

PLUS (Providence Linc United Services) Montbelle Road

Inspection report

88 Montbelle Road
New Eltham
London
SE9 3NY

Tel: 02088515999
Website: www.plus-service.org

Date of inspection visit:
05 April 2018

Date of publication:
31 May 2018

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

We undertook an unannounced inspection on 5 April 2018 of Montbelle Road. Montbelle Road is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to five people who have learning disabilities or autistic spectrum disorder. At the time of the inspection, three people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At the last inspection on 15 February 2016, the service was rated Good.

At this inspection we found the service remained Good.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were regularly reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were identified and managed so that people were safe.

Systems were in place to make sure people received their medicines safely.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from the management team.

The home operated within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with their nutritional and hydration needs. Staff were aware of people's dietary requirements and the support they needed with their food and drink.

Procedures were in place for receiving, handling and responding to comments and complaints. We saw evidence that complaints had been dealt with appropriately and in a timely manner.

Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings. Staff spoke positively about working for the service.

The quality of the service was monitored and regular audits had been carried out by management. There were systems in place to make necessary improvements when needed.

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 remains Good.

Montbelle 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, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider, including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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.

There were three people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people.

We spoke with three relatives. We also spoke with the registered manager and two care workers. We reviewed three people's care plans, nine staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives told us they felt their family member was safe and they had no concerns about safety in the home. Relatives told us "Yes I feel [person] is safe" and "[Person] is safe. Staff are always there."

There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the registered manager, or report abuse to the local authority and Care Quality Commission (CQC). One staff member told us "You have to speak up."

Risks to people were identified and managed so that people were safe. There were comprehensive risk assessments in place for each person in relation to various areas of their care including personal care, finances, epilepsy and when people were out in the community. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. There were risk assessments in place for people who may present behaviours which challenged. The assessments showed the home used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance and ensuring people's routines were clearly explained in advance so they did not become anxious about any changes.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were not rushed or under any pressure. We observed that people were comfortable around staff. The home had two permanent staff and the remainder of staff used were bank staff. The registered manager told us they used regular bank staff who knew the people using the service to ensure consistency with people's care. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed.

We observed good teamwork and communication amongst staff who were aware of their duties and supported each other where necessary. Staff told us "We work well together here. There's good teamwork" and "There is enough staff. The people always come first."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. Appropriate background checks had completed on staff prior to employment which included checks on their employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

Medicines were managed safely. Staff received training and their competency assessed to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

Medicines audits were completed by the local pharmacy. We reviewed the most recent pharmacist's audit dated 28/4/2017. There were no concerns identified and no areas required any follow-up.

There were appropriate arrangements for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Money was accounted for and there were records and receipts of financial transactions. Relatives told us they received copies of receipts and details of expenditure. They told us "Yes they have a cash book and receipts are kept. I can have a look at them anytime I want to" and "They keep the receipts and have separate tins. They are checked".

Families for two people using the service managed their finances on their behalf and the registered manager managed finances for one person using the service in agreement with their relative. Records showed checks on people's finances were in place on a daily basis to ensure accuracy during staff handover and the registered manager and provider also conducted checks on the finances as part of their audits.

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents. Systems were in place to monitor the safety of the service. Records showed all necessary checks such as gas checks, water hygiene and temperature, fire checks and electrical checks were carried out and maintained. People had personal emergency and evacuation plans (PEEP) in place in case of fire which clearly detailed the support people would need to keep them safe.

There was an infection control policy and measures were in place for infection prevention. Control of Substances Hazardous to Health [COSHH] products were safely locked away. On the day of the inspection, we noted the service was clean and tidy.

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service effective?

Our findings

Relatives told us they were satisfied with the care provided at the service and spoke positively about the staff.

Staff told us that they felt supported by their colleagues and management. Staff told us "I enjoy it. It's very good here. Very good manager" and "She [registered manager] is very supportive. When I started, she gave me all the support I needed and if you do anything wrong, she will tell you."

