

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

Glengarry Road provides care and accommodation to six adults with mental health problems. At the time of our inspection there were six people using the service.

This unannounced inspection was carried out on 29 March 2017. The last inspection of the service took place on 30 March 2015 and they were rated Good. At this inspection the rating remained Good.

There was a registered manager who had worked at the service for several years. 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 told us that they felt safe living at the home. Staff had all been trained in safeguarding people from abuse and they demonstrated they understood how to protect people they supported. They knew the signs of abuse and how to report it appropriately.

There were sufficient numbers of staff available on duty to meet people's needs. Risks to people were assessed and action plan put in place to ensure people's health and well-being were promoted. Staff followed agreed plans. People received their medicines safely. All aspects of medicine management were carried out in line with good practice and relevant policy.

Staff received regular training, support and supervisions to carry out their jobs effectively. The service worked well with other health and social care professionals including the community mental health team (CMHT). Staff knew what to do if people became unwell. People were supported to go for their medical appointments to ensure any changes in health care were managed. People had access to food and drink throughout the day and staff supported them to prepare food to meet their requirements.

People consented to their care and support before it was delivered. Staff respected people's choices and decisions about their day-to-day care and support. People went out and returned as they wished. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People continued to be treated and respected by staff. People told us staff were kind and polite towards them. People's individual needs had been assessed, planned and delivered in accordance to their wishes. Staff understood people's needs and preferences and they complied with these. People's needs were reviewed regularly with them and their care coordinator to ensure it reflected their present situation.

People were supported to engage in meaningful activities of their choice. People attended day centres where they learnt new skills and followed their interests. People enjoyed a range of activities within and

outside the home.

The service held regular meetings with people and staff to listen to their views about the service and to consult with them about various matters such as menu and activities. People knew how to complain if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided. Follow up actions were completed as required to improve the service.

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 remains Good

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

Glengarry Road

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.

This inspection took place on 29 March 2017 and was unannounced. It was undertaken by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). 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 information we held about the service about the provider such as statutory notifications of important events and incidents.

During the inspection we spoke with five people using the service, three support workers and the registered manager. We reviewed five people's care records and medicine administration records for six people. We checked records relating to staff recruitment, training and development to assess how staff were supported in their roles. We also looked at other records in connection with the administration and management of the service such as health and safety and quality assurance systems.

After the inspection we made calls to relatives and requested for feedback from professionals involved in the care and support of people but we received no response.

Is the service safe?

Our findings

As we found at our last inspection people continued to be safe at the service. One person said, "I feel safe. I don't feel threatened or intimidated by anyone. We all get on well together." Another person told us "I feel safe at this home. I use to feel anxious before I came here but I am better now." The service continued to manage risks associated with people's mental and physical health, safety, well-being and lifestyles in a way that reduced harm from occurring. Risk management plans were in place and comprehensive. One person's care record detailed actions for staff to follow to reduce the risk of fire. The person smoked in their room. The service had involved officers from the London Fire Brigade in carrying out the risk assessment and devising the action plan. The plan included frequent room checks to ensure the person was safe. Smoke detectors, fire retardant furniture and fabrics had also been provided in this person's room. Staff understood people's risk management plans and followed them.

The service continued to ensure that the environment, premises and equipment were safe for people. They carried out risk assessments of the environment in areas such as fire, gas safety, infection control, water and electricity. Health and safety equipment was checked and serviced regularly by professional contractors. Staff also conducted regular health and safety checks of the environment including test of fire systems.

The service consistently ensured that staff recruited to work at the service were suitable to do so. They obtained satisfactory references of prospective staff and checked their criminal records before they were allowed to start working at the service. Their eligibility to work in the UK and fitness were also checked.

The service continued to provide sufficient staff to support people. People and staff told us there were adequate numbers of staff on duty. One person said "There is always staff here day and night." Another said "Anytime I call them [staff] to help me, they come and don't complain." A member of staff told us, "We are definitely enough on duty." We checked the rotas and saw that all shifts were adequately covered. The number of staff on duty were adjusted based on people's needs and activities taking place each day. This meant people's needs were appropriately met by enough staff.

People continued to receive their medicines from staff safely. Only trained and competent staff were allowed to administer medicine to people. Medicine records stated people's allergies so staff knew to take precautions. We checked medicines administration records (MAR) charts and saw that people received their medicines as prescribed. There were no unexplained gaps. Medicines were stored securely in a locked cabinet in the office and the room temperature monitored daily to ensure medicines were stored according to the manufacturer's recommendations. