

Glen Pat Homes Ltd

# Glen Pat Homes

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 12 and 13 March 2015 and was unannounced. Glen Pat Homes is a care service which has been registered to provide both accommodation and personal care to a maximum of seven people who have learning disabilities in their care home at 10 Elm Park Road, Winchmore Hill, London, N21 2HN and also personal care to people in their own homes. At this inspection there were 5 people living in their care home. There were 2 people receiving personal care in their own homes.

At our last inspection on 29 and 30 September 2014 the service did not meet Regulations 12, 14, 15 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that these regulations had been met.

The home has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

We spoke with four people who used the service. However, people using the service had complex needs and were not able to share all their experiences of using the service with us. People gave us short replies, they nodded and smiled in response when we spoke with them. We also gathered evidence of people's experiences of the service by observing their interaction with staff. We spoke with four relatives of people who used the service and received feedback from four health and social care professionals. We spoke with five care staff, the deputy manager and the nominated individual who is also a director of the company and who regularly visits the home to discuss progress and check on the welfare of people and staff. The registered manager was on holiday when we visited.

We saw staff going about their duties in a calm and orderly manner. They interacted well and in a friendly manner with people. Staff checked to ensure that people were safe and their needs were met. Staff treated people with respect and dignity.

People received care which met their needs. They had been carefully assessed and detailed care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored and they had access to health and social care professionals to ensure they received treatment and support for their specific needs. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

Staff had been carefully recruited and provided with essential training to enable them to care effectively for people. They demonstrated a good understanding of the needs of people. Regular supervision and annual appraisals had been carried out.

The service had a safeguarding and whistleblowing policies. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home. However, we found that there was no written agreement

with people, their representatives or commissioners of services for certain items of expenditure charged to people who used the service. This is needed for the protection of people's finances. We have made a recommendation regarding the protection of people's finances.

Staff had assessed people's preferences and their daily routine and arrangements were in place to ensure that these were responded to. The home had weekly residents' meetings where people were encouraged to express their views about the service and make suggestions regarding their weekly schedule. People could participate in a range of activities they liked and these included shopping, going to the gymnasium and doing household tasks.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes and supported accommodation. The nominated individual and deputy manager were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The deputy manager and the nominated individual were aware of the procedure to follow if people's freedom needed to be restricted to ensure their safety.

The service had a positive culture. The quality of the care provided had been monitored. Regular checks and audits of various aspects of the care provided in the home had been carried out by the registered manager and the nominated individual. There was evidence that relatives had been consulted and kept informed of progress via weekly telephone calls. No satisfaction survey had been carried out in the past twelve months. These are needed to ensure that the quality of the care provided was closely monitored. The nominated individual stated that a satisfaction survey would be carried out soon after the registered manager returned from his holidays.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. We found that there was no written agreement with people, their representatives or commissioners of services for certain items of expenditure charged to people who used the service. This is needed for the protection of people's finances.

The service had arrangements to ensure that people were protected from abuse and staff had received training in safeguarding people. Risk assessments had been prepared to ensure that potential risks to people were minimised. There were suitable arrangements for the management of medicines.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work. The home was clean and well maintained.

Requires Improvement



### Is the service effective?

The service was effective. People were well cared for and supported to be as independent as possible.

Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were up to date and the physical and mental health needs of people were closely monitored. People could access community services and appointments had been made with health and social care professionals to ensure they received appropriate support and treatment.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS authorisation had been made for people needing continuous supervision.

Good



### Is the service caring?

The service was caring. Staff we spoke with were aware that they should treat all people with respect and dignity. People told us staff were kind and respected their privacy and dignity. They told us that staff provided them with the assistance they needed.

We noted that staff spoke to people and supported them in a professional and friendly manner. People or their representatives, were involved in decisions about care and support.

Relatives spoke well of staff and said staff listened to them. Arrangements were in place to ensure that people's preferences and their likes and dislikes were responded to.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. Relatives informed us that staff were helpful and responsive to the needs of people. The care plans were person centred and took account of people's preferences and choices.

There was a weekly activities programme and people had opportunities to take part in activities they chose.

The home had a complaints procedure and relatives were aware of who to talk to if they had concerns. Relatives informed us that when concerns were expressed, staff responded promptly and appropriately.

