

Glebelands

Glebelands

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an announced inspection. We told the provider 48 hours before our inspection that we would be coming.

Glebelands is an extra care housing service that offers accommodation for up to 33 older people who require

varying amounts of care and support. The accommodation is purpose built and consists of 33 self-contained flats and some shared facilities such as a communal dining area, a games room and garden. There were 29 people using the service when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us they were happy living at Glebelands. They also told us staff were kind and caring, and our observations and discussions with care managers and commissioners from the local authority supported this. We saw staff treated people with dignity and respect.

There were appropriate numbers of staff employed to meet people's needs. Staff received regular training and were familiar with people's individual needs and preferences. They had the skills, knowledge and support required to meet people's needs.

Care plans were in place detailing how people wished to be supported. People were involved in developing their care plans, and we saw people were supported to make decisions about the care and support they received. We saw staff supported people to be independent.

Staff supported people to attend health care appointments with their GP and other healthcare professionals to ensure people's health care needs were met.

There was a clear management structure at Glebelands and people who lived there and staff felt the manager was approachable and competent. The manager demonstrated a good understanding of their role and responsibilities. People using the service, staff and community professionals felt the manager was open to suggestions on how to improve the service.

There were systems in place to regularly assess and monitor the safety and quality of the service provided. We saw that appropriate action was taken in response to incidents and steps were taken to reduce the risk of incidents reoccurring.

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.

Good



People told us they felt safe living at Glebelands. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. The provider met the requirements of the Mental Capacity Act (2005) to help ensure people's rights were protected.

Risks were assessed and managed well, with care plans and risk assessment providing clear information and guidance for staff. People were given their prescribed medicines at times they needed them.

Is the service effective?

The service was effective.

Good



Staff had the knowledge, skills and experience to ensure people's needs were met. Staff had been trained and were supported in their role through regular team meetings, supervision and appraisals.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care services and professionals when they needed them.

Is the service caring?

The service was caring.

Good



People told us they were happy with the care and support they received. We saw staff treated people using the service with respect, dignity and compassion. Care and support was centred on people's individual needs and wishes because staff were familiar with people's life histories, interests, preferences and aspirations.

Staff actively encouraged people to be involved in developing their care plans and making decisions about the care and support they received.

Is the service responsive?

The service was responsive.

Good



People's needs were assessed and care plans to address their needs were regularly reviewed with their involvement.

Staff actively supported people to maintain and develop their independent living skills.

Summary of findings

People using the service and their representatives were encouraged to make their views known about Glebelands. These were taken seriously and acted upon. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People told us they knew how to make a complaint if they were unhappy about the service and felt confident any concerns they had would be dealt with appropriately.

Is the service well-led?

The service was well-led.

Systems were in place to regularly monitor the safety and quality of the service. Accidents and incidents were reported and what had happened was looked into, analysed and acted upon where necessary. We saw that appropriate action was taken in response to incidents to maintain the safety of people using the service.

People using the service, relatives and staff spoke positively about the manager and said they were approachable and listened to what they had to say. The registered manager demonstrated a good understanding of their role.

Good



Glebelands

Detailed findings

Background to this inspection

We undertook an inspection of Glebelands extra care housing service on 22 July 2014. The inspection team included an inspector and an expert by experience. The expert by experience was a person who had personal experience of using health and care services.

During our visit we spoke with 12 people in their flats, five care staff and the registered manager. We spent time observing care and support being delivered in shared communal areas, such as the lounge and garden. We also looked at a range of records, including six people's care plans, five staff files and other records relating to the management of this extra care housing service.

At our last inspection in April 2013 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support provided.

Before our inspection we reviewed the information we held about the service. This included any accidents, incidents and safeguarding alerts the provider had notified us about in the last 12 months. We looked at written feedback we received from six people using the service, three members

of staff and two people's care managers who had responded to our satisfaction questionnaire. We reviewed the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also contacted a commissioner and two care managers from the local authority who were involved in the care provided to people using the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service told us they felt safe living at Glebelands. One person said, “I feel safe here”. Another person told us, “The staff keep an eye on us and make sure we’re alright.” In addition, care managers who completed our questionnaire said they felt people who lived at Glebelands were kept safe by the staff who worked there.

