

# Southside Partnership Glengarry Road

## Inspection report

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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 

### Overall summary

Glengarry Road provides accommodation, care and support to six people with mental ill-health. At the time of our inspection six people were using Glengarry Road, some of whom had been using the service for over 15 years.

We undertook this inspection on 28 January 2015. At our previous inspection on 13 February 2014 the service was meeting the regulations inspected at that time.

The service had a registered manager in post as required by their registration with the Care Quality Commission. 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.

People said they liked using the service and were happy to speak with staff if they had any concerns or worries. Staff supported people in line with their preferences and wishes. They were knowledgeable about people's hobbies, interests and preferred daily routine. Staff spoke to people politely and respected their right to privacy.

# Summary of findings

People had individual support recovery plans which identified what care and support they required from staff and how they wanted it to be delivered. Staff met with people regularly to discuss their support plan and identify any changes in people's needs.

Staff supported people to remain safe at the service and in the community. People received their medicines as prescribed and staff supported them to keep their money safe.

Meetings were held with people to get their feedback about the service. People were aware of the complaints procedure. The people we spoke with had not needed to use it.

Staff attended regular training courses, and had the knowledge and skills to support people. Staff were supported by their manager and had regular supervision sessions to reflect on their performance. Staff felt comfortable speaking with their manager and felt able to suggest ways for improving service delivery.

The registered manager regularly reviewed procedures at the service and the support provided to people. Where required, action was taken to ensure improvements were made.

# 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?

The service was safe. Risks to people's safety were identified and managed appropriately. People's risk management and support plans were updated in response to any incidents that occurred to ensure people were adequately supported to remain safe. There were enough staff to meet people's needs and accompany them in the community when required.

People received their medicines safely in line with their prescription.

A safe and secure environment was provided. The service was well maintained and provided a homely environment.

Good



### Is the service effective?

The service was effective. The registered manager ensured staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to request what they wanted to eat, and staff supported people as required with meal preparation and cooking. People were supported to access a dietician if they needed further dietary advice.

Staff supported people to access healthcare services as appropriate to ensure their physical and mental health needs were met.

Good



### Is the service caring?

The service was caring. Staff spoke to people politely and in a friendly manner. Staff were aware of people's hobbies, interests and preferred routines.

Staff respected people's right to privacy and did not enter their rooms without their permission.

People made decisions about the care and support they received, and staff provided support in line with people's wishes.

Good



### Is the service responsive?

The service was responsive. Staff provided people with the support they needed. A recovery support plan was developed for each person, and enabled staff to identify and prioritise the support provided to people.

Staff encouraged and supported people to undertake activities at the service and in the community.

Meetings were held regularly which enabled people to feedback about the service and gave people the opportunity to raise any concerns they had. People understood how to make a complaint.

Good



### Is the service well-led?

The service was well-led. Staff felt well supported by their manager. They felt able to approach their manager and felt comfortable making suggestions about how to improve service delivery. Team meetings were held regularly which gave the staff team opportunity to feedback about the service.

The registered manager regularly reviewed the quality of service provision. They worked with their line manager to develop and complete a service improvement plan.

Good



# Summary of findings

The service adhered to the requirements of their registration with the Care Quality Commission.

# Glengarry 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 to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2015 and was unannounced. A single inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications.

During the inspection we spoke with five people using the service. We spoke with the registered manager, two support workers and one bank support worker. We reviewed two people's care records. We looked at processes for managing medicines and for managing people's finances. We reviewed records relating to the management of the service including staff training and supervision records, audit findings and incident records.

After the inspection we spoke to the service manager. We also contacted the commissioner of the service and the community psychiatric nurse involved in people's care, however, we did not receive any feedback.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us they felt safe “during the day and during the night.”

Staff identified any risks to people’s safety and plans were in place to manage the risks identified. For example, there were plans to support people at risk of financial abuse, to ensure people were safe in the community and to support people at risk of self-neglect. Staff accompanied people in the community if they were anxious or if they were at risk of falls, to help support the person and maintain their safety.

The kitchen at the service was closed at night. This restriction was in place because of the risks presented to people. Individual risks were assessed in relation to meal preparation. Some people at the service were unable to safely use the kitchen unsupervised and fire risks were present as some people were at risk of forgetting to turn the oven off after use. During the day staff supported people and supervised them when making meals if they were unable to do so independently. To maintain the safety and welfare of people using the service, and to reduce the risks of fires at the service people were asked to smoke in the garden. One person refused to do this and preferred to smoke in their room. Management plans were in place to support the person and ensure their safety and the safety of others whilst at the service.

