

London Borough of Greenwich

London Borough of Greenwich - 99 Elliscombe Road

Inspection report

99 Elliscombe Road
Charlton
London
SE7 7PD

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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?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 21 and 22 January 2016. At our last inspection in June 2014 the service was meeting the regulations inspected.

London Borough of Greenwich – 99 Elliscombe Road is a supported living service that provides personal care for up to four adults who have a range of needs including learning disabilities. At the time of our inspection four people were using the service.

There was no 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 current manager's application with CQC to become a registered manager was in progress.

The service knew how to keep people safe. There were clear procedures in place to recognise and respond to abuse and staff had been trained and was aware 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. There were sufficient numbers of staff to support people at the service and in the community. The service followed appropriate recruitment practices to keep people safe. 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. Staff were supported through regular supervision, annual appraisal and team meetings. The service had processes in place to assess and consider people's capacity and right to make decisions about their care and treatment where appropriate and to establish their 'best interests' in line with the Mental Capacity Act 2005.

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.

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. We observed that people looked relaxed.

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 told us they felt comfortable about raising any concerns they had with the manager and knew how to make a complaint if they needed to.

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 manager. There was an effective system to regularly assess and monitor the quality of service provided. Learning from audits took place and appropriate changes were implemented.

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 care 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.

Staff completed an induction programme and training relevant to the needs of the people using the service. Staff were supported through regular formal supervision, yearly appraisal and team meetings.

People commented positively 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. The manager and staff were aware of the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

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. Care records focussed on people as individuals and gave clear guidance for staff.

People were supported to follow their interests and take part in activities.

The service had arrangements in place to deal with complaints.

Is the service well-led?

Requires Improvement ●

An aspect of the service was not well-led.

There was no registered manager in post. The current manager's application with CQC to become a registered manager was in progress.

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

The manager regularly sought people's and staff's views about how the care and support they received could be improved. Staff felt supported by manager.

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 21 and 22 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a small care home 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 an inspector.

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

Is the service safe?

Our findings

People told us they felt safe using the service and well supported by the staff and the manager. One person told us, "I do feel safe here and I love this place." Another person said "I feel secure here." We observed people interacting with staff in the communal areas. People appeared comfortable with staff and approached them when they needed something.

All staff received training in safeguarding adults and knew how to keep people safe. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the manager and the local authority's safeguarding team. The service had a policy and procedures for safeguarding adults from abuse, staff were aware of 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. The manager told us that there had been no safeguarding concerns at the service since our previous inspection in June 2014. Safeguarding records we saw confirmed this. We saw tenants' meetings and staff meetings records included discussions about aspects of people's safety. People's money was protected and there were procedures in place to reconcile and audit people's money.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff 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, using a bath, using stairs, use of the kitchen, choking, diabetes, self-medication and evacuation in the event of fire. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. The manager told us about a risk one person faced who had difficulty in swallowing. They told us a referral was made to speech and language therapist (SALT) and guidance was obtained from them about food preparation and type of food. A staff member told us how they followed this guidance at mealtimes. We noted guidelines were in people's care records for staff on how to reduce the risk of the person choking and how to manage diabetes.

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 records of who was notified, such as a relative or healthcare professionals. For example, when a bruise was found on a person using the service, a health care professional's advice was sought and followed. Action to reduce future risk included reviewing and updating this person's risk assessments. Discussion with staff was held to help them understand the changes to the person's health conditions and how to provide safe care.

There were sufficient numbers of staff on duty to meet people's needs. The manager told us that staffing levels were determined by the number of people using the service and their needs. There was a sleep in member of staff to support people overnight. During our inspection we saw there were enough staff to support people when accessing the local community and where people stayed at the service staff were always visible and on hand to meet their needs and requests. The service had a 24 hour on call manager

system in place to ensure adequate support was available to staff when the manager was not working. We saw on call managers' names and their contact numbers were displayed on the notice board in the kitchen. 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 included employment references, the staff member's qualification, previous experience and any breaks in employment, criminal records checks, health declaration 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. 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. There was a personal emergency evacuation plan (PEEP) in place for each person using the service 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 had also received first aid training so they could support people safely.

People were supported to take their medicines safely. People's capacity to manage their own medicines had been individually assessed and they were supported to self-medicate where they were able to. One person told us, "Staff observe when I take my tablets." Staff authorised to administer medicines had been trained on the administration of medicine. The medicine administration records (MAR) were up to date and the amount of medicines administered was clearly recorded. The MAR 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 in the locked cabinet. Daily medicine checks were carried out to ensure people received their medicines safely. The manager confirmed there was always a trained staff member on every shift to administer people's medicine.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "The staff support me how to check my telecare alarm and pendant, I do check monthly." Another person said, "The staff support me to participate in the fire drills and escort me when I go in the community."

Staff were supported through regular 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, staff roles and responsibilities and their training and development. Staff told us they felt able to approach their line manager for support and there was an out of hours on call system that ensured management support and advice was available when they needed it.

People received support from staff that had been appropriately trained. Staff knew people very well and understood their individual 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 act, Deprivation of Liberty Safeguards, health and safety, epilepsy, first aid and administration of medicine. 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.

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 and support needs. Staff we spoke with understood the importance of gaining people's consent before they supported them.

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 checked whether the service was working within the principles of the MCA. 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). 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, best interests meetings were held in relation to people's healthcare treatment.

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. The provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments was undertaken so that people who used the service were not unlawfully restricted and that applications must be made to the Court of Protection. 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 discussed and planned every week at the tenants meetings.

People were encouraged to be as independent as they could be with the preparation of their own food and drink; we observed one person making their own breakfast and how staff supported another person to make a cup of tea. One person told us, "I like preparing my own breakfast and eating fruit, they are good for you." Another person said I like "hot chocolate." Food in the fridge was date marked to ensure it was only used when it was safe to eat. People's care 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 need to. Staff attended healthcare appointments with people to support them where needed. 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 that staff were caring and kind. One person told us, "I love this place, I can make tea, anything I want, staff are friendly you know, they take me out for activities and for shopping." Another person said, "I have a key worker meeting, we talk about my friend and family, money and shopping, they treat me well, I like it." We observed staff encouraged a person in a polite way to pick up the plate after their breakfast and wash it. We observed, the atmosphere was at all times friendly, with some meaningful interactions between staff and tenants and between tenants themselves.

People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. They told us they were happy with the care and support that was given to them by the staff. Each person had a member of staff who acted as their key worker. Key workers had the primary responsibility of arranging one to one sessions with the people and managing their appointments with external healthcare professionals. People's personal choices during their key working sessions were considered. For example, a person liked to attend a Disco event in the local community. Regular tenants meetings were held where people discussed about menu choices, weekly activities, family and friends, house environment 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. Staff showed an understanding of people's personal histories, preferences and needs including their sexual orientation and how they met this in a caring way. We saw people making choices about their day to day life, maintaining relationships with their family and friends and daily household chores. For example, one person liked to clean the kitchen work surface and another person enjoyed hovering the communal areas and clearing the bins. Care review records we saw showed that relatives were encouraged to be involved in the service through care review meetings.

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 observed staff engagement during breakfast, lunch time, and in the afternoon when people returned from their day centres and during administration of medicine. We observed people sharing their experiences with staff from the day centre activities and what they planned to do the next day. Staff supported a person to prepare a drink and a sandwich of their choice. Another person was supervised whilst they prepared tea and snacks. We saw that this person went to the lounge had tea and snacks whilst watching a TV programme, they appeared relaxed and calm. During mealtimes staff took time to sit and engage with people in a kind and friendly way.