Staff we spoke with understood what adult abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers within their organisation, the local authority’s safeguarding team, the CQC and the police (where appropriate).

Managers and staff told us they had received safeguarding training within the past 24 months and records we looked at confirmed this. We looked at the service’s policies on safeguarding and staff whistle-blowing and saw they were up to date and appropriate for this type of community service. There was a copy of “Pan-London Multi Agencies Procedures on Safeguarding Adults from Abuse” available in the office. Managers and staff we spoke with knew about the provider’s whistle-blowing procedures and contact details for the local authority’s safeguarding adults’ team was available.

It was clear from discussions we had with the manager that they had taken appropriate and timely action in response to a safeguarding concern that had been raised about the service. The concerns regarding the safety of a person using the service were discussed with their care manager and the matter was being investigated. The local authority did not express any concerns about the way the service notified them about safeguarding incidents and we found the number that had been reported to them in the last 12 months matched the number the service had notified us about.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The manager told us they had a good understanding of Mental Capacity Act (2005) and issues relating to consent. We saw the service had policies and procedures in place in relation to the Mental Capacity Act (2005) and consent. The manager told us the provider was in the process of updating their MCA policy to reflect the latest supreme court judgement, so that staff would be

aware of what processes to follow if they felt a person was being deprived on their liberty. At the time of our inspection no one using the service was deprived on their liberty.

People received their prescribed medicines as and when they should. We saw people had been provided with lockable cabinets in their flats to safely store their medicines. The manager confirmed that people’s capacity to manage their own medicines had been individually assessed. Records showed that best interest meetings were held involving the people using the service, their relatives (where applicable) and professional representatives to decide the level of support people needed to receive from staff in order to take their prescribed medicines safely. The manager told us these decisions were kept under constant review.

The service’s procedures for handling medicines and record-keeping were clearly set out. We found no recording errors on any of the medicines administration record sheets we looked at and saw staff kept accurate records of medicines received, administered and disposed of. The manager told us, and staff training records we examined confirmed, that all staff authorised to handle medicines on behalf of the people using the service had received medicines training.

However, training records we looked at showed that most staff had not had their competency to handle medicines safely assessed for two years. The manager told us the provider was aware of this training shortfall and was in the process of arranging medicines refresher training for all staff authorised to handle medicines on behalf of the people using the service. Staff told us they were aware that arrangements had been made for their competency to handle medicines safely to be reassessed within the next month.

We found staff followed risk management strategies to keep people safe. We looked at the care plans for six people and saw they each contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to prevent or appropriately manage these risks. For example, we saw risk assessments that related to people’s medical conditions, moving and handling, accessing the local community, falls, skin integrity, diet and weight. Staff we spoke with were fully aware of the potential risks people using the service may

Is the service safe?

face. One member of staff was able to give us examples of the risks a person using the service may encounter when they failed to take their prescribed medication and the support they needed from staff to keep this individual safe.

People said staff usually attended to their needs promptly. All the people we spoke with felt Glebelands was adequately staffed. One person told us, "There always seem to be plenty of staff about if you need them." On the day of our inspection staff were always visible in the

communal areas of the service and we saw there were enough staff on duty to meet the needs and requests of people using the service. The manager told us staffing levels were regularly reviewed and adjusted accordingly. The manager gave us an example of how night time staffing levels had recently been reviewed and increased to ensure the service could continue to meet the needs of one person who lived at Glebelands.

Is the service effective?

Our findings

People received personal care from staff who were appropriately trained and supported. All the people we spoke with told us they felt staff knew what they were doing and how to look after them. One person said, “The staff have been brilliant to me... I can think straight now and if it hadn’t have been for the workers I couldn’t have managed... They gave me encouragement and looked out for me.” In addition, people using the service and local authority commissioners and care managers told us they felt staff that worked at Glebelands had the right mix of knowledge, skills and experience to deliver the care and support people needed. One care manager wrote, “I often drop in unannounced and I always find someone who is able to give good feedback on particular clients. I have never had any concerns or problems with staff within Glebelands.”