Good



## Is the service well-led?

The service was well led. Relatives, social and healthcare professionals informed us that the registered manager was approachable and they were satisfied with the management of the home.

The quality of the service was monitored. Regular audits had been carried out by the registered manager and senior staff. In addition, the nominated individual visited the home at least twice a month to speak with people and ensured that the service was well managed. Spot checks had been carried out on care staff to ensure people receiving personal care were in their own homes were well cared for.

Staff were aware of the values and aims of the service.

Good



# Glen Pat Homes

## 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.

The inspection took place on 12 and 13 March 2015 and it was unannounced. It was carried out by one inspector. Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us.

We contacted five health and social care professionals to obtain their views about the care provided in the home and in people's homes. We spoke with four people who used the service, four relatives, five staff, and the nominated individual. We observed care and support in communal areas in the care home. We looked at the kitchen, lounge, garden and people's bedrooms.

We reviewed a range of records about people's care and how the service was managed. These included the policies and procedures, care plans for six people, recruitment records, staff training and induction records for staff employed by the service. We checked five people's medicines records and the quality assurance audits completed.

# Is the service safe?

## Our findings

The service had suitable arrangements in place to ensure that people were protected from abuse. People indicated to us via nods and smiles that they were well treated. Relatives we spoke with told us that they were confident that people were safe. One relative said, "I feel my relative is safe. I am happy with the care provided." Another relative said, "The premises are now brighter, better decorated and it looks very nice."

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff gave us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The service had a safeguarding policy and contact details of the local safeguarding team were available in the home. All staff we spoke with were aware of the provider's whistleblowing policy and they said that if needed they would report any concerns they may have such people being mistreated or neglected to outside agencies if the provider did not respond appropriately to protect people. Staff also told us that the registered manager was supportive and approachable.

The care needs of people who used the service had been comprehensively assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with medical conditions, self-neglect, verbal aggression and going out by public transport. Missing person profiles had been completed. This ensured that if people went missing, information about them could be promptly handed over to the Police for identification.

There were suitable arrangements for the recording of medicines received, stored, administered and disposed of. The temperature of the room where medicines were stored had been monitored and was within the recommended range. We looked at the records of disposal and saw that it was recorded that medicines were returned to the pharmacist for disposal. We noted that two staff were involved in checking and signing of the controlled drug

records. The home had a system for checking medicines and we noted that this was effective. This was carried out by the registered manager and senior staff. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. However, the policy did not state the temperature at which medicines should be stored. The nominated individual stated that this information would be added. Training records seen by us indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

Staff we spoke with informed us that the service had sufficient staff to attend to the needs of people. In addition to the registered manager, there was a minimum of three staff during the day shifts and two during the night shifts. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check to ensure that staff were suitable to care for people.

Staff were aware of the need to ensure that the premises were safe and people who used the services were protected from harm. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills for staff had been carried out within the past year. The fire alarm was checked weekly and recorded.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and electrical installations. Window restrictors were in place in all bedrooms we visited.

At our last inspection on 29 and 30 September 2014 people were not fully protected from the risk of infection because some areas of the premises were not kept clean and appropriate guidance for the control of infection had not been followed. At this inspection we found that the service had suitable arrangements in place to protect people from the risk of infection and all areas of the premises were kept clean and appropriate guidance had been followed. Hand washing facilities were provided.

Curtains were clean. No offensive odours were detected. We noted that staff were cleaning the premises when we visited. The deputy manager stated that checks were made by him and the registered manager to ensure that the premises were clean. The home had a schedule for keeping the premises clean. There was documented evidence that

## Is the service safe?

staff had received training on the control of infection. The home had a policy and procedure for the control of infection. Gloves and aprons were available for staff. Staff confirmed that they had access to these and used them when providing personal care or when needed. There were suitable arrangements for the laundering of soiled clothing and linen. Soiled linen was placed in colour coded bags and washed in the washing machine at a high temperature.

We examined the record of accidents and incidents. Two minor accidents were recorded. These contained adequate details and was signed by the staff member involved. We however, noted that there was guidance in the records regarding how to manage or prevent re-occurrences. This is needed to ensure the safety of people.