People were encouraged to maintain their independence. One person told us "I went to the hospital appointment on my own this morning at 11.00am. I take my medicine on my own and sign the medicine record, whilst staff observe and sign as a witness." Care records showed that people were encouraged to maintain their personal hygiene and participate in daily household chores including, cleaning their bedroom, washing and laundry, medication and healthcare appointments. One person told us "I shower myself every day," Another person said "I like keeping my room clean and tidy." We observed people engaged in doing household chores and they looked relaxed after they completed the household tasks.

Staff respected people's privacy and dignity. For example, staff encouraged people to join a relationship group and arranged for them to meet their friends in privacy. 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, one staff member told us "I don't go into people's rooms without knocking the door, I will always announce myself and ask if it is ok to enter their room." Another staff member explained how they kept all the information they knew about people confidential to respect their privacy. Staff spoke positively about the support they provided to people and said they felt they had developed good working relations with the 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, "The staff support me to attend weekly exercise class in the hydrotherapy pool to remain fit." Another person said the staff reminded them to attend healthcare appointments.

People received care, treatment and support when they needed it. People told us they were involved in the assessment of their needs, development and review of their care plan. People had the opportunity to attend tea evenings before they moved into the service to see if the home was suitable for them. A pre-admission assessment was carried out with the involvement of their family members, where appropriate and care plans were developed which included information and guidance for staff about how each person should be supported. Consideration was given to people's disability and beliefs. The care plans contained information for each person's life and social history, their interests, physical and mental health, allergies, social networks, preferred activities and interactions with friends and family. The care plans included the level of support people needed, and what they were able to manage on their own was included in the care plan. Care plans had been updated when there were changes and reviewed regularly to ensure that there was an up to date record with clear guidance for staff on how to meet people's need. For example, we saw a person's care plan was updated to reflect their change of healthcare needs including scheduled appointments with healthcare professionals.

Staff completed daily care notes relating to people using the services wellbeing and care. These recorded what support and care had been provided to them. Staff were able to tell us about people's needs and how they responded to them. For example, a person's mobility needs. 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 were supported to follow their interests and take part in the activities they enjoyed and provided them with stimulation. Each person had a weekly activity planner which included going to a day care centre, meeting friends and family members, eating out, hydrotherapy pool exercise, aromatherapy session and shopping. During our inspection we noticed a person had an aromatherapy session in their room with an external professional and went out for a hydrotherapy pool exercise with a member of staff. This person told us they were looking forward to having this session.

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people in an appropriate format displayed in the communal area and tenants meetings discussed how people could complain if they were unhappy or had concerns. People 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." The manager told us there had been no complaints raised since our last inspection in June 2014. They said they focused on addressing any concerns people raised as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People commented positively about staff and the manager. For example, one person told us, "The staff are very friendly and polite." Another person said "The manager is good, I am happy."

However, there was no registered manager in post and this required improvement. The service had been without a registered manager since December 2013. The provider told us that since then two managers were appointed to run the service, both had applied to register as a manager with CQC, but had left the service before being registered with CQC.

The current home manager was appointed in October 2015. They told us that they had applied to the CQC for a police check which is required as part of their registration process to become the registered manager for the service. Records we saw further confirmed this however we were concerned about the length of time the service had been without a registered manager in place.

The manager 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 were included and consulted. We saw the manager interacted with staff and tenants in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The manager is a good listener and motivator, and is always available when required for any support."

Regular staff and manager's meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings included people's views and guidance to staff about the day to day running of the service. The minutes recorded any changes in people's needs, appointments with external health care professionals, daily activities, going to day centre, holidays, health and safety and staff training needs. These meetings kept staff informed of any developments or changes within the service. Staff were being supported in their roles as well as identifying their individual training needs. One staff member told us, "The manager identified some training for me and I found them useful for my work, the manager is very helpful."

There were arrangements in place for regularly checking the quality of the care people received. These included 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. We saw learning from the audits took place and appropriate changes were implemented. For example, a new sofa was purchased, carpet and curtains were changed, medicines management system was updated, redecoration of the premises was being followed up with the housing association, new fire extinguishers were installed and people bought more fresh and healthy food. The 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.