

London Borough of Merton

Glebelands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glebelands is an 'extra care' housing scheme that provides personal care and support to people living in their own flats in a single multi-occupancy building.

The single adapted building comprises of 32 self-contained flats which are managed by the London Borough of Merton. At the time of our inspection, 23 people aged 55 and over were receiving personal care and support at the scheme. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People told us they were satisfied with the overall quality of the care and support they received at Glebelands. Typical feedback included, "The service I've received here since moving in has been great", "The manager is brilliant and the staff are all very friendly and polite" and "The carers know how to look after me and keep me safe".

At our last inspection the provider had failed to ensure their governance systems were operated effectively. At this inspection we found the provider had improved how they managed their oversight and scrutiny arrangements. This meant the provider was no longer in breach of regulations. The new manager recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service.

People were cared for and supported by staff who knew how to manage risks they might face. However, we have signposted the provider to guidance developed by a reputable resource to help them improve their fire safety arrangements.

People continued to be kept safe and protected against the risk of avoidable harm and abuse. Staff followed current best practice guidelines regarding the prevention and control of infection including those associated with COVID-19. People received continuity of care from support workers who were familiar with their needs and wishes, and whose fitness to work in an adult social care setting had been thoroughly checked. Medicines were well-organised and people received their prescribed medicines as and when they should.

People were all complimentary about the way the scheme was managed and how approachable the office-based managers were. The provider promoted an open and inclusive culture which sought the views of people living, visiting and working at Glebelands. The provider worked in close partnership with a range of local community health and social care professionals and agencies to plan and deliver people's agreed packages of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was requires improvement (published 6th April 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 and 5 March 2020. A breach of legal requirements was found at that time. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance systems.

The Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We undertook this announced focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led where we previously identified issues.

As we only looked at part of the Responsive key question, we cannot change the previous good rating. In addition, the ratings from the previous inspection for the key questions Effective and Caring, which were not looked at on this occasion, will also remain unchanged. All these unchanged ratings were used in calculating the new overall rating for the service following this inspection, which has now improved from requires improvement to good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glebelands

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.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a specialist 'extra care' housing scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at the personal care and support people received.

The service no longer had a manager registered with the CQC. The new manager who has been in operational day-to-day charge of the scheme since August 2021, is in the process of applying to be registered with us. The registered provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. This two-day inspection started on 9 September 21 when we visited the schemes offices and ended on 13 September 21.

What we did before the inspection

We reviewed all the information we had received about this 'extra care' housing scheme. 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 this information to plan our inspection.

During the inspection

We spoke in-person to the new manager and two support workers.

We looked at a range of records, including four people's care plans, ten medication administration charts and various other documents that related to the overall management and governance of the scheme.

Following the inspection

We received telephone and email feedback about Glebelands from three people who lived there, five relatives and two community health care professionals, which included a GP and a nurse.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training.

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 remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Staff had received up to date fire safety training and demonstrated a good understanding of their fire safety roles and responsibilities. For example, staff knew the service operated a 'stay put' fire evacuation policy.

● However, some people's personal fire safety risk assessments and management plans had not been carried out or were not sufficiently detailed or person centred enough. This meant staff might not have access to all the guidance they needed to prevent or manage risks associated with fire safety.

We discussed this fire safety issue with the provider at the time of our inspection and signposted them to guidance to help them develop their fire safety arrangements, which the manager agreed to look into. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- People's care plans contained other risk assessments and management plans that did provide staff with sufficiently detailed person centred guidance about the actions they needed to take to prevent or appropriately manage identified risks individuals might face. A relative gave us a good example of how staff had appropriately managed their family members pressure wound. They told us, "Staff got my [family member] a special bed and knew they had to turn her regularly in bed to heal the pressure sore she had, which they managed really well."
- Regular checks were completed by the provider, the Housing Association and relevant external professionals to ensure the safety of the building and specialist equipment they used, such as mobile hoists, for example.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We received positive feedback from people about how the provider had managed the pandemic. For example, both community health care professionals we contacted told us the service had managed COVID-19 extremely well. In addition, a relative said, "Our [family member] tells us they [staff] wear disposable plastic aprons, gloves and mask whenever they visit him in his flat."
- Staff had completed up to date IPC training, used personal protective equipment (PPE) correctly and demonstrated a good understanding of all their IPC roles and responsibilities. A member of staff told us, "It wasn't easy, but because we had all the support, PPE, training and testing we needed, I think we did a pretty good job managing COVID-19 as best we could."
- A 'whole home testing' regime was in operation at the scheme, which meant everyone who lived or worked there was routinely tested for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- People told us they felt safe living at Glebelands. For example, one person said, "I definitely do feel safe here. The place is secure and there's always plenty of staff and people around to look out for us."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff had access to guidance about how to deal with safeguarding concerns and had received up to date safeguarding adults training. Managers and staff were confident they knew how to recognise abuse and respond to it. For example, the manager told us, "I would let my line manager and Merton's safeguarding team know straight away if I was concerned anyone living at Glebelands was being abused."
- At the time of our inspection no safeguarding incidents were under investigation or had ever been raised in respect of this service.