Records showed staff had received an induction and ongoing training that helped them to meet people's needs. Topics included first aid, health and well being, fire, moving and handling, infection control, safeguarding and health and safety. The service had implemented the Care Certificate which staff had completed as part of their induction process. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. One staff member spoke to us about their induction and told us "I read the support plans and learnt to interact with people and I shadowed a staff member." Staff also received regular supervision and appraisal to review and monitor their performance

Staff spoke positively about the training they received. They told us "We get training every year such as safeguarding and medicines. Also the trainers are very good. They give you extra time if you can't understand anything" and "Training is good. It teaches you and refreshes you on what to do."

People's needs were assessed by the registered manager with their participation and when applicable with their relatives in order to ensure the service would be able to support them safely and effectively. Ongoing reviews and assessments were undertaken if people's needs changed, in order to ensure the appropriate support was provided.

People were supported to maintain good health. People's health and medical needs were clearly detailed in their care plans and records showed they were supported to access health and medical services when necessary. People had a health passport in place which contained relevant information about a person's physical health, medication, GP and next of kin details. The registered manager told us this was used when people moved between services such as being taken to hospital. This ensured people received the appropriate support and least disruption to their care.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed whether the service was working within the principles of the MCA. We noted that care plans contained information about the person's mental state and cognition. Areas in which the person was unable to make decision due to limited capacity, records showed the person's next of kin and healthcare

professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests.

Staff were aware of the importance of obtaining people's consent regarding their care, support and treatment and if people needed support with decisions, then family and relevant healthcare professionals would need to be involved. However we noted that staff had not received training on MCA. The registered manager told us she would ensure staff completed MCA training.

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).

Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to and people's choices respected. The kitchen and dining areas were fully accessible to people using the service throughout the day. There was a menu in place which staff told us was based on what people enjoyed. However, if people did not want what was on the menu, alternative meals were accommodated for.

We checked the kitchen and noted that it was clean and there were sufficient quantities of food available. Fridge and freezer foods were appropriately labelled and temperature checks completed on a daily basis.

The premises had been adapted according to people's needs. We saw the environment had been designed and arranged to promote and support people's freedom, independence and well being. Doorways and hall ways were wide for easy movement and easy access to other parts of the premises. There was a lounge area, dining area, kitchen and garden area which were accessible to people if needed, so they could spend time together. We saw bedrooms were nicely decorated. During the inspection, we observed people could choose where to sit and spend their recreational time and were able to spend time in private if they wished to.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. Relatives told us "[Person] has always told me they are happy and [person] looks happy", "[Person] is looked after amazingly" and "It is a really great service."

During the inspection, we observed positive relationships between people and the staff. Staff showed interest in people and were present to ensure that they were alright and their needs were promptly attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. They approached people and interacted well with them. We saw people appeared relaxed and comfortable in the presence of staff and the registered manager.

Staff spoke about people in caring and respectful manner. They told us "You treat them with respect and they do the same for you. Sometimes [person] will ask if there is anything they can do to help. It's really nice. They do open up to you", "You always ask them, encourage them to interact with them and it's their choice" and "Always offer a choice and ask them what they want".

We also observed positive relationships amongst people using the service who spent time with each other. During the inspection, we observed caring attributes towards each other. For example, one person brought a cup of tea for another person who was sitting at the table and they both had breakfast together. The registered manager told us people did get on very well with each other and we observed the service supported people to maintain such relationships. For example, there were photos of people in each other's care plans which showed people as 'housemates.' One person also had photos of people in their room. We noted the home had a number of pictures of people using the service around the home which encouraged a homely atmosphere.

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted and their privacy was respected. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We noted people were able to get up and dressed when they choose to do so and were not rushed or pressured by staff to get ready. When speaking with staff, they were very knowledgeable about people's morning routines. Staff showed respect and accommodated people's choices and preferences.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They told us "You close the door, ask if they are comfortable", "I always talk with them and always make sure they are okay."

People using the service were at times unable to verbally communicate with us. However people's care plans contained information which showed how people communicated and how staff should communicate with them. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand. Care plans also included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted and their individual needs

met.

