

Gideon Supported Housing Limited

# Gideon Supported Housing Limited

## Inspection report

53 Tawney Road  
Central Thamesmead  
London  
SE28 8EF

Tel: 02087935784

Date of inspection visit:  
29 September 2017  
03 October 2017

Date of publication:  
30 November 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This announced inspection took place on 29 September and 03 October 2017. Gideon Supported Housing Limited provides personal care to people with learning disabilities. This service provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. At the time of our inspection two people were using the service.

There was a registered manager in post. 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.

The first inspection of the service was in 6 June 2016 where we were unable to formally rate the service because there was just one person using the service at that time. However, at that inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to unsafe recruitment practices and insufficient training and support for staff. We also found that the way people's medicines were managed needed some improvement. The provider sent us an action plan on how they would make the required improvements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Gideon Supported Housing Limited' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found the provider had made the required improvements in their recruitment processes to ensure staff were suitable for the roles they had applied for. Staff were also given regular support and supervision, and had completed training required to perform their jobs effectively. However, we also found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place but were not comprehensive and did not always identify potential harm to people. Risk management plans did not provide sufficient guidance to staff to enable them maintain people's health and safety.

People's medicines were not handled and managed in a safe way. Medicines Administration Records (MARs) had not always been completed to confirm people had received their medicines as prescribed. We found high levels of medicines stock at the service which could not be explained.

Appropriate consent had not always been obtained relating to people's care and support arrangements. Mental capacity assessments had not taken place where people lacked capacity to consent to their care arrangements. Decisions had not always appropriately been made in people's best interests. In line with the Mental Capacity Act 2005 (MCA).

Care was not always planned and delivered in a way that met people's individual needs. The service did not always take the needs of people into account to ensure they were met. Care plans were not detailed and

provided insufficient guidance to staff on how people should be supported. They were also not up to date or reflective of people's present needs and circumstances.

The registered manager and service manager had not ensured effective quality monitoring systems were place to monitor and assess the quality and safety of the service provided because the issues we found at this inspection had not been identified by the internal quality assurance processes.

There were a sufficient number of staff available to meet people's needs safely. The service manager and registered manager were hands-on and were available to support staff in their delivery of care, as needed. Staff knew the signs to look for and action to take if they suspected people had been abused.

People had access to the healthcare services they required to maintain their health. People were supported to meet their nutritional and dietary needs.

Staff knew the people they supported and what made them anxious or distressed. Staff treated people with dignity and respected their privacy. People were comfortable with staff and we observed their interactions to be positive. People's confidential matters were only discussed in private and records relating to people's care were kept securely.

Relatives told us they knew how to complain if they were unhappy with the service. There was a complaint procedure in place. People were supported to participate in activities they enjoyed and to socialise. There was clear and visible leadership in the service. Staff knew who to speak to if they needed advice and direction.

## 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 not safe.

Risks to people were not thoroughly identified and management plans were not comprehensive to ensure they provided sufficient information for staff to follow to keep people safe.

Medicines were not handled and managed in a safe way. Stocks of available medicines could not be accounted for and medicines records were not always complete.

There were enough staff available to support people. The provider followed safe recruitment practices.

People were supported by staff who understood signs of abuse and how to respond to keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not followed the requirements of the Mental Capacity Act 2005 (MCA) to ensure decisions were made in people's best interests, where they lacked capacity to make decisions for themselves.

Staff received regular training, support, supervision and an annual appraisal.

People had access to the healthcare services they required. The service provided sufficient food and drinks to people to meet their nutritional needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff knew the people they supported and communicated with them the way they understood. We observed positive and caring interactions between staff and people.

Staff treated people with dignity and respected their privacy.

**Good** ●

### Is the service responsive?

The service was not responsive.

People's care and support was not planned and delivered taking into account their individual needs and situations. Care plans were not reviewed or updated to reflect people's current needs and circumstances. People were supported to do meaningful activities they enjoyed.

Relatives told us they knew how to complain about the service.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Systems to monitor the quality and safety of service were ineffective in identifying issues in order to drive improvements. We found issues in a number of areas about the service which should have been identified.

There was clear and visible leadership in the service. A registered manager was in post who had clinical experience.

**Inadequate** ●

# Gideon Supported Housing Limited

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced. We gave the registered manager 24 hours' notice to ensure they were available for the inspection. The inspection was conducted by one inspector and took place over two evenings of 29 September and 03 October 2017. We also visited for a short period on 09 October to follow up on some information we had received from a relative.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the other information we held about the service which included notifications, and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During the inspection we spoke with the registered manager, service manager, administrative staff, and one support worker. We were unable to speak to the people using the service because they were unable to communicate with us. We spent time observing how people were supported. We looked at the care records and medicine administration records for the two people using the service. We also reviewed four staff files which including recruitment, training and supervision records. Additionally, we checked records relating to the management of the service, including quality audits, and health and safety management information.