We examined the financial records of two people for whom the service was responsible for. We noted that the records had usually been checked and signed by two staff and

receipts had been obtained for items purchased on behalf of people. We however, noted that there had been no written agreement with people, their representatives or commissioners of services for certain items of expenditure such as meals purchased outside the home and for activities such as entry to the gymnasium. The nominated individual explained that they aimed to assist people with managing their finances. She added that care managers and relatives had been happy with the arrangements. To ensure the protection of people formal agreement is needed.

**We recommend that there be a review of the financial arrangements to establish the responsibility of the provider for items of expenditure such as meals purchased outside the home and for activities organised for people.**

# Is the service effective?

## Our findings

Relatives of people we spoke with informed us that people who used the service were well cared for and staff were able to meet the needs of people. They stated that their relatives had made progress and became more independent. One relative stated, "I am happy with what I see. Staff understand my relative's needs. My relative used to eat too much. Staff are now trying to help her lose weight." Another relative stated, "My relative has received the best care ever. My relative is clean, well dressed and had their haircut."

The care needs of people had been attended to. Staff closely monitored the physical and mental health needs of people. People had appointments with healthcare professionals such as their GP, dentist, dietician and community nurse. The weight of people had been recorded monthly and staff knew what action to take if there were significant variations in people's weight. Staff knew about events and triggers that could upset people and knew how to care for them. This meant that potential problems and risks could be minimised or defused. We noted that people interacted and responded well towards staff. Health and social care professionals informed us that care staff were able to manage people's care effectively. This was confirmed by relatives we spoke with.

At our last inspection on 29 & 30 September 2014 people were not fully protected from the risks of inadequate nutrition and hydration. At this inspection we found that the service had suitable arrangements in place to protect people from the risks of inadequate nutrition and hydration.

The arrangements for the provision of meals were satisfactory. There was adequate food and drinks in the home. The menu was balanced and varied. Special food which met the cultural needs of people had been purchased and this was labelled. Fresh fruits and vegetables were available. There were snacks if people needed them. Relatives said there were confident that people received sufficient food. We saw people being provided food and drinks by staff. There was a record of food purchased and this included fresh meat, vegetables and fruit.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the

correct temperatures. We observed that people who were able to could make drinks for themselves. Two people we spoke with said they were satisfied with the meals provided. Two other people indicated to us via nods that they were satisfied too.

At our last inspection on 29 & 30 September 2014 all the necessary arrangements were not in place to ensure that people were cared for by staff who were fully supported to deliver care and treatment safely and to an appropriate standard. At this inspection we found that the service had all the necessary arrangements in place to ensure that people were cared for by staff who were fully supported to deliver care and treatment safely and to an appropriate standard. Staff said they worked well as a team and they were well supported by their managers. One staff member stated, "There is good teamwork. We have regular team meetings." Another staff member stated, "Staff are doing their job and there is good support." We noted that there was a "shift plan" which clearly stated what tasks staff needed to perform. This ensured that staff were aware of their duties and people were well cared for.

Regular staff supervision had been provided and this was confirmed by staff and evidenced in the staff records we looked at. Annual appraisals had been carried out. The service had a comprehensive training programme which included food hygiene, safeguarding, moving & handling. There was an induction programme for new staff.

The deputy manager and the nominated individual were knowledgeable of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

The service had guidance on MCA and DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities. Staff we spoke with said they had received relevant training. Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Assessments of mental capacity had been carried out for people who required them.



## Is the service effective?

The deputy manager was aware of the procedure to be followed when people needed to be deprived of their liberty for their own safety. We noted that applications had been made and approved for people restricted or deprived of their liberty for their own safety.

# Is the service caring?

## Our findings

One relative stated, “The staff are friendly and treat my relative with respect and dignity. They telephone me each week to tell me what has been happening.” Another relative stated, “The staff respect the cultural and spiritual needs of my relative. They understand the cultural needs and can assist my relative with getting and preparing her cultural foods.” One professional told us that staff understood the cultural needs of his client and had ensured that they were met.

On both days of the inspection people were dressed appropriately and staff were pleasant and regularly talked with people. We observed that people felt able to approach and talk with staff. When two people interrupted our discussion with a staff member the staff member responded calmly and provided them with explanations and reassurance. We saw staff sitting down in the kitchen talking with people.