There were arrangements in place to ensure people were able to express their views and be actively involved in making decisions about their care. Monthly service user meetings were held in which people were encouraged to say whether there was anything they were not happy with, anything they needed and social activities. Records showed there were yearly reviews with people, staff and their relatives, in which their care was discussed and reviewed to ensure their needs were being met effectively. Relatives confirmed this and told us "They will let me know if anything changes" and "Yes we have those yearly. We discuss everything with [person] included about their needs and activities."

We noted the service had measures in place to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who have a disability, impairment or sensory loss can understand the information they are given. Records showed some policies and information were available in easy read format such as the complaints policy, safeguarding and equality and diversity policies. People's care plans were all in pictorial format to facilitate easier understanding of information written about them. A service user guide, which explained what support people could expect from the service in relation to their care and support was also in an easy read pictorial format.

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. Relatives told us "[Person] has settled in quite well. Their confidence has really improved" and "I am happy with the home."

People received personalised care that was responsive to their needs. We looked at three care plans of people using the service. The care plans contained detailed information on the support each person needed with various aspects of their daily life such as personal care, health, mobility and eating and drinking. Care plans were very well written and person centred.

People's care preferences were reflected which included information such as their habits, daily routine, likes and dislikes and things that mattered to them most. The care plans also included guidance on how staff could encourage people to be independent by clearly detailing what people were able to do themselves and areas in which they needed support.

When speaking with staff, they were knowledgeable about people's personal and individual needs. Records showed there was a handover after each of their shifts and daily records of people's progress were completed each day to ensure staff were aware of any changes to people's conditions or support needs. Records showed care plans were regularly reviewed and when a person's needs changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

People were supported to take part in activities and had an activities timetable was in place. During the inspection, people were taken out into the community, whilst at home they listened to music and did some colouring together. We observed people enjoyed listening to music and had their own guitars which they were encouraged to play. The registered manager told us they had all recently attended a musical theatre production which they really enjoyed and went to the Isle of Wight.

People showed us their rooms and we saw they were personalised and had items and pictures in relation to their interests. One person using the service also had a laptop and computer set up in their rooms which helped them maintain such skills.

The service encouraged people to have independent lifestyle and quality of life. One person was involved with their local football club and people were undertaking Adult Education courses in dance and fitness. People's care plans contained certificates which showed people's achievements in areas such as independent living, looking after yourself at home and independent personal and social skills. For one person who enjoyed cooking, there were step by step instructions for them to make dishes such as jacket potatoes and mini pizzas. During the inspection, we observed people were encouraged to independently do things such as setting the table and making their own drinks.

Records showed the people were supported to set personal goals and things they would like to do and were followed through. For example, records showed that people wanted to go on holiday to Spain and the registered manager told us they were looking into arranging this for them.

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "There is lots of family involvement and [person] gets to see their family", "We went for lunch at Easter. [Person] really enjoyed it" and "Staff are very welcoming when they come."

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. Relatives we spoke with had no complaints or concerns about the service. They told us "I have no complaints about the service" and "No complaints so far."

Is the service well-led?

Our findings

Relatives spoke positively about the service and of the registered manager. Relatives told us "[Registered manager] does listen and gets things sorted" and "Manager is good. I can talk to her. Any concerns, I can just phone her up. She is a very good manager and will listen and resolve things."

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

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

Systems were in place to monitor the service. Monthly checks were in place by the registered manager and provider and records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Checks covered aspects of the home and care being provided such as environment, care plans, medication, accidents and incidents and health and safety. Records showed that questionnaires had been sent out to relatives and positive feedback about the service had been received.

However, we found there was no analysis or summary of the findings from the questionnaires or monthly checks conducted to effectively assess, evaluate and identify whether there could be any improvements to the quality of service being provided or learning which could contribute towards continuous working improvement of the service. The registered manager told us she did undertake unannounced visits to the home but there were no records of these visits. The registered manager told us she will look at improving and adopting a new quality assurance tool for the home and ensure unannounced visits and their findings were documented.

Records showed staff meetings were held on a regular basis. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice or any concerns they had. Staff spoke positively about working for the service and told us management staff were approachable. They told us "They are all very approachable. I can speak with the manager and her manager. They are all here to help and they always get back to you if you need anything" and "If I have any issue, she will make it easy for me. I can call her, email her and also her manager."