going on holiday and staff training needs.

The manager told us that the home's values and philosophy were clearly explained to staff through their induction and training. There was a positive culture at the service where people felt included and consulted. We observed staff hand over. The changeover was staggered, so as to give as little opportunity as possible for the tenants to become anxious about this transition. For example, at least one member of staff remained chatting and reassuring the tenants, whilst another staff member completed writing up any hand over report. All staff knew their role over this timeframe, and the handover was seamless.

The provider had an effective system to regularly assess and monitor the quality of service people received. These included regular tenants meeting, staff meetings, provider visits, on call manager's visits; in-house manager's checks covering areas such as the complaints process, medication, health and safety, accidents and incidents, care plans and risk assessments, house maintenance issues, staff training and development, tenants' 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, as a result of medicines audit, the medicine cupboard had been replaced. Flooring in people's bedroom had been changed in response to the health and safety audit. People's risk assessments including their support plans had been reviewed and updated with adequate staff guidance to follow, as a result of the care plans audit.

The manager told us a service user's satisfaction survey was not carried out for 2014. However, they have proposed to change the methodology of the survey process by requesting that day care centre staff or the external volunteers support people using the service to complete the survey questionnaires. The manager told us that they had planned to complete the survey by June 2015. We were unable to assess the outcome of service users' satisfaction survey, as the actions were not completed at the time of inspection.