The nominated individual, deputy manager and care staff we spoke with had a good understanding of the needs of people and their preferences. They were also able to tell us about people’s interests and their backgrounds. This ensured that people received care that was personalised and met their needs.

Staff were aware that all people who used the service should be treated with respect and dignity. The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences

of all people were respected regardless of their background. The deputy manager informed us that the home could make arrangements for people to attend places of worship if needed and arrangements could be made if people required special diets that met their cultural and religious needs. One person required a special diet and we saw evidence in the fridge that staff had purchased it for them.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home. One person informed us that their bedroom had been redecorated in the style they chose and they had been able to furnish it with their own furniture.

The care plans set out people’s preferences and activities they chose to engage in. Regular reviews of care had been carried out by staff. One relative stated that they would like to attend relatives meetings but none had been held recently. She stated that the last one was about a year ago. The nominated individual stated that this would be held soon.

We noted an example of good practice in ensuring that the special needs of people were responded to. The service employed staff who could use sign language to communicate with people who were hearing impaired. We further noted that the bedroom of a person with this disability had a buzzer with flashing lights. This ensured that people’s special needs were responded to.

# Is the service responsive?

## Our findings

One relative stated that the registered manager and his staff responded to concerns expressed by them and improvements had been made in the care of people. One social care professional who communicated with us stated that staff responded well to their suggestions regarding the care arrangements for person. Another professional stated that staff enjoy working at the home and have in depth knowledge of the needs of people and manage their behaviours appropriately.

Regular weekly meetings had been held where people could make suggestions regarding the running of the home and activities they wanted organised for them. We noted that suggestions made by people had been responded to and this included providing food people liked, going swimming and assisting a person buy shoes they liked.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The care records of people contained details of their daily routine and activities programme.

People's choices, likes and dislikes had been assessed with their help and the help of their relatives. People's care plans were person centred and personal to them. They contained details of people's background, care preferences and people routines. We looked at three care plans and saw they had all been prepared to meet individual needs such as what activities each person liked to engage in. People had participated in activities such as swimming, shopping, attending a social club for people with learning difficulties and exercise sessions. Relatives and professionals who provided us with feedback indicated that people were provided with a variety of daily activities to ensure that they were stimulated.

The home had a complaints procedure. This procedure was included in the service user guide. Relatives we spoke with knew who to complain to if they were dissatisfied with any aspect of their relatives' care. One person we spoke with stated that following a complaint made previously, improvements had been made in the care of people. We examined the complaints record. Two complaints had been recorded. These had been promptly responded to. Staff knew that complaints need to be recorded and brought to the attention of the manager.

# Is the service well-led?

## Our findings

Relatives and professionals who provided us with feedback stated that they were happy with the management of the home. They stated that improvements had been made recently and they expressed confidence in the management of the service. One relative stated, "There has been improvement in the home. We can communicate better. Staff understand the needs of my relative."

The service had a management plan to improve the quality of care provided and the management of staff.

Arrangements were in place to improve areas such as training, policies and procedures and communication with staff. We noted that improvements had been made in care documentation. Care plans were comprehensive and easily accessible. During the inspection we found information requested was readily available and promptly provided.

With the exception of one staff member, all staff informed us that there was a good staff team and they worked well together. They informed us that their managers were approachable and they felt supported in their roles. There was a clear management structure at the home. Staff we spoke with were aware of the values and aims of the service. They were aware that people should be treated with respect and dignity. They knew that it was important that they ensured that the care provided was of a high

standard and people were encouraged to be as independent as possible. The nominated individual and deputy manager were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them.

Audits and checks of the service provided in the care home had been undertaken. These included checks on the environment, arrangements for medicines and cleaning tasks. The nominated individual stated that relatives had been consulted and kept informed of the progress of people who used the service via weekly telephone calls. Evidence of these were provided. The nominated individual stated that spot checks had been carried out on staff providing personal care to people in their own homes. These were not available during our visit but were provided after our visit. However, no satisfaction survey had been carried out. These are needed to ensure that the quality of the care provided was closely monitored and to provide further opportunity for feedback from people and their representatives. The nominated individual stated that a satisfaction survey would be carried out soon after the registered manager returned from his holidays. We however, noted that regular weekly meetings had been held where people could make suggestions regarding the running of the home and activities they wanted organised for them. We noted that suggestions made by people had been responded to