

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 ●

Summary of findings

Overall summary

About the service

Glengarry Road is a small residential care home providing personal care for up to six adults with mental health needs. At the time of our inspection six people were living at the service.

People's experience of using this service and what we found

Risks to people were managed well. The provider supported people to take their medicines safely. People were supported to maintain a clean and tidy home.

People were supported to manage their physical and mental health. The service worked in partnership with a range of health and social care professionals to achieve positive outcomes for people.

People were supported 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 supported this practice.

We observed positive interactions between people and staff throughout the inspection, with staff being knowledgeable about people's needs. People and their relatives praised the kind and caring approach from the staff.

People were given person-centred care and support that met their needs and preferences. They were supported to take part in a range of events and activities, both within the home and within the local community.

The service was led by an experienced registered manager. There were a range of systems and processes in place to engage with people and get feedback about the care and support they received.

Rating at last inspection and update

The rating for this service was good (report published 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Glengarry Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glengarry Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 October. The provider knew we would be returning on the second day.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we spoke with four people who used the service. We also spoke with four members of staff including two support workers, the registered manager and the cluster manager who was responsible

for managing and supporting the registered manager. We reviewed a range of records including four people's care and medicines records. We also reviewed records related to the management of the service, which included quality assurance checks, accidents and incidents, complaints and minutes of team and residents' meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, and quality assurance processes. We visited the head office to review files in relation to recruitment, training and supervision. We spoke with four relatives of people who used the service. We also gathered feedback from two health and social care professionals who worked with the service to plan and deliver care and support for people living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe. Staff were knowledgeable about the risks to people and explained how these were mitigated. We saw a range of risks that had been identified with appropriate measures in place to help reduce the risk of harm to people receiving care.
- There were measures in place to ensure the environment was safe and free from hazards that might cause people harm. A fire risk assessment had been carried out and there were personal evacuation plans in place to help people evacuate the building in the event of fire. Equipment had been checked to ensure it was safe to use. There were weekly and monthly health and safety checks of the building.
- Health and social care professionals told us that the service worked in partnership with professionals, people receiving care and their families to manage risks to people using the service. One professional said, "The staff have handled a number of incidents and risks with people very well and have always been very quick at involving our team with all the relevant information."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place. Staff received safeguarding training and demonstrated a good understanding of this when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to the relevant organisations including the local authority and CQC.
- People were protected from the risk of financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves.
- Staff discussed safeguarding with people who used the service on a regular basis to ensure they understood how to keep safe and knew how to raise any concerns they may have around safety or abuse.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met.
- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Staff who supported people to take their medicines had

completed appropriate training and had been assessed as being competent in this area.

- People's medicines were checked regularly by the registered manager and any issues were promptly investigated. The registered manager discussed medicine errors with the team to enable group learning and addressed performance issues in relation to the safe administration of medicines with individual staff where necessary.

Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy to promote people's safety and wellbeing.
- Staff had access to personal protective equipment to prevent the spread of infection, such as gloves and aprons.
- The kitchen had a rating of five (the highest rating) at the recent Food Hygiene inspection.

Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents occurred.
- The service's quality assurance team also monitored accident and incident forms and gave advice and guidance to staff after events had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs were completed by the local authority and the provider and care plans were put in place to meet these. There was information in place about people's background histories and physical and mental health conditions.
- People were actively involved in the assessment and review of their care plan and they told us it met their needs.
- Care plans were completed and reviewed with input from the community mental health team to ensure people's mental health needs were being met.

Staff support: induction, training, skills and experience

- New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support.
- Staff told us they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this. One staff member told us, "If I have any concerns I can go to the manager anytime. We also have supervision where I can discuss any issues with service users."
- The service offered a range of ongoing training to ensure staff continued to develop their skills and knowledge. However, we identified that some staff had not had specific training around mental health and other health conditions experienced by the people receiving care. We discussed this with the registered manager and they showed us that this training has now been arranged.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy that the service supported them to have the food they wanted. Weekly menus were planned with input from everyone using the service, so they could choose what they wanted to eat. Menu plans showed that people were eating a well-balanced diet with lots of fruit and vegetables.
- Care plans contained information regarding people's specific dietary needs such as allergies or health conditions, so staff would know which foods were safe for people to eat. One professional who worked with the service told us, "Staff at Glengarry Road show wonderful compassion and kindness to their residents such as going the extra mile to ensure their meal choices are met."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service ensured that people had access to a range of healthcare professionals such as GPs, dentists, chiropodists and opticians to ensure their physical health needs were being met. This was confirmed by one health and social care professional who told us, "The staff accompany residents to their appointments and

ensure other appointments are booked in advance and noted in the diary."

- The service worked with people's care coordinators and consultant psychiatrists to ensure their mental health needs were being met.
- Hospital passports had been developed for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support. At the time of the inspection there had been no DoLS applications for the people receiving care and support.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff demonstrated an understanding of the principles of the MCA and told us how they supported people to make day to day decisions. We saw examples of best interests' meetings that had been convened when people did not have the capacity to make some decisions for themselves.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and homely and met people's needs. People's rooms were personalised to suit their personal taste. We saw evidence that people were given the opportunity to choose elements of the communal furniture and decorations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring and gave emotional support to people when they needed it. People told us, "They are kind to us" and "All the staff are very caring. They are always there to talk to you if you need them." Care plans focused on what was important for people and staff showed a good understanding of people's likes, dislikes and personal preferences.
- The service supported people to observe cultural events that were important to them such as birthdays and Christmas. One person told us, "The staff are helping me plan my birthday party. We will have a cake and sausage rolls. We all go out for a meal together at Christmas time as well."
- We observed positive interactions between staff and people receiving care and this was confirmed by feedback from other professionals. A mental health professional who worked with the service told us, "Staff celebrate and go the extra mile with residents on special occasions such as birthdays and provide warm and caring support."