Staff recorded all incidents on a centralised system. This enabled the senior management team to ensure appropriate action was taken by the staff and registered manager to protect people and steps were taken to reduce the risk of the incident recurring. We viewed a summary of the incidents that took place in the year prior to our inspection. There had been a few occasions where people had fallen at the service and in the community. On each occasion staff had observed the person to ensure their safety and offered to get them medical assistance. After the incident, the person’s mobility support plan was updated and people were supported to reduce the risk of further falls.

There were sufficient staff available to meet people’s needs. The service was staffed 24 hours a day, seven days a week. Staff told us the number of staff on duty was varied in order to ensure people’s needs were met and they could for

example, be supported by staff to attend activities of their choice. People confirmed they were able to choose what they wanted to do each day and there were staff available to support them when required.

Staff were able to describe signs and symptoms of potential abuse, and were aware of the reporting procedures if they had concerns about a person’s safety. Staff told us they escalated any concerns they had to their manager. Staff were knowledgeable of whistleblowing procedures if they wished to escalate their concerns. Records showed that staff had informed people about recognising signs of abuse and how to report any concerns they had.

Staff ensured people’s money was securely stored at the service. At the time of our inspection staff had requested a ‘best interests’ meeting under the Mental Capacity Act 2005 to establish whether people were able to safely manage their own finances or whether they required staff to manage it for them. At the time of our inspection staff stored people’s money for them in line with their wishes. Staff supported some people to pay their bills and receipts were kept of all financial transactions to protect people from the risk of financial abuse. We checked the money kept at the service for two people and the balance was as expected.

People were aware of what medicines they were required to take and when to take them. Staff supported people to take their medicines as prescribed. Staff signed a medicine administration record (MAR) when they gave people their medicines. People also signed their MAR to indicate they had received their medicines. We checked three people’s MAR for the four weeks prior to the inspection and these were completed accurately. Staff checked the stocks of medicines kept at the service on each shift to ensure they were correct. We checked the stocks of three medicines and they were as expected to ensure people got their medicines as prescribed.

The next month’s supply of medicines had been delivered to the service the day before our inspection. These were stored in the staff office, however, they were not securely stored in a locked cabinet which meant there was a risk that people using the service and visitors may have access to the medicines. We brought this to the attention of the registered manager at the time we noticed it and they took

## Is the service safe?

appropriate action to ensure the medicines were securely stored. The registered manager informed us they would instruct staff about new procedures to ensure this did not occur in the future.

The service was well maintained and clean. Staff undertook health and safety checks of the service to ensure everything was working and there was a safe and suitable environment for people. Heating and lighting worked at the service. Fire alarms and emergency lighting was checked weekly, and fire evacuation drills were undertaken to ensure people knew what to do in the event of a fire.

The service provided a secure environment. People had their own keys to the front door. An alarm was activated when the front door opened so staff were aware of when people left the service and were able to check that they returned safely. Visitors were not able to enter the service without someone letting them in and staff checked a person's identity before letting them into the service. We observed this in practice on the day of our inspection.

# Is the service effective?

## Our findings

Staff had the skills and knowledge to meet people's needs. The registered manager told us they felt they had a "competent and skilled team" and they felt able to go on leave without worrying about the support provided to people.

The newest member of staff told us there was a comprehensive induction process to ensure they were competent at meeting people's needs before they started to support them unsupervised. A buddy system was in place to ensure the person was supported and felt able to speak with colleagues if they had any questions. Staff were required to complete all their mandatory training, as well as a medicines administration competency assessment, before passing their probation and being confirmed in post. For the staff's six month probation report the manager asked people for their opinions of the support provided by the staff member, as well as reviewing the staff's performance and competency to ensure they were able to meet people's needs.

Staff were required to complete training to ensure they were up to date with best practice guidelines and had the skills and knowledge to support people. Staff completed training on person centred thinking, the Mental Capacity Act 2005, fire safety, food hygiene, infection control, medicine administration, first aid and safeguarding adults. Staff also undertook training specific to the needs of people using the service, for example on supporting people with epilepsy. The registered manager ensured they attended refresher courses to stay up to date with current guidelines. One staff member told us the 'person centred thinking' training helped them to plan the support they provided people. Staff were encouraged to develop their skills and knowledge. One staff member told us they were working on a national vocational qualification in health and social care.

The registered manager undertook monthly supervision sessions with staff to review their performance, and to establish if they had any further training needs to improve the quality of care and support provided. Staff also completed an annual appraisal to review their performance against set objectives for the year.

Staff were knowledgeable about the legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of

Liberty Safeguards. At the time of our inspection, no-one using the service was subject to the Deprivation of Liberty Safeguards (DoLS). People had keys to the front door and were able to come and go from the service at they wished. People were involved in decisions about their care and consented to the care and support provided by staff.