Two relatively new members of staff told us that their induction had been thorough and they felt it had prepared them well for their role. We saw records to show that the induction for all new staff included training in key aspects of their support worker role, as well as shadowing experienced members of staff.

Staff told us they had been given all the training and guidance they needed to care for and support the people using the service. The manager told us everyone using the service had a designated key-worker who coordinated the care and support they received at Glebelands. The key-worker received specialist training to ensure they could meet the needs of the people they supported. For example, records showed that all staff who regularly supported people with learning disabilities at Glebelands had received learning disability awareness training.

The manager showed us staff training needs and development records that the provider had created, which confirmed that most staff had completed training in key aspects of their role. The manager told us the training was mandatory and included; dementia awareness, palliative/end of life care, moving and handling, prevention and control of infection, emergency aid awareness, fire safety, food hygiene, respect and dignity, and person centred care planning. We saw that staff were also able, from time to time, to obtain further relevant qualifications. For example, records showed that eight members of staff had been awarded a National Vocational Qualification (NVQ) or

Diploma in health and social care level 2 or above and that 20% of staff had attended a communication awareness course in the past 12 months. Staff told us they had plenty of opportunities to continuously update training they had previously undertaken, as well as learn new skills.

Staff had support and supervision. Records we looked at and comments we received from staff confirmed staff regularly attended shift handovers and group meetings with their fellow peers, and had individual supervision sessions and an annual appraisal with their line manager. It was clear from both the verbal and written feedback we received from staff that most felt well supported by their line managers and encouraged to continuously review their working practices. The manager told us they were responsible for appraising all staffs work performance at least once a year.

Care plans we looked at included information about people’s food preferences and risks associated with their nutrition and weight. Where people needed support with meals this was also recorded in their care plan. In addition, we found recorded evidence that showed the service had systems in place to enable staff to routinely monitor people’s nutrition and hydration, as and when required, through the use of dietary intake and weight charts. Two care staff we spoke with demonstrated a good understanding of people’s specialist dietary requirements. For example, they were able to explain how they supported two people who were on special diets. Throughout our visit we saw people were regularly offered hot and cold drinks by staff. Staff told us they were instructed to ensure people received plenty of fluids during the day. The manager also gave us an example of how they had arranged for Asian style meals to be made available as an option on the weekly menus to meet the expressed dietary preference of one person using the service.

People were supported to maintain good health and access healthcare services when they needed them. Care plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in care plans that people were in regular contact with a range of community based healthcare professionals such as GP’s, district nurses, speech and language therapists, chiropodists, opticians and dentists. One person using the service told us, “When I came here I needed to find a GP and staff gave me information so I could register.” We saw

Is the service effective?

that all appointments with health care professionals and the outcomes were recorded in detail. The managers gave us several good examples where referrals had been made to health care professionals in response to people's changing needs and the action taken as a result.

Commissioners and care managers who participated in our questionnaire told us the service cooperated with other

agencies and shared relevant information, for example, when people's needs changed. One care manager stated, "I am contacted if they have any concerns about clients allocated to me and I am able to meet with relevant staff to discuss how best to continue to support the clients' needs. Changes are implemented very quickly."

Is the service caring?

Our findings

People we spoke with or who responded to our questionnaire said they were happy with the care and support they received at Glebelands. People told us they would recommend the service to another person. One person wrote, "I like it at Glebelands and I am very happy living here". Another person stated in our questionnaire, "I have every confidence in the service I receive and I am happy within my home."

People spoke very highly about the staff that worked at Glebelands and told us they were kind and caring and always treated them with respect and dignity. One person said, "Very good care staff. . . Very kind and supportive." Another person told us, "The staff are helpful. I'm treated so well here." Community professionals who completed our questionnaire also said people using the service were always treated with respect and dignity by the staff. We saw staff were patient when speaking with people.