After the inspection we spoke with two relatives and one support worker.

# Is the service safe?

## Our findings

At our last inspection we found that the improvement was required to the way in which staff managed people's medicines. Topical creams had not always been administered, homely remedies had not always been recorded and some medicines were out of date. Staff also did not have up to date medicines management training.

At this inspection we found that medicines were still not managed safely. Staff had completed medicines training but this had not been effective in ensuring safe medicines practices were followed. We found one person's medicines had been decanted from their original packaging from the pharmacist into a dosette box. The dosette box did not identify the name of person the medicines was prescribed to, the dose of each medicine to be taken, the date on which they were dispensed, or any recommendations regarding the best method of administration. For example, if it should be taken with or without food. This meant that staff and the person taking the medicines could not clearly identify the individual medicines contained in the dosette box or whether they were being administered as prescribed.

Records relating to people's medicines had not been accurately completed. We saw unexplained gaps on people's medicine administration records (MAR). For example, one person's MAR had not been completed by staff for four days. Records showed that staff had made a note that the person's medicines had been administered on the daily log but the remaining stock of medicines exceeded the correct total based on the recorded information held by the service. This meant people may not have had their medicines as prescribed as the excess stock could not be explained. There was an audit system in place but the audit for the month was not due before we visited. The audit conducted the month before we visited did not pick up any issues with medicines management.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these concerns with the management team and they started reviewing their medicine management systems immediately. Medicines were stored safely in a locked cabinet and only staff had access to this cabinet. The temperature of the room was controlled and monitored to ensure it remained within safe limits for storing medicines.

Risks of potential harm to people were not thoroughly assessed and managed in a way that minimised the identified risk. Assessments had been conducted covering people's mental and physical health, behaviour, and mobility. However we found that these were not comprehensive and did not identify how areas of risk could be managed safely. For example we found that one person's mobility was identified as an area of risk. There was no guidance in place describing the support the person required to mobilise safely whilst at home. The assessment also failed to identify potential risks associated with the person transferring in and out of the bath and no action had been taken to address this such as ensuring appropriate equipment was in place to support the person when transferring.

We also found that one person's risk assessment had been identified them as potentially displaying behaviour which may require a response from staff. The assessment focused only on the action staff should take in the event of such behaviour and didn't include any information to support staff in reducing the frequency of such behaviour from happening, such as details about any potential triggers. Management plans to guide staff in support of people who suffered from seizures due to epilepsy did not provide sufficient information. For example, one plan did not include any information about the average time the person's seizure may last, or provide guidance for staff on the action to take if the length of a seizure was unusual for the person in question. Staff we spoke with were able to tell us what actions they would take if they were concerned about the person, there was a risk that appropriate action may not have been taken in the event that the person was supported by staff unfamiliar with their needs.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had measures to safeguard people from the risk of abuse. Staff had received safeguarding adults training and understood the different types of abuse that could occur. They were aware to report any concerns if they suspected abuse had occurred in line with the provider's safeguarding procedure. Staff were also aware of the provider's whistle-blowing procedure and told us they would contact external agencies if needed to safeguard people at risk. The registered manager and service manager understood their responsibilities in safeguarding people. They had taken action to address a recent concern and had taken action to ensure people at the service were protected.

At our last inspection we found that the service had not followed safe recruitment practices. At this inspection we found that the registered manager and service manager had taken necessary steps to ensure people were supported by staff who were suitable to work with vulnerable adults. Recruitment records showed that staff criminal record checks had been undertaken for all staff members. Satisfactory references, confirmation of staff member's right to work in the UK and proof of identity and address were also obtained.

There were sufficient staff available to support people. Staff told us that the staffing arrangement was adequate and enabled them meet people's needs safely. One staff member said, "The way we plan it is definitely ok. It is not a problem." Another staff member told us, "We are fine with that." We observed staff were visible and on hand throughout our inspection, supporting and engaging people in activities and conversations. The staff rota showed that people were supported by a consistent staffing group who were available to support people throughout the night and day. The registered manager told us they were on hand during busy period to assist staff in supporting people when needed. The registered manager also told us that they would increase staffing levels based on people's needs.



## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We saw that one person had an appointee in place to manage their finances. Although, we found that the service had not always followed the principles of MCA 2005. The registered manager identified two people as having no capacity to make decisions about their care, support and accommodation. Care records also documented this. However, they had not carried out mental capacity assessments relating to these decisions, and had not followed the principles of the MCA to ensure the decisions had been made in people's best interests. One relative told us they had not been involved or consulted about the decision for their loved one's care and support provision. They stated and care records confirmed that the care provision by the provider was an emergency respite short term basis but had lasted for 10 months. There was no evidence that a best interest decision had been conducted to ensure decisions made were to the person's benefit and appropriate to their needs. The provider had not ensured that the local authority had submitted an application to the Court of Protection to extend this person's use of the service which meant people were being unlawfully deprived.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of regulations because staff had not completed the training considered mandatory by the provider. At this inspection, we saw that people were supported by staff who had completed all mandatory training in line with the provider's policy and received on-going regular training. Staff told us, and records confirmed that they received training to improve their knowledge and skills in their roles. Training included medicines administration, health and safety, safeguarding adults, first aid, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff told us they were up to date with their training and they demonstrated knowledge and competence in their roles.

Staff were supported to be effective in their roles. Staff told us, and records confirmed that they received regular supervision and annual appraisal. One staff member said, "[The registered manager] always talks to us about what we are doing and our work. It really helps us think about the way we do things." Another staff member told us, "I am supported. I can discuss any concerns with them [management] anytime and they will explain the procedure." Notes of supervision sessions showed areas of discussion included how to best meet people's needs, team work and reminders of key policies and procedures. Staff also told us, and we saw that they received other forms of support and supervision. For example, staff had a forum where they shared and discussed information about work and how to improve their practice. Staff also held regular

handover and team meetings with the registered manager. This provided further opportunity for them to receive support and guidance.

Staff understood the importance of obtaining consent from people before providing day-to-day support. One staff member told us, "I must and always ask them before I do anything. Sometimes I have to use pictures to show them to know what it is I am saying." Another staff member said, "We cannot force anyone to do what they don't want."

People had access to a range of healthcare professionals such as GP, optician and dentist to meet their health needs. We saw staff supported people to arrange and attend appointments as required and followed up on recommendations made by professionals.

The service provided and supported people to meet their nutritional and hydration needs. People's dietary needs were covered in their care plans. One person's care stated they needed to be encouraged to increase their fibre intake due to constipation particular medical condition. People were supported to plan the menu each week. There were pictorial menus on display to remind people about the options available and to enable them decide what food they wanted. People were also able to request different options from the menu if they wished which staff would cater for. We saw that staff offered drinks and snacks to people during the period of our inspection.

## Is the service caring?

### Our findings

Relatives we spoke with told us staff treated people well. One relative told us, "I think they do their best for [loved one's name]. They sound nice when I speak to them." Another relative said, "I don't have a problem about the staff. They seem nice." We saw that staff had developed positive working relationships with the people they supported. Staff supported and approached people in a respectful and caring manner. The atmosphere was warm and friendly and interactions between staff and people were characterised by good humour. Staff took their time when assisting people, and gave them encouragement while they supported them. There was a keyworker system in place which allowed staff to build relationships with people and their relatives and get to know them well. Relatives we spoke with told us staff kept them informed of people's well-being and progress in terms of their day-to-day care.

Staff were familiar with people's needs and showed good knowledge of their preferences and behaviour. They were able to describe what people liked, their routines and how they responded to situations. For example, staff told us how one person liked their tea made and this matched our observation of how the person requested their tea. Staff were also aware of the triggers which made people anxious or uncomfortable, and told us how they supported people to cope with such situations. For example, they told us one person could be withdrawn due to the presence of visitors around. We saw staff reassuring the person during our inspection which helped them relax.

Staff understood people's communication needs and interacted with them in a way they understood. We saw staff and people interact using signs and gestures. People communicated what they wanted and staff understood and supported them accordingly. Staff also respected people's choices of what they wanted to do and how they wanted it done. For example, we saw one person request that they go out for a walk with the registered manager who supported them to do so.

Staff treated people with dignity and respect. We saw people were well presentable and dressed appropriately. Staff gave us examples of how they respected people's privacy and dignity. They talked about the need to ensure personal care was done behind closed doors and the importance of not discussing people's personal matters where others could overhear. Throughout our inspection, we observed staff addressing and supporting people in a respectful manner.

The service supported people's needs with regard to their race, religion, sexual orientation, and gender. The registered manager and staff told us they took into account people's cultural needs when planning the menus and provided appropriate meals in accordance with people's requirements. For example, the service provided Afro-Caribbean food in line with people's ethnic preferences. Staff also knew people's religious needs and were willing to support them in practicing their faith if they wished.