Staff undertook the food shopping for people. One of the people using the service asked each person what they would like to eat and what they would like staff to buy each week. This information was passed onto the staff team, who added some additional items to ensure there was enough food and ordered the shopping online. Staff ensured the shopping list also included ingredients to make people's favourite meals. In addition, people went to the local shop to buy their own snacks. People undertook their own meal preparations according to their needs. For example, the majority of people independently made their own drinks, breakfast and simple meals such as soup. Staff supported people to cook their main meals. One person told us, "The staff ask us what we would like to eat and staff make it for you." Another person told us the staff cooked their favourite meal for them. Staff told us they supported people to see their GP and request a referral to see a dietician if they needed further advice and support with their nutritional needs.

At night when the kitchen was closed cold drinks were available in communal areas, and people had amenities to make their own hot drinks in their room.

People were supported to access their GP, and people we spoke with confirmed that they were supported to make an appointment with their doctor when they wanted to. Staff supported people to access their GP, dentist, and optician as appropriate. People's health needs were included in their recovery support plans to ensure they received the support they required to have their needs met. For example, one person was diabetic and staff supported them to access a community group to get further information about how to manage their diabetes and look after their health. A staff member told us how, by accompanying the person to this group, they had increased their understanding of how to support the person to manage their diabetes. Staff supported the person to attend appointments with a diabetic nurse and supported the person to eat food appropriate to their needs.

Staff supported people to attend meetings with the healthcare professionals involved in helping them manage



## Is the service effective?

their mental health. People had annual meetings to discuss their mental health and review any further support they may require. This also enabled people to have their

medicines reviewed by their psychiatrist. Staff told us if they had any concerns about a person's mental health they liaised with the person's care co-ordinator from the community mental health team.

# Is the service caring?

## Our findings

One person told us they enjoyed living at the service and they liked the staff. They said in relation to their key worker, they're a "lovely man – very kind". Another person told us they liked the staff and they were "friendly."

We observed staff speaking to people politely and in a friendly manner. One staff member told us they worked hard to ensure there was open communication with the people using the service. They told us "communication and encouragement – that's what [the people] need." They felt this helped them to work with people and understand how a person wished to be supported. Information was included in people's care records about their methods of communication, and how staff were to support the person to get their needs and wishes understood. One staff member told us they felt they knew the people at the service and could tell from changes in their behaviour if there was something worrying them. They said they would reassure people and ask them if there was anything they could do to help. One person told us, "There is always someone around to talk to." And, "If I'm feeling troubled I tell the staff and they help."

Staff were knowledgeable about people's interests and hobbies, including their preferred daily routine. Staff told us one person liked to have their breakfast in bed and staff provided this for them. Information was included in people's care records about their preferences so that newly recruited staff and bank staff could provide them with support in line with their wishes. Information was also

provided about aspects of their care that made people anxious. For example one person did not like going to their medical appointments with their GP. Staff provided the person with information in advance about why they needed to see a doctor and what was going to happen at the appointment so the person could prepare and be less anxious about it.

People made decisions about the care and support they received, and what they chose to do at the service. One person told us they were happy that they got to do whatever they wanted each day. They enjoyed watching TV and going to the local shop to buy a newspaper. We observed the person undertaking these activities on the day of our inspection. A member of staff told us they asked people what they wanted to do and supported them with their choice. For example, some people enjoyed going to the local pub for a meal out and staff supported them to do so. Staff encouraged people to undertake activities together to promote socialisation and help people to develop friendships at the service, but respected a person's decision if they wanted to do activities on their own. We saw that people had signed their risk management plan and their support plan to indicate they agreed with the support provided by staff.

Staff respected a person's privacy. One person told us, "We have our own room and our own space." Staff ensured they had a person's permission before entering their room. If maintenance work was required in people's rooms, staff said they asked people for their consent before any external visitors entered their room.

# Is the service responsive?

## Our findings

The service used the mental health recovery star (a recognised tool to plan care and support for people recovering from mental illness) to assess, plan and prioritise people's needs and the support provided. The recovery star allowed staff and people to rate their needs on a ten point scale for different aspects of their life including, their physical health, mental health, relationships and daily living skills. People met with their key worker (a staff member dedicated to lead and coordinate the care and support provided) monthly to discuss the progress they were making against the recovery star and to identify goals and targets they wished to achieve whilst at the service. We saw that staff supported people to maintain their relationships and encourage socialising with people at the service and in the community. For example, one person visited local cafés and shops to interact with people in the community and had built friendships with the café staff. Staff supported another person to increase their confidence and self-esteem.

One staff member told us they wanted to “show people they can do it” and “give them confidence.” Another staff member said they worked with people to set targets and they worked together to help people achieve them. They told us that one of the goals the person they supported wanted to achieve was to become healthier. The staff member was supporting the person to lose weight, eat healthily and undertake light exercise.