People we spoke with and care managers involved in people's care told us staff usually arrived on time for their visits and stayed for the agreed length of time. They also said that staff completed all the care and support tasks as set out in the person's care plan. Staff confirmed the time they were allowed for each visit was usually enough to enable them to complete all the care and support the person required. During our inspection we saw staff always interacted with people using the service in a respectful, attentive and compassionate manner. Staff used enabling and positive language when talking or supporting people. For example, we observed staff engaged with people who were relaxing in shared communal areas in a respectful and friendly way. People told us staff often spent time just sitting and talking with them in their flats.

Staff respected people's privacy and dignity. People told us staff always rang their doorbell and would not enter their flat until they had given their permission to do so. Staff were clear that they could not enter a flat unless they had been given expressed permission to do so by the person or people that lived there. The manager gave us an example of how one person regularly declined to allow staff to enter their flat, which we saw was recorded in their care plan and staff we spoke with were aware of.

Staff showed us information people had been given that included a guide to Glebelands, the provider's complaints procedures and a copy of their care plan. We saw this information was available in written and easy to read formats to help people understand what they could expect from the service. Several people showed us copies of the information pack they had been given when they first moved to Glebelands, which included a guide to the service, the provider's complaints procedure and their care plan.

People told us they were involved in developing their care plan and identifying what support they required from the service and how this was to be achieved. People who responded to our questionnaire also said they were involved in planning their own care and support package, and if they wanted to, the service would involve other people they chose to help them make important decisions. All the care plans we looked at had been signed and dated by the person using the service that they agreed with the care package they received. We looked at care plans for two people who had moved into Glebelands in the last 12 months and saw they both included an assessment of these individual's needs, wishes and abilities. The manager told us they had undertaken these assessments with the involvement of the person before they started using the service. Two people using the service told us they were given the opportunity to visit the service before moving in to help them decide if it was the right place for them.

Care plans we looked at were person centred and contained detailed information about these individuals' diverse needs, life histories, strengths, interests, and preferences. Staff told us care plans were good working documents which gave them clear instructions about how to support and meet the needs and wishes of people using the service.

People told us staff supported them to maintain relationships with their friends and families and that visiting times at Glebelands were flexible. One person who told us they liked to keep in touch with their family said "I get taken there (family's house) regularly by staff".

Is the service responsive?

Our findings

People told us their needs were regularly reviewed by staff at Glebelands. One person said, “I sometimes have meetings with my key-worker and care manager to talk about what it’s like living here.” Care plans we looked at were regularly reviewed and updated accordingly to ensure they remained current and always reflected people’s needs and wishes. For example, we saw one person wished to be woken up at an earlier time; staff had recorded this in their care plan. People also told us that they felt involved in helping the manager and staff improve Glebelands. Five people told us they had regular meetings with the manager and staff. Another two people gave us examples of changes they had wanted to make to night time staffing arrangements, which we saw the service had taken on board and acted on.

People told us staff helped them make choices and decide what they did each day. One person said, “I do as I please in my own flat.” We saw staff respected people’s wishes and preferences in relation to the care and support they provided. For example, staff we spoke with were aware they were not permitted to enter one person’s flat unless they gave them express permission to do so. We also saw staff used plain English and repeating messages to help people understand what was being said to them. Staff comments that they were familiar with the needs and preferences of the people they were supporting. For example, one member of staff we spoke with was aware that a person using the service had recently expressed a wish to have baths instead of showers.

People felt staff helped them to be as independent as they wanted to be. One person said, “Staff sometimes take me out food shopping.” Another person told us, “If I’m struggling in my kitchen the staff are pretty good at helping out if I ask.” Care plans set out how people should be supported to maintain and develop their independent living skills and we observed staff follow these guidelines. For example, we saw staff actively encouraged and supported people to make their own meals or access the local community.

