

Access for Living Bargery Road

Inspection report

104 Bargery Road
Catford
London
SE6 2LW

Tel: 02082976659

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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

104 Bargery Road provides care and accommodation to five people living with learning difficulties. There were five people using the service when we visited. At our inspection of the service on 13 March 2015 the service was rated Good. At this inspection they remained Good.

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.

There were enough staff on each shift to support people. People told us they received the support they needed from staff to attend appointments and participate in activities. People received their medicines as prescribed. People's medicines were managed in a safe way including storing, administering and recording of medicines administered. Staff understood how to respond if they suspected people were being abused. Staff had received training in safeguarding adults at risk. Risks to people and their well-being were managed appropriately. People had up to date risk assessments and management plans in place to guide staff in supporting people safely.

The registered manager supported staff well through an effective programme of training, supervision and appraisal. People had access to the healthcare services they required to maintain their health. People enjoyed the food and drink provided which met their preferences. The registered manager made applications to the local authority for authorisations to deprive people of their liberty appropriately in a lawful way. Staff were aware of the conditions of people's DoLS which they followed so they acted in line with DoLS legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Staff treated people with dignity, and respect. Staff catered for people's ethnic and cultural needs. People were supported to be as independent as they wanted to be. People were supported to maintain relationships that mattered to them. People were supported to practice their religious beliefs. People were supported to exercise their political views and to take part in democratic processes.

People received care and support tailored to meet their individual needs. Care plans detailed people's preferences, needs and backgrounds. They provided sufficient information to enable staff support people. Staff understood the needs of people they supported. A complaints procedure was in place and people knew how to complain. People took part in a range of activities they enjoyed.

There was clear and visible leadership in the service. Staff and the registered manager understood their role and responsibilities. The provider had a range of audits in place to assess, monitor and improve the service. The registered manager involved people and staff in the running of the service. The registered manager complied with their statutory responsibility to submit notifications to the CQC as required.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remain Good

Bargery Road

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 May 2017 and was unannounced. It was undertaken by one inspector. Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service about the provider such as statutory notifications of important events.

During the inspection we spoke with three people who used the service. We also spoke with the registered manager, the service manager, two support staff and a friend of person using the service who visited. We looked at three people's care records to see how their care was planned and delivered, five people's medicines records, three staff records and records relating to the management of the service including quality reviews and complaints.

After the inspection, we obtained feedback from a relative of a person using the service and a healthcare professional.

Is the service safe?

Our findings

The service continued to ensure that people were safe at the home. People told us they felt safe at the service. One person said, "I feel safe. I cannot be bullied. I stand up for myself. ... staff are alright. They [staff] don't intimidate me." Another person told us, "Yes, I feel safe." A relative of a person told us, "I believe he is safe. He has lived there a long time and there has not been any problem about his safety or any issue like that." The service continued to maintain suitable arrangements to appropriately safeguard people from abuse. Staff had been trained in safeguarding adults from abuse. They understood types of abuse, signs to recognise them and how to report any concerns. One member of staff told us, "I will report any concern of abuse straight away to the manager because I wouldn't like my relative to suffer such why should I then let anyone suffer abuse." Another staff told us, "The way I see it is, they [people] look up to us to protect them. So I have a duty to report any abuse so that they [people] can be protected." Staff told us they trusted their managers and believed they would take appropriate actions to address any concern of abuse to keep people safe. The registered manager and service manager understood their responsibilities in safeguarding people.

People were protected from financial abuse. There were robust systems to safeguard people's money. This included daily checks between shifts and weekly audits by the service manager to ensure financial accounts were balanced. Staff kept receipts and logged all transactions in the finances book.

The service continued to manage risks connected to people's mental and physical health in a way that protected them from avoidable harm. Staff also identified risks to people in areas such as their behaviour, mobility, accessing the community and tasks of daily living. Management plans were put in place based on identified risks. For example, staff had managed the risks associated with one person's eating and drinking by involving a health professional, a speech and language therapist. The plan in place provided guidelines on the types of food and drink that was safe for the person to eat to reduce the risk of choking. Another person had guidelines for staff to follow to support them in the community using their mobility scooter. There were also clear guidelines in place for staff to adhere to when transporting people using the company's vehicle to ensure the health and safety of people. It included ensuring they had the appropriate driving licence which was verified by the company's health and safety team. Ensuring people had seat belts strapped properly before driving off. Risk assessments were reviewed and updated regularly so staff were aware of current risks and how to manage them. Staff were aware of identified risks to people and how to manage these risks safely.

Staffing levels remained sufficient to meet the needs of people. People told us there were enough staff to support them. One person told us, "... there is someone here all the time. I call them to help me when I need help and they come." Staff told us they were sufficient to meet people's needs safely. One staff member said, "I don't feel over worked or rushed. We work as a team and have time to chat with people" Another staff told us, "We are fine on duty. We get bank staff to cover if we need extra staff. There is always enough staff because the shifts overlap so it means we are always enough on duty." The service manager and rota confirmed what staff had told us. Staffing levels were determined on activities and the needs of people. The rota showed that bank staff were used to cover staff absences. This meant there were enough staff available

to support people.