Each person had their own timetable of activities they undertook. This included a mixture of group and individual activities. People accessed the local amenities and staff encouraged people to undertake activities to support a healthy lifestyle, including walks and bowling. One staff member told us they tried to get people to do some activity each day instead of spending all day at the service. People were supported to undertake activities of daily living, including basic meal preparation, laundry and cleaning.

Time was allocated so each person received one to one support from staff, in which people could request what

they wanted to do and what support they wanted from staff. We saw in people's records that people had requested what activities they wanted to undertake and which staff member they wanted to support them. For example, one person had requested for staff to accompany them to a local nightclub. Plans were in place to help the person to undertake the identified activities.

The service held regular ‘house’ meetings to obtain the views and opinions of people using the service. The people using the service led the meetings and contributed to the agenda. The meetings were used to enable people to ask about any additional support they wanted or changes they wished to make. This included making decisions about the environment and choosing colours of carpets and redecoration decisions. They also enabled people to make suggestions about meals they would like and activities they would like to do. People could use the meeting to raise any concerns they had about the care and support they received. We viewed the minutes from the previous two meetings and no concerns were raised.

The complaints procedure was displayed in a communal area and it was signed by the people using the service to show that it had been explained to them. One person told us, “I have no complaints – I like it all here.” We asked to see a summary of the complaints received in the last year and no complaints had been made.

The service kept a record of compliments received. We viewed the compliments received. One person's relative had stated, “[The person] is being looked after very well. [They] are always happy when we phone. The staff are always very polite.” Another person's relative said, “[The person] is very happy and settled. I have no complaints whatsoever.”

People were asked to complete a satisfaction survey annually to feedback about their experiences. We viewed the findings from the 2014 survey. The findings showed people found staff to be helpful and had a good attitude towards them, and they found the home was clean and welcoming.

# Is the service well-led?

## Our findings

Staff we spoke with felt their manager was a “strong” leader. One staff member told us their manager supported them to improve their skills and knowledge. Another staff member told us they could have open discussions with their manager and felt able to suggest ways to improve the quality of the service. For example, one staff member had suggested streamlining record-keeping procedures to free up more staff time to engage and interact with people using the service. The staff member had presented their ideas at a recent team meeting and the staff team were in the process of reviewing their recording processes at the time of the inspection.

One staff member told us team meetings enabled staff to “voice their opinions.” We viewed the minutes from previous team meetings. These meetings were used to discuss findings from audits and to share learning from training courses and conferences staff had attended.

Staff told us there was good team working, and they felt supported by their colleagues. One staff member told us, “There’s a good team. We help each other.” There were processes to enable clear communication amongst the team to ensure all staff were aware of people’s current needs. We observed staff at the start of shift checking the staff communication book to update themselves with any changes in people’s needs and checking the diary to ensure they were aware of any upcoming appointments people had. Staff undertook checks at the beginning of each shift to protect people’s safety, including checks of people’s medicines and finances.

Staff were aware of the service’s policies and procedures and had signed to show they understood them.

The registered manager undertook one ‘sleep in’ shift a week to help them understand the needs of people using the service in the evenings and during the night. They told us it also helped them to support staff as they understood what it was like to undertake the care and support work during this time.

Every two months the registered managers for each of the provider’s services met to discuss their service and to

encourage peer support and peer learning, to improve the quality of service delivery. The manager informed us that out of discussion at the previous meeting they had gone through with their team the services strengths and weaknesses under the Care Quality Commission’s (CQC) five key questions to review service delivery and identify areas for improvement.

The registered manager, in liaison with their line manager, developed a service improvement plan. This included clear actions as to how the manager could improve the quality of the service. The service manager undertook regular visits to the service and helped the registered manager to identify areas for improvement. For example, the service manager had encouraged the registered manager to increase the frequency of their audits on the quality of service provision. The registered manager told us they had done this and it had helped them to monitor service provision and to identify and address any improvements required promptly. We saw that the manager regularly reviewed people’s care records, medicines management processes and the management of people’s finances. We saw that actions identified as requiring improvement had been completed. For example, ensuring people’s support plans had been reviewed to reflect their current needs.

The registered manager provided data to their senior management team monthly. This enabled the senior management team to review staffing arrangements, the completion of staff training, and people’s engagement with their hobbies and interests. The registered manager met with a representative from the local Clinical Commissioning Group to review service performance and feedback about adherence with service level targets, including completion of the recovery star, the number of individual interactions and engagement with people, and staff development processes.

The service adhered to the requirements of their registration with the CQC. They adhered to the conditions of their registration, had a registered manager in post and were aware of what incidents the CQC were to be formally notified of.