Staffing and recruitment

- There were enough staff to meet people's needs and wishes.
- People told us they had been issued with a call bell 'buzzer' [personal alarm pendant] which they could activate as and when they needed staff assistance. We observed staff in the office respond promptly on several occasions to these call bells being activated.
- The service continued to experience relatively low rates of staff turnover and did not currently use any temporary agency staff. This meant people received continuity of care from staff who were familiar with their needs, wishes and daily routines. One person told us, "I know all my carers by their first names as I regularly get the same ones. I like them all as they know how to look after me."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role.

Using medicines safely

- Medicines systems were well-organised, and people told us they received their medicines as prescribed. One person said, "I can do my medicines myself, so the staff sometimes just ask me how I'm getting on with that", while a relative remarked, "Carers are very good at reminding my [family member] to take their medicines on time".
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff followed clear protocols for the safe management of medicines, Staff received on-going medicines training with their competency to continue handling medicines safely routinely assessed by their line manager.
- Managers and senior staff routinely carried out spot checks and audits on staff medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors on completed medicines records we looked at.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of the service they provided. For example, the number of medicines recording errors where staff had failed to correctly sign for medicines they had administered had been significantly reduced since the provider had increased monitoring checks on completed MAR charts and reassessed staff's competency to manage medicines safely.

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. This meant people's needs were met through good organisation and delivery. We have not changed the rating of this key question, as we have only looked at the part we have specific concerns about.

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.

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about how to ensure people living at Glebelands with communication difficulties were given important information about the service they received in a way they could easily understand.

The former registered manager sent us an action plan setting out how they would address this communication issue.

At this inspection we found enough improvement had been made by the provider to ensure they now meet the communication needs of everyone who lived at Glebelands.

- The manager was aware of their responsibility to meet the AIS and staff demonstrated a good understanding of how to meet this standard. For example, staff told us they had introduced a portable whiteboard and flash cards to help them relay important information to people with hearing impairments. One member of staff said, "We use a whiteboard to write down the dates and times of one person's appointments because they sometimes have difficulties understanding verbal communication."
- Staff also helped people to use a range of electronic communication devices, such as tablets and mobile phones, to enable people to stay in touch with their family and friends during the pandemic.
- In addition, the manager confirmed they could make the service users guide, their complaints procedure and weekly menus available in a variety of different formats and versions on request, including large print, easy to read pictorial, audio and different languages.
- People's communication needs and how they preferred to communicate with others were recorded in their care plan. For example, care plans indicated what first language people preferred to speak and if they had difficulties understanding English. A relative told us, "Carers understand my [family members] communication needs and are very good at talking things over with them so they don't become frustrated."

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 requires improvement. At this inspection this key question has improved and is now rated good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems were effectively managed. This was because they had failed to pick up and/or take appropriate action to resolve a number of issues we identified at that time. For example, managers were not keeping accurate records of all the training they told us staff had completed. This represented a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider now operated their governance systems. This meant the provider was no longer in breach of regulation 17.

- The manager was able to quickly access all the records we requested during our inspection including, training certificates that showed us staff had received all the relevant training they required to meet the needs of all the people they supported.
- How managers checked the quality and safety of the service people received had also improved since our last inspection. For example, the frequency Medicines Administration charts were now checked had been increased so managers could keep a closer eye on staff record keeping practices. Furthermore, the provider had introduced quarterly home visits where managers would meet people in their flats to gather their views about life at Glebelands. A relative told us, "The managers will often come along and check the quality of the care the staff give the people living here."
- The outcome of these audits were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people.
- People spoke positively about the way the service was managed and how approachable and accessible the office-based managers were. For example, a relative told us, "The managers are so friendly and easy to talk too. I think Glebelands is a very well-organised and managed place."
- The new manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good-quality care from support staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The new manager had a clear vision that was shared by her staff team. The manager told us they routinely used individual and group meetings and training sessions to continually remind staff about the

organisation's underlying core values and principles.

- The managers were aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong.
- The scheme's previous CQC inspection report was clearly displayed in a communal area within Glebelands and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture. They used a range of methods to gather people's views about what the scheme did well or might do better. For example, people had regular opportunities to share their views about the service they received by participating in regular house meetings held in the communal areas and completing the providers annual satisfaction questionnaires.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the Local Authority, Clinical Commissioning Groups, and local charities and voluntary organisations. This included GP's; district, diabetes and tissue viability nurses; local falls prevention, learning disability and mental health teams; and, Age UK, the Citizens Advice Bureau and local day centres.
- The manager told us they welcomed the views and advice of these external bodies and professionals; and shared their best practice ideas with their staff.