People's medicines continued to be administered and managed in a safe way. People were encouraged to self-administer and manage their medicines. Risks assessments were carried out for those who self-administered their medicines. People's medicines were kept safely in locked cabinet in people's rooms. Information containing details of each medicine people took, their possible side effects and actions to take in case they arose was kept on their medicine administration record (MAR). Allergies to people were also noted on their MAR. MAR charts showed people received their medicines as prescribed, and the stock check we carried out confirmed this. MAR charts were accurately signed by staff to show what medicines had been administered and what time it was administered. Record of medicines received and medicines returned to the pharmacist was also maintained. Regular audits took place to keep count of all medicines in the home to avoid misuse.

Since our last inspection all communal areas had been repainted with new flooring. This has improved the appearance of the home. The home was well maintained and in a good state of repair.

Is the service effective?

Our findings

People's rights were maintained because the registered manager understood their responsibilities and ensured people's capacity to make specific decisions were assessed in accordance with the code of practice of the Mental Capacity Act 2005 (MCA). The 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. Staff had received training in MCA and demonstrated they understood their responsibilities. They gave us examples of how they obtained consent from people before providing them care and support and undertaking any tasks with them. People we spoke with confirmed this. One person said, "They [staff] always ask me for my consent before they [staff] do anything. If I don't agree they [staff] know to leave me alone."

Staff also understood their responsibilities in accordance with the Deprivation of liberty safeguards (DoLS). 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager also continued to meet their responsibilities in relation to DoLS in assessing whether people required DoLS and making the applications to the appropriate body as necessary. Three people were placed under DoLS and their care records reflected this.

People continued to be cared for by staff who received on-going training and supervision to do their jobs effectively. New staff told us they completed a programme of induction when they first started working at the service. One new staff told us, "I had an induction. It was good. I learnt a lot. It opened my eyes to the job." Training record showed all staff had been provided relevant trainings to the needs of people they supported. This included medicine management, mental health awareness, safeguarding, MCA and DoLS. One staff told us, "I have had all my training for the job. I feel confident and competent to do the job. To take people out and to handle any situation that may arise."

Staff told us and records confirmed that staff were regularly supervised and received an annual appraisal. One staff member said, "I receive supervision often. If anything is bothering me I speak to my manager and they support me very well." The service manager told us, "I have regular supervisions at least six in a year. But the good thing is I regularly catch up with my manager to address any concerns I may have and for support." Notes of meetings showed staff were provided guidance on how to achieve positive outcomes for people. Training needs were also reviewed.

People told us and records and a community mental health nurse (CPN) we contacted confirmed that people were supported to access healthcare services required. One person told us how staff supported them recently to consult with their GP following symptoms they displayed. The person told us that they now felt better after taking medicines prescribed by the GP. Another person had the involvement of a dietician a

speech and language therapist to manage swallowing difficulties and weight loss. The CPN told us that staff followed their recommendations and actions agreed.

People were complimentary about the food provided by the service. One person said, "The food is nice most of the time. I am fussy about food. If I don't like what they [staff] provide I ask for something else and they [staff] give me." Another person told us, "I like the food. I like jellof rice." The person told us how staff supported them to prepare their cultural food. Another person was provided their food and drink in the way that met their health requirement and the person was given the food supplement recommended by their dietician. We observed that people had access to drinks and snacks throughout the period of our visit.

Is the service caring?

Our findings

People remained cared for by staff who were compassionate and kind. One person told us, "They [staff] are friendly and playful." Another person said, "They [staff] are my friends. They respect me." Staff and the managers showed they knew people well and understood their needs, preferences, daily routines, and their backgrounds. Staff also knew how to support people with their needs and requirements. This showed staff had developed good relationship with people. We observed positives interaction taking place between staff, the managers and people. They spoke to each other in a friendly and respectful manner and enjoyed jokes and laughter.

Staff also understood people's communication needs and interacted with them in the way they understood. We observed staff communicating with one person in writing and with another person using simple signs and gestures. Staff made sure people who were unable to speak verbally were included in discussions. A member of staff told us they had been booked on sign language course to improve their communication with people who were non-verbal. We saw staff engaging people in discussion in the way they understood and reassuring them.

Staff continued to treat people with dignity and respect. Staff also gave people the privacy they needed. People told us that staff knew not to interrupt them if they wanted to spend time alone or with their friend in their room. One person said, "They [staff] know not to bother me. I like to do my own thing. I like to stay in my room sometimes and listen to music or play games with [friend name]." People also told us staff always sought permission before entering people's rooms. We saw that people's personal hygiene and appearance were well maintained. People were appropriately dressed.

People were supported to maintain relationships that mattered to them and develop friendship and love. Relatives and friends visited people at the service to spend private time together. People were also supported to visit their friends and relatives outside the service. Relative we spoke with confirmed that they were always made to feel welcomed when they visited. One person's friend who visited them told us, "They [staff] are nice to me. I visit [person name] three times a week and [person] visit me too. Staff look after me when I come." The couple told us how staff supported them to enjoy quality time together within and outside the service. They told us how much they enjoyed it and how it has kept them together.