People felt staff listened to what they had to say and took their views seriously. Three people told us, “Regular tenants’ meetings are held at Glebelands with the manager and staff”. Another person said, “My key-worker often asks

me if I’m alright and if I like living here.” We found people using the service were encouraged to make their views known about the care and support they received. For example, people had regular opportunities to express their views through daily contact with staff, tenants’ meetings held every six weeks, and satisfaction surveys undertaken once every three months by the manager.

We looked at the results of satisfaction surveys people had completed for the provider in the last three months and saw that overall most people were happy with the care and support they received at Glebelands. One person told us they had been unhappy with staff because they wanted to receive their personal care much earlier in the mornings. They told us they had a meeting with the manager who agreed to the changes they had wanted. We looked at the persons care plan and saw these changes had taken place. Staff we speak with were aware of changes made to the times this individual received personal care in the morning.

We saw the service had a complaints procedure which outlined the provider’s processes and timescales for dealing with complaints. Staff told us people were given a copy of the provider’s complaints procedure when they first moved in. One person showed us a copy of the complaints leaflet they had been given by staff. They said this helped them understand how they could make a complaint and what they could expect from the provider in terms of dealing with any concerns they might have. People told us they knew how to make a complaint if they were unhappy about any aspect of the service. One person said, “I can ask the manager or a staff member if I am concerned about anything.” Another person told us, “I would go to the manager or my care manager if I wanted to make a complaint.”

Records we looked at and comments we received from staff that all complaints made about the service were investigated by the provider and appropriate action taken where the concerns raised had been upheld. People who had made a formal complaint about Glebelands said the manager had taken their concerns seriously and usually resolved the matter to their satisfaction. The manager gave us some good examples of concerns people had raised during tenants’ meeting about their flat or communal areas of the building, which they had passed onto the service’s estates manager for them to action.

Is the service well-led?

Our findings

Leadership of the service was good. Feedback from people using the service was positive with regard to the manager. One person said, "I'm very happy with the way the manager runs the place." The manager had a well-developed understanding of the values of dignity, respect, compassion, equality and diversity, which they put into practice.

There was a clear management structure in place at Glebelands. The manager and staff understood this structure and the role they each played within it. Staff told us the manager was always available to provide them with support and guidance when they needed it and that they led by example. Typical feedback we received from staff included, "The manager is always available and willing to discuss any problems you have." and "The manager is great. Very approachable and easy to talk to."

There were processes in place for reporting accidents and incidents and we saw that these were being followed. All accident and incident reports included details of the incident and any follow up action taken. Accidents and incidents were reviewed by the manager to identify any patterns that needed to be addressed. One member of staff gave us a good example of how they had felt able to report a medication handling error they had made because of the open and supportive approach of the manager. We looked at the minutes of shift handovers and team meetings and saw that accidents, incidents, concerns or changing needs of people using the service were regularly discussed at these forums. Staff told us they were kept informed about what had happened in the service and involved in discussions about the improvements that were needed.

The provider had a rolling programme of audits to monitor the quality of the service. This included regular audits undertaken by the manager and community professionals such as local authority commissioners and care managers. Records we looked at covered areas such as care planning, management of medicines, cleanliness and infection control, fire safety, call bell response times, and staff training and support. The audits showed they were robust enough to identify areas where they could do things better and explore ideas to improve.

We viewed the findings from the latest audit which showed where improvements were required appropriate action had been taken. For example, staff record keeping had been improved as a result of concerns raised by a visiting commissioner. The manager also gave us a good example of changes they had made to improve staffs medicines training as a result issues identified following an internal investigation into medicines errors at Glebelands. We saw the improvement plan that had been put in place which stated what the service had done to minimise the risk of similar medication handling errors reoccurring in the future.

A care manager told us the manager was responsive and open to suggestions for improving the service. They said the manager investigated any concerns raised and implemented any changes required in a timely manner. Staff told us that any incidents and outcome of safeguarding or complaints investigations were discussed at their team meetings to ensure everyone was aware of what had happened and of the improvement plans that were put in place to prevent reoccurrence.