

Glenpat Homes Limited

# Glen Pat Homes

## 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 ●

# Summary of findings

## Overall summary

Glen Pat Homes is a care service which has been registered to provide both accommodation and personal care for a maximum of seven people who have a learning disability in a care home setting. The service is also registered to provide personal care to people in their own homes at a supported living scheme. At this inspection there were seven people living in the care home and nine people receiving personal care in their own homes at the supported living scheme.

At the previous inspection on 12 and 13 March 2015 the service was rated as good. We had made one recommendation regarding clarity of financial agreements where the service assisted people to manage their finances and this recommendation had been acted upon.

At this inspection we found the service remained Good.

There was a registered manager in place at the time of the inspection. 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 were kept safe from harm. The service had policies, procedures and guidance for staff about how to do this and staff we spoke with knew how to respond if anyone was at risk of harm. Risks to people were assessed and responded to. Anyone that required help to take their medicines received this help in a safe way and medicines were safely managed. The provider operated effective staff recruitment procedures to ensure that staff were safe to work with the people using the service.

The CQC monitors the operation of the Deprivation of Liberty Safeguards [DoLS] which applies to care homes and supported accommodation. Staff were knowledgeable regarding the Mental Capacity Act 2005 [MCA] and DoLS. Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service also supported this practice.

Staff were well trained and had completed an induction programme before starting at the service. Staff were also supported through supervision and appraisals.

People received on-going healthcare support from their local GP's and the service maintained good links with health and social care professionals who were also involved with people's care and support.

People's dignity and privacy was maintained and staff knew how people preferred to be supported. Staff promoted people's independence and encouraged people to do as much for themselves as possible. No unnecessary restrictions were placed on people and deprivation of liberty decisions were applied as required by law. People using the service were given information on how to make a complaint and people were supported to access advocacy services if this was required.

The registered manager, and provider, carried out regular audits of the service and used these as a means of maintaining high quality care. Any action that was required to maintain a good quality of the service provided was taken. There was open and transparent communication and people's views about the service were obtained in the most appropriate way as well as the views of relatives and professionals that had contact with the service.

Further information is in the detailed findings below.

## 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 had improved from requires improvement to Good.

Clear agreements had been reached about how people's money was managed and these agreements were documented and were being adhered to.

Staff supported people to be as safe as they could be and responded in the right way if anyone was at risk of harm. Medicines were safely managed.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# 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.

This comprehensive inspection took place on 3 and 7 July 2017 and was unannounced. The inspection was carried out by one inspector. During our inspection we visited both the care home and the supported living scheme.

Before the inspection we looked at information that we had received about the service and formal notifications [these are about things that happen at service which may have had an impact on people's safety or wellbeing]. We looked at four people's care records and risk assessments, two staff's recruitment records, three medicines records and other documented information related to the management of the service. This included staff training, day to day health and safety as well as financial records for some people using the service. We spoke with the director of the company which owns the service, registered manager and four care workers.

During our inspection we met seven people using the service and although most were unable to speak with us, we did speak with one person at the supported living service and observed how staff interacted with other people at the care home. We contacted visiting professionals, and two replied. We also made contact by e mail with three relatives of people using the care home to ask for their view about the service although none provided feedback on this occasion. We were informed that relatives of people using the supported living service were rarely, if ever, involved in people's care or support.



## Our findings

At our previous inspection we 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. We made a recommendation at that time for the service to establish agreements about these types of expenses that had been responded to. We saw three agreements and noted that staff recorded financial transactions incurred for people in line with these agreements.

A person using the service told us "Staff are very good, I am safe."

Staff received training, which was updated regularly, about keeping people safe from harm and the staff we spoke with were clear about their responsibility to do so. Staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. One member of staff said, "We have all of the information we need to make sure we know what to do about any concerns." Policies and procedures were readily available for staff and these went into detail about recognising signs of potential abuse and provided clear guidance about how staff should respond. Staff were aware of the whistleblowing policy and how to use it, however, none said that they had ever needed to.

Risk assessments had been completed for each person using the service. The assessments included information related to the daily life and social activities that people took part in, any risks associated with behaviour that may put a person at risk and risks of accidents. Risk assessments were regularly reviewed and were updated and changed as needed.

There were suitable numbers of staff to cater for people's needs at both the care home and supported living facility during each day and overnight. Spot checks were carried out by the registered manager who also had senior staff at each building to oversee the day to day working of the care home and supported living scheme. The provider recruited staff in a safe way with the necessary background checks, including Disclosure and Barring Service [DBS], being undertaken as well as verification of employment history and qualifications.

Medicines were received, stored and administered according to the medicines policy at the service. Each person's medicines were clearly marked with their name and stored in blister packs supplied by a local pharmacy every month at the care home and at the supported living facility where people did not manage their own medicines. Where anyone did manage their own medicines the risk associated with this and any

other considerations were documented. Staff underwent assessments to ensure they were competent to assist people with their medicines before being allowed to do so. Individual Medicine Administration Record charts included information about allergies and any other considerations for taking the medicines. There was guidance available about medicines that were prescribed to be taken as and when required so staff knew when to administer these. Medicines were well managed and were regularly audited by the manager.

## Our findings

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training before they started working at the service and the provider required that the Care Certificate be achieved within the twelve week induction programme. Some staff had already obtained the previous National Vocational Qualification [NVQ] but those that hadn't had undertaken the Care Certificate. Staff had access to training, guidance and advice from visiting professionals and this was usually around supporting people effectively and safely. Staff training was geared around the needs of people using the service and this included detailed training about supporting people with learning disabilities and specialist elements of this, for example working with people with Asperger's Syndrome.