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions about their day-to-day care and staff routinely asked for the consent. Staff told us, "We always make sure people are at heart of everything and we never decide for them."
- People had signed their care plans and risk assessments to show they understood and agreed with them. The service arranged regular tenants' meetings, so people could contribute to the running of the home and make decisions about the decoration of the communal areas and discuss activities they wanted to do as a group.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted as a matter of course. Staff explained how they promoted people's privacy and dignity when supporting with day to day living tasks. One staff member told us, "I always respect people's personal space and knock on the door before entering."
- Staff focused on supporting people to maintain their independence but also recognised when people needed support to maintain their dignity. One staff member told us, "We always make sure people are dressed appropriately when they go out. Some people need prompts and reminders as they may not notice that something is on inside out or might need changing."
- The service supported people to take positive risks and encouraged independence in the local community wherever possible. Many people were regularly accessing their local facilities and shops on their own. One member of staff told us, "My job is to support people to achieve whatever goals they have and provide the

best possible care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were positive about how well staff knew them and honoured their personal preferences.
- The service ensured people's care and support was reviewed regularly. Reviews were person centred and focused on what had been working well for the person, what was important for them now and in the future and what people liked and admired about them. Each review contained an action plan to ensure goals and targets would be worked towards.
- Each person had a designated keyworker who took responsibility for attending review meetings and liaising with people, their relatives and other professionals involved in people's care and support. Keyworkers also conducted monthly meetings to capture progress towards set goals and give people the opportunity to discuss any changes or difficulties they may be having.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed according to the AIS. People had one-page profiles which detailed their communication needs so staff would understand what support people needed to communicate.
- Staff told us how they adapted their communication to suit the needs of different people at the service. One member of staff said, "Some people don't talk very much so you have to get to know them to understand how they communicate and what their behaviour might mean."
- Person-centred review forms had been made in an pictorial, accessible format so people could more easily engage and give their feedback about how the service was meeting their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a range of activities within the service and in the local community to ensure they were occupied with activities that interested them.
- People attended day centres of their choice and support groups for people with mental health needs. One person was regularly supported to attend a local social club that was run for people of the same cultural background.

- The service supported people to maintain close relationships with their relatives by encouraging phone calls or supporting visits to family members that could not visit the service.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was available to people using the service, family members and staff. People told us they knew how to make a complaint if they were unhappy about any part of their care and support.
- The service responded to complaints appropriately and acted to address issues when they arose, and records we saw confirmed this.

End of life care and support

- At the time of the inspection the service was not providing end of life care and support. The service had an end of life policy and staff had training in attending to end of life care needs.
- The service supported people to devise end of life plans which contained information about their funeral wishes including any religious and cultural needs they had.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the service and the care they received. We received comments such as, "It's a very nice place. The manager and the staff are lovely and its always very peaceful."
- The service had recently introduced a person-centred review template which captured what was working well for people, what needed to improve and what steps were needed to achieve people's goals and aspirations.
- Staff were positive about the culture of the team and told us how they were supported by more senior staff to carry out their role. One staff member told us, "The manager is brilliant, she listens to suggestions and takes things on board."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information they required when things go wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and there were regular shift handovers which covered areas including medicines, finances, recent health updates and any other significant information such as appointments and activities.
- Monitoring and quality assurance audits were in place to identify shortfalls and ensure action was taken to resolve these. These included checks of records, health and safety, fire procedures, medicines and finances.
- The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.

Engaging and involving people using the service, the public and staff, fully, considering their equality characteristics; Working in partnership with others

- We received mixed feedback from relatives about how well the service communicated with them and kept them up to date. Most people told us that they were happy that the service informed them of any relevant changes. One relative told us, "They always call and let me know if anything happens or there are health appointments I should be aware of." One person's relatives said that the communication was "not as good

as it used to be" and they didn't feel they were always kept up to date with what was happening with their relative. We discussed this with registered manager and we are assured that the service is doing all that they can to ensure good communication between the service and relatives.

- The service held regular resident meetings to share information and give people the opportunity to raise any concerns they may have about the running of their home.
- We received positive comments from professionals about how the service works in partnership with them to achieve good outcomes for people. Professional feedback included, "The staff have always been a very supportive and cooperative team to work with" and "The service is able to send relevant and appropriate information through when asked, without concern."
- The manager recently worked with people's care coordinators and psychiatrists to conduct financial capacity assessments to allow people to take more control of their personal finances.

Continuous learning and improving care

- The service had recently introduced new care planning software to improve the way people's care needs were documented and reviewed.
- The service had made recent changes to how people's medicines and money were stored. After assessing the risks these were now stored in people's own rooms which was a more person-centred and less institutional arrangement than before.