

London Borough of Greenwich

64 Charlton Lane

Inspection report

Charlton
London
SE7 8LA

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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

64 Charlton Lane provides personal care and support for five adults living with learning disabilities and autistic spectrum disorder. At the time of this inspection, five people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were complimentary about the service and told us they were happy. People were supported by staff who treated them with kindness, compassion and respect. People's privacy and dignity was respected, and their independence promoted. The service used innovative and modern technology to support and promote people's communication and independence. People's communication needs had been assessed and information was presented in formats that met their needs. People were encouraged to be active members of their local community, participate in activities that were of interest to them and build relationships with those that mattered to them to prevent social isolation. People knew how to make a complaint if they were unhappy but told us they had nothing to complain about.

People were protected from the risk of abuse, and staff knew of their responsibility to protect people in their care from abuse or neglect. Risk to people had been identified, assessed and had appropriate risk management plans in place to ensure people were protected from the risk of avoidable harm. Accidents and incidents were reported and recorded, and any lessons learnt were used to improve the quality of the service. People were supported with their medicines safely and staff followed appropriate infection procedures 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 assessed, and care and support planned and delivered to meet individual needs. People were supported to eat healthy amounts for wellbeing and supported to access healthcare services where required. The service worked in partnership with health and social care professionals to ensure individual needs were met. Staff were supported through training and supervision to ensure they understood individual needs and had the knowledge and skills to support them.

The service was well led, the management team demonstrated a commitment to provide high quality care which was person-centred and promoted people's independence. There were effective systems in place to assess and monitor the quality of the service and to drive improvements. People and their relative's views were gathered to improve on the service and staff knew of their individual responsibilities, they told us they felt supported in their role and were happy working at the service.

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 11 September 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

64 Charlton Lane

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

The inspection was carried out by one inspector.

Service and service type

64 Charlton Lane service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority who commissioned the service and health and social care professionals. 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 two people to gather their views about the service. We spoke with four members of staff including the registered manager, assistant manager and two care workers. We reviewed a range of records. This included five people's care and support plans, risk assessments and medicines records. Two staff files including recruitment, training and supervision records. We also reviewed a range of records used in managing the service including accident and incidents, staff rotas, training matrix, menu plan, audits and surveys.

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. 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 avoidable harm. People told us they were happy with the service and that they felt safe.
- The service had a safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and had a good understanding of what to do to ensure people were protected from abuse or harm. Staff told us they would report any concerns of abuse to their managers.
- Staff knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior management staff, the local authority and CQC.
- The registered manager knew of their responsibility to protect people in their care from harm. Where there was a concern of abuse they had acted to ensure people remained safe and reported their concerns to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and appropriate risk management plans were in place.
- Risk assessments and management records were person-centred, and identified risks were rated; low, medium or high. Potential risks covered areas including personal care, mobility, finance, communication, behaviours and accessing the local community.
- Each identified risk had appropriate guidance in place on how staff should support people minimise or prevents risks occurring.
- Staff understood people's needs and any potential risks associated with them. They knew of the level of support to provide to ensure people remained safe.

Staffing and recruitment

- There was enough staff available to support people's needs. People we spoke with confirmed there was always a member of staff available to support them.
- At our inspection, the number of staff on shift was consistent with the numbers planned for on the staffing rota.
- Staff confirmed the staffing levels were safe and enough to meet people's needs. They also said they did not feel rushed when performing their duties.
- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff could work at the service. These checks included two references, health declarations, proof of identity, right to work in the United Kingdom and criminal records checks.

Using medicines safely

- People were supported to receive their medicines safely. The service had a medicine policy in place and staff had completed medicines training. Their competency had been checked to ensure they had the knowledge and skills to support people safely. One person told us, "I take my own medicines, but staff check it."
- Medicines were received, stored, administered and disposed of safely. Medicines were stored in lockable cabinets in people's rooms and in the office and daily room temperatures were maintained to ensure medicines were effective when used.
- A medicines administration record (MAR) included a list of medicines, dosage, frequency, reason people were taking the medicine, route, how they would like to take their medicines and any side effects. The MARs we reviewed were completed without gaps and the number of medicines in stock matched with the numbers recorded.
- Where People took their medicines independently, there was appropriate risk assessment and management plans in place to ensure they received their medicines safely as prescribed by healthcare professionals.
- Where people were prescribed 'as required' medicines (PRN) such as a pain-relief, there was a PRN protocol in place for staff on when they could administer these medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had policies and procedures for infection control and prevention which provided staff guidance on how to maintain hygiene levels.
- Staff had completed infection control and food hygiene training and followed safe infection control practices. A staff member told us, "We wash our hands, wear aprons and gloves, disinfect surfaces."