The registered manager maintained a system of on-going staff's appraisal and supervision. Appraisals were scheduled annually and supervision on a three monthly basis, which was adhered to. Where staff's supervision had not taken place when diarised the reason had been recorded and a new date had been arranged and confirmed as having taken place. Staff told us that there was effective support available in order for them to carry out their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. The service complied with the legal requirements of both of these pieces of legislation and applications were submitted where people required an assessment under DoLS. The provider notified CQC of the approved applications as required. The service adhered to the restrictions on people's liberty that had been agreed and these restrictions were about people being at risk of leaving the care home without staff escorting them. No restrictions were applicable to people using the supported living scheme.

Staff had a good understanding of the MCA and how to support people using the principles of the Act. Staff confirmed they had received training on MCA and DoLS and records of staff training confirmed this. We saw evidence of the service using advocacy support if required to support people around best interest decisions.

People were supported by staff to maintain a healthy diet. Staff discussed food choices with people at the home and assisted people in the supported living service to budget and shop, encouraging menu planning and healthy diet choices. One person using the service told us about their diet and changes they were making with staff advice and support.



Staff supported people to access health services and to make and attend appointments, which were recorded. People were registered with a local GP. The outcome of appointments and any further action that was needed was followed up. Relevant information was shared with other health and social care professionals and the service worked closely with community based learning disability teams.

## Our findings

Although most people we met were unable to hold a conversation with us during this inspection we observed the interactions they had with care staff and the manager. These interactions were relaxed and staff knew how people were best able to make their needs and wishes known. We saw staff using sign language with one person and they took time to make sure they understood the person's response during their interactions.

One member of staff told us "I really want to become more proficient at using British Sign Language [BSL]." We asked the manager about this and were shown a record of regular BSL training sessions that were held with staff. We saw staff and a person that used BSL communicating with sign language during our visit and this showed that staff had the necessary knowledge about how to do this.

During our visits to both the care home and supported living scheme we saw that the environment at both promoted a warm and homely atmosphere. People's personal space was respected and considered to be their own space. Apart from people's own bedrooms, or flats in the supported living service, people were free to use all parts of the respective buildings.

People's right to dignity and privacy was respected and maintained. People were supported with personal care if they required this but were also encouraged to do as much for themselves as possible.

Diversity and cultural heritage was well understood by staff and people's heritage was recorded on their care plans. Staff described people's heritage and preferences to us when we asked. Staff knew what they should do in order to adhere to people's chosen way of life and involve them in deciding what, if any, religious practices they wished to follow.

Where people had contact with relatives and friends these relationships were supported and encouraged. We saw evidence on care records of this and the service co-ordinated well with families to support this to continue.

## Our findings

The care and support people received was responsive to people's needs. Each person had a care plan which was tailored to them as unique individuals and took account of particular challenges that people faced in their day to day lives. Care plans were written from a positive perspective referring to people's abilities and opportunities rather than focusing only on the challenges that people lived with.

Care plans were regularly reviewed and amended as required. There were details included about each person's own involvement in making care plan decisions. People's ability to provide informed consent was recorded as too was when consent was obtained from another person acting on their behalf.

Care plans were detailed and covered areas relating to personal care, social interaction, life histories, activities and financial matters. Care plan goals were realistic and described how people could be supported to maintain a positive involvement and to maximise the control they had over their daily living choices and activities.

Apart from one person using the service, we did not receive feedback from other people using the service or relatives during this inspection. However, it was evident from care records we looked at that people were given ample opportunity to raise complaints if they had any. There was a clear complaints policy and the seven complaints that had been received by the service since our previous inspection had been satisfactorily resolved. These had in fact been queries about day to day matters but the service had recorded them as complaints and none of the queries raised concern about the safety or wellbeing of people using the service.

## Our findings

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures covered such areas as how to respond to concerns about people's safety and wellbeing, managing medicines, food and hygiene among a range of other areas regarding the day to day operation of the services. Each of these policies and procedures had a review date to ensure information was appropriate and current.

A positive and inclusive culture was encouraged by the provider. A person using the supported living scheme told us about some frustrations they experienced in their day-to-day life, they had discussed these with staff, but also told us that they were supported and were making positive plans for their future. We spoke with the registered manager about this and we were told that sometimes people were anxious about moving on from supported living. Where plans for moving on were made staff spent a lot of time talking through this with people and advocating for people in terms of the future support they may need. We looked at how the service had done, and was doing, this with the person's own needs and wishes being considered and given priority in this process. The provider also showed us examples of how choice and inclusion for people living at the care home was promoted. People were not assumed to lack their ability to make decisions and we spoke in detail about a person who had expressed views that differed from those of their family. The service had respected this and were advocating for this person to put their views across.

Staff we spoke with were clear about the team work ethos of the service and believed the team worked well together and effectively supported people using the service. Apart from daily communication and handovers between staff there were monthly staff team meetings. People's progress and support needs were regularly discussed and the staff team planned well in order to meet people's needs.

The registered manager and provider had monitoring systems in place to measure quality and to ensure high standards of service delivery. Audits of medicines, care planning, safety and other service delivery records were among a variety that were undertaken, including unannounced spot checks by the provider. People's feedback, including written feedback where possible, was obtained and people's views were acknowledged and respected by the provider, who we spoke with. They informed us that they viewed the feedback provided as a positive means of assessing and making any changes to the service that may be required as a result.