Is the service responsive?

Our findings

As we found at our last inspection, people received care and support that met their individual needs. Care plans were available in pictorial format to make it easy for people to understand. Care plans were personalised to people's needs and how their needs would be met. Care plans continued to contain sufficient and detailed information about people's individual needs such as those relating to their mental, physical health and activities of daily living. The care plans provided staff guidance on how to support people appropriately. One person was supported to manage their diabetes. They told us they attended a 'healthy eating' group regularly. They told us it helped them aware of the types of food good for them and how to stay healthy in order to promote their health. People had a member of staff who worked closely with them to meet their needs. Care plans were reviewed with people and their key member of staff to identify any new needs and get updates on their progress.

The service continued to promote people's interests and occupied them with activities they enjoy doing. One person told us, "I do a lot of activities. I go to the club. I have made a lot of mates in the club. I enjoy going there." People had individual activities plan of their choices and interests and goals. It included visits to cinema, theatres, parks and attending day centres and lunch clubs. One person was interested in wildlife and staff had arranged a weekend for them in Wildlife Park. Another person attended music, dance and fitness lessons in line with their interests. People told us about various trips and holidays they had undertaken to seaside, parks and museums. We saw pictures of people's holidaying abroad. People could also choose to spend time on their own and enjoy time watching TV programmes. People were also supported to engage in employment. One person worked in voluntary capacity in a local charity shop. They told us they liked it.

People were appropriately supported to meet their religious, ethnic and cultural needs. For example, the menu contained some foods relevant to people's ethnic and cultural backgrounds. Staff told us and one person confirmed how staff regularly supported them to eat out in a restaurant that catered for the person's cultural food. The person was also supported to attend their cultural and traditional concerts and events. Two people were supported to attend weekly church services. They told us they enjoyed going to church.

People were supported to exercise their civic responsibilities. Staff enabled people to register and cast their votes during elections. One person told us they listened to news daily to keep abreast with politics and with what was going on in the society.

Staff encouraged people to be as independent as much as possible as they chose. One person told us, "...I do my own personal care. Call for help when I need help." Another person said, "I like to cook my food. They [staff] help me." One person travels in a taxi on their own to visit their friend often. Staff had completed risk assessment and put measures in place to ensure they were safe. The person told us it helped them kept maintained their independence and self-worth. Equipment such as grab rails were provided in toilets and bathrooms to enable people to transfer independently.

People and relatives told us they knew how to complain. One person told us, "I don't take nonsense. I will go

to the office to report to the managers if I was not happy. They [managers] always sort it out quickly but I will take it higher if she doesn't." Another person told us, "I will tell [registered manager name]." A relative said, "I know how to complain if I am not happy about anything. There are different levels of complaints and I know who to complain to at the various levels." The registered manager recorded all complaints made about the service and they recorded action taken to address the issues. We saw that the registered manager and chief executive of the organisation had taken appropriate actions to address recent concerns raised. They had investigated it and provided a response.

Is the service well-led?

Our findings

As our last inspection, the service continued to be well run and managed. The registered manager and service manager understood their responsibilities in providing effective care to people and in running a care home. The registered manager had worked in the service for several years so understood the needs of people and had developed relationship with staff, relatives of people and other stakeholders. People, staff and a professional we spoke with all commended her commitment and work. One person using the service told us, "[registered manager name] is very good. She is a good manager. She listens to us and sorts out any problem we have quickly." Another person said, "I talk to her. She helps me. She listens." A relative told us, "Management are ok. They try to make sure everything is alright with the place. I don't have any concerns about the place." A staff member told us, "The managers are supportive. They listen to you. It makes you want to come to work." The service manager commented, "[Registered manager name] is very supportive. I have had so much support from her and the organisation as a whole. Whenever you feel you want to speak to them [senior management team] just call and they are willing to listen." A CPN told us, "...Generally speaking yes, also the manager [name of registered manager] is very accessible and proactive..."

The service and registered manager continued to involve people and staff in the running of the service. People told us they had regular forums to discuss various aspects including menu, activities and house rules. People also told us that they had been involved in choosing the colour schemes and carpets for the recent redecoration completed in the home. The registered manager also held regular staff meetings. Staff told us they were able to express their views on the service and they were listened to.

The provider continued to assess, monitor and improve the quality of the service through regular reviews and audits. A manager from a different service within the organisation visits to check the quality of the service provided. They spend time observing and interacting with people and staff to gather their views about the service. They also audited areas such as medicines management, finance management, health and safety, and care records.

The registered manager continued to ensure records were up to date, clear and accurate. The registered manager maintained and reviewed reports of accidents and incidents. Actions were put in place and lessons were learned and shared with staff to prevent reoccurrences. For example, the importance of following the organisations guidelines when transporting people using the company's vehicle had been discussed with staff following a recent incident. The registered manager remained committed to complying with their registration requirements. They continued to submit statutory notifications to CQC as required by law.