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 and staff understood the importance of this.
- Where incidents occurred, for example in relation with a recent medicines error, these were reported and recorded. The service worked in partnership with health care professions to ensure people were safe. Any lessons learnt were shared with staff teams to prevent repeat occurrences and promote best practice.

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. 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 assessed to ensure they could be met. Before people began using the service, their needs were assessed to ensure the service was suitable and could meet their needs. People were given opportunities to spend a day at the service, so they and their representatives could make an informed choice.
- Needs assessments covered areas including personal care, medicines, nutrition, mobility, communication, finance and social care needs. Information acquired at these assessments along with referral information from health and social care agencies and information from people's previous placements were used to develop their care and support plans.
- Where required health and social care professions from the community learning disability team (CLDT) were involved in these assessments to ensure individual needs were met.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision. All new staff completed a two-week induction programme which included completing the care certificate which is the benchmark set for the induction standard for new care workers. They also shadowed experienced colleagues and were placed on a probationary period until they had been assessed and found competent for the role.
- Staff were supported through training the provider considered mandatory. This included medicines, safeguarding adults, first aid, moving and handling, fire awareness, MCA and autism awareness. The training records were up-to-date to ensure staff had the knowledge and skills to perform their roles.
- Records showed that regular supervisions and an annual appraisals were held in line with the provider's requirement. A staff member informed us, "We get supervision every month and training is quite good here than other places I have worked."

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

- People's nutritional needs had been assessed and met. One person told us, "I get to choose what I eat, and the staff are nice." Another person said, "I like the food, I like pie and spaghetti."
- People were supported by staff to plan their menu for the week and to prepare their meals. People were also independent of buying the grocery online or from local shops if they preferred.
- People were educated and encouraged to make healthy meal choices. One person at the home was passionate about promoting healthy meals including fruits and vegetables and reduce snacking.
- Care plans included people's likes and dislikes, preferred meal choices and any known allergies. The service maintained a monthly weight check to monitor and report any concerns to healthcare professionals and to ensure people's 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. Each person was registered with a GP and on the day of our inspection, one person was supported to attend a health appointment.
- Each person had a health passport, records showed people had been treated by healthcare professionals including, GPs, nurses, dentists, opticians, occupational therapists and staff at the community learning disability team.
- Each person had a hospital passport which provided emergency and hospital teams important information about their health and care needs to ensure they were safely supported. The hospital passport included information about people's communication, medicines, behaviour, medical conditions and any known allergies.
- The service worked in partnership with the community learning disability team to plan and deliver an effective service that met people's needs.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of MCA. People's rights were protected because staff sought their consent before supporting them. One person told us, "Staff ask for my consent."
- The registered manager and staff were knowledgeable about MCA. They told us people could make day-to-day decisions for themselves and people we spoke with told us that they could make decisions for themselves for example about the food they ate.
- Where people could not make specific decisions about their health and care needs such as with vaccinations, MCA principles were followed, and decisions were made in people's best interest.

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 has remained the same. 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 treated them with kindness, compassion and respect. One person said, "I love living here, the staff are nice to me."
- People's life histories were included in their care plans, staff used this information to get to know people and to build a positive relationship with them.
- At our inspection, we observed positive interactions between people and staff. We observed staff addressing and talking to people in a friendly and respectful manner.
- Staff understood the importance of working within the principles of the Equality Act and supported people's diversities in relation to their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people were engaged in relationships of their choice and were supported to maintain these relationships and without any discrimination.
- Where required healthcare professionals were engaged to support people with their sexuality and to educate them about staying safe both online and in the community. People were also supported to attend a 'relationship group' to help them develop and maintain new relationships.

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

- People had been consulted about their care and support needs. The service involved people and their relatives in making decisions to ensure their needs were met. One person told us they could make their own decisions independently and did not need support from others.
- People were provided with choice and control and their decisions respected. For example, people at the service were responsible for choosing and planning their own menu for the week. People also chose how they spent their day without restrictions. One person told us they spent most of their day participating in activities of their choice and staff did not prevent them in any way.
- Monthly key worker sessions were used to support people to express their views about the care and support they received. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs and progress.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff knock on my door and they respect me."
- Staff told us they maintained and promoted people's privacy and dignity. A staff member told us, "We shut doors, we don't have private conversation in the communal areas, we shut curtains and knock on doors."
- Information about people was kept confidential; records were kept in locked cabinets in an office and

digital screens were password protected. Staff said information about people was shared on a need to know basis only.