## Is the service responsive?

### Our findings

People's care and support was not appropriately planned so that it focused on their individual needs and requirements. The service received referral documents from the commissioning authority and based on the information contained they accepted people to use the service. The service did not carry out an assessment of people's needs to ensure the service was suitable to meet their needs and care plans showed the people and their relatives had not been consulted in the development of their care plans. One relative told us that their views had not been considered in the care planning process and the provider had not ensured they were able to meet their loved one needs before agreeing to deliver the service.

People had care plans in place which sets out their needs. These covered communication, nutrition, personal care, medicines, mobility and night time support. However, care plans were not comprehensive and did not set out guidance for staff to follow to meet people's identified needs, or reflect their current needs and requirements. For example, one person's support plan had been developed by another provider while they were living in previous accommodation. The plan made reference to their use of facilities such as an en-suite bathroom which was not available to them where they currently lived. We also noted that their mobility care plan did not consider the practicalities of their current living environment or identify the support they required in this area. The plan had not been updated since they started using the service since October 2016. We could not be sure that people always received care tailored to meet their individual needs and requirements.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to develop new skills and to take part in activities. People had programmes of activities they followed daily. This included domestic and, leisure activities, as well as educational and employment opportunities. People attended day centres and colleges where they socialised and developed their learning. We saw staff engaging people in a singing and dancing session whilst at the service. Staff told us they also engaged people in outdoor activities like visiting places of interests to people.

People were supported to maintain relationships with their families and friends. People were able to visit and spend time with their relatives. One person spent time with their family every weekend where possible. One relative praised the service for their effort and supports in enabling them maintain their relationship with their loved one. They commented, "...I would like to see them more but due to heart concerns I am not able to. However the service manager brings them to see me once in a while."

Relatives told us they knew how to complain. They told us they would speak to the registered manager and service manager if they were unhappy. They also knew how to escalate concerns if not resolved to external agencies. We saw that a concern expressed by a neighbour had been addressed and was resolved.

## Is the service well-led?

### Our findings

There was a registered manager in post who had a nursing background. They managed the service together with the service manager. Both the registered manager and service manager provided leadership and direction to staff. They were both hands-on and involved in part of the day-to-day operations of the service. They interacted and supported people with tasks and they showed keenness and interest in people. The registered manager was aware of their roles and responsibilities in relation to sending us notifications of incidents that took place in the service and any changes.

We saw that the service had key policies and procedures in place in terms of running a care service. These included medicine management, care needs assessment, dignity, access and security and autonomy and independence. However, we found that the provider and registered manager did not always ensure that the service operated in a way that met people's needs. We identified a number of issues during this inspection which showed that the service was not designed and delivered in a way that ensured people's individual needs were met in line with the Health and Social Care Act 2008, MCA, Disability Equality Act and NICE medication guidelines. For example, MCA assessment had not been completed and appropriate consent had not been obtained as required by law.

The service manager carried out checks to assess the quality and safety of the service but these were not always effective. The registered manager completed a monthly medicine audit but previous audits had not identified the issues we found with regards to medicines handling and management. We had also identified during our inspection that risks to people were not assessed and managed adequately to meet people's needs. Care plans were not reviewed and updated to reflect people's current needs and situations. These issues had not been picked up by the registered manager or service manager in order to improve the quality and safety of the service people received. There had been a continued breach of regulations from the last inspection.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks made at the service were effective. For example, we saw that staff files had been audited to ensure they were up to date and included appropriate recruitment checks. The service manager also audited finance and money handling system in place. We checked people's money managed by the service and saw that they were accounted for.

Staff we spoke with told us they were happy working at the service and said they received the support they needed. They commented that the provider had developed a forum where that reflected on their practice, discussed concerns and shared experiences. Staff told us they felt able to speak to the registered manager and service manager about any issue of concern to them. They expressed confidence that the management team would listen to their concerns and attempt to resolve any issues they raised.

Regular team meetings took place and records showed these had included discussions about various issues

relating to the running of the service and the needs of the people using it. Lessons learnt from incidents were also discussed during these meetings. For example, staff had been updated and refreshed through training on maintaining people's dignity following some concerns. Relatives we spoke with were complimentary about the staff. They told us staff provided shared information with them and kept them up to date about the situation of their loved one.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care was not planned and delivered in a way that people's individual needs.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Appropriate consent were not obtained for people with regards to their care and support in line with the Mental Capacity Act 2005
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed in a safe way.  Risks to people were not always identified and management plans were not detail to provide staff information on how to support people safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service had not identified shortfalls in the service. There were no effective systems in place to monitor and assess the quality of the service.