- People's independence was promoted. One person told us, "I do my own things I am very independent, and I do my laundry." People could access the local community, administer their own medicine and use a bank card to withdraw money independently. Some people also prepared their lunch independently.
- The service used new technology to promote people's independence. For example, people used voice activation devices to self-medicate, access information about staff on duty and attend appointments or planned activities.

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 has remained the same. 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

- Care and support was planned and delivered to meet individual needs. Each person had a care plans which contained information about their physical, mental and social care needs; including personal care, medicines, nutrition, mobility, finance communication and behaviour.
- People also had a one-page profile. This included their interests, likes and dislikes, their hobbies and things they were passionate about for example one person was passionate about saving the world. The profiles also included information about people's history, those important to them including their family and friends and how they spent their time. This enables people to engage with others independently especially when interacting with others online and to promote their confidence.
- People were set goals and supported to achieve them. This included self-medication, traveling independently in the local community and maintaining personal hygiene levels. Staff supported people to ensure they achieved positive outcomes.
- Care plans were kept under regular reviews to ensure people's changing needs were met. Staff knew people well and told us of the support they provide to ensure individual needs were met.

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.

- People's communication needs had been assessed and met. Each person had a communication passport in place which provided staff guidance on how they communicate, and the support staff should provide to ensure they understood information presented to them. Information in communication passports was specific to individual needs.
- Information was presented to people in formats that met their needs. Records such as support plans and feedback questions were presented in easy read and pictorial formats where required. People had access to mobile phones, laptops and tablets and were encouraged to use these devices to access records including their care and support plans. Each person had a voice activation device in their bedrooms and also in the communal areas to access information or play music independently.
- The service was innovative, and people were supported to access new technology to promote their safety, communication and independence. For example, one person had a special mobile phone which enabled them to alert the service when in danger or lost in the community. Another person with a visual impairment accessed information for example about the weather without staff support.

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 develop and maintain relationships with those important to them. People were supported to spend time with their family members and where possible had overnight visits to promote their relationship. People also used their digital devices to make voice and video calls to their relatives and friends.
- People were supported to be active members of their community and access activities of interest. This included shopping, accessing a community public house, volunteering, going to the cinema, concerts, cookery class and various clubs. People also went on holidays and places of interest including the Zoo.
- People took part in inhouse activities including weekly music sessions, aromatherapy and massage sessions, gardening, watching videos, playing games online and listening to music. People were also supported to celebrate important events and occasions such as birthdays and Christmas.

Improving care quality in response to complaints or concerns

- There was an effective system in place to handle complaints. People told us they knew how to make a complaint. 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.
- The service had not received any complaints since our last inspection. The registered manager told us they would address all complaints and concerns by following their complaints policy and they would use any lessons learnt to improve on the quality of the service.

End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. The registered manager informed us where required they would work with people, their relatives where applicable and other professionals to ensure people's end of life needs and wishes were met.
- People were supported to purchase funeral bond where they preferred.

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. 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. The registered manager demonstrated a commitment to provide meaningful, high quality, innovative and person-centred care to achieve good outcomes for people.
- The service empowered people to make decisions for themselves and provided appropriate communication modes to enable people do this independently.
- The registered manager told us their values included respect, promoting choice, independence, equality and delivering a compassionate service. Staff told us they upheld all these values when supporting people.
- The registered manager understood their responsibility to be open, transparent and take responsibility when things went wrong at the service. They informed us of an incident which occurred at the service where one person received a double dose of a vaccination. Records showed that they acted promptly and within the principles of the duty of candour.

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 2008 (Regulated Activities) Regulations 2014 and had notified CQC of significant events at the service.
- There was an organisational structure in place and staff understood their individual roles and responsibilities and their contributions to the wellbeing of the people they supported.
- 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. This included areas such as medicines, care and support plans and staff files. Where issues were identified, these were acted on promptly 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 recommendations given by the local authority contract monitoring team following their last visit in November 2019.

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. Feedback questionnaires completed in 2019 were all positive. A relative stated they would rate the service 'excellent'.

- Regular tenants' meetings were held to update people and gather their views about the care and support they received. The tenants' meetings were also used to encourage people to complain if they were unhappy with the service.
- Staff meetings were held to promote best practice and to gather staff views about the service. A staff member informed us, "The team meetings are very informative, and they get to address issues and we discuss matters regarding people and things that are important to us."

Working in partnership with others

- The service worked in partnership with key organisations including the local authority, community learning disability team (CLDT) and other health and social care professionals to plan and deliver an effective service which met people's needs. A health and social care professional informed us, they were impressed with how the service created, managed and maintained records, the creative and innovative way the service operated and their ability to continuously learn from feedback to improve on the quality of the service.
- The service worked in partnership with the local authority's travel trainer to support people access the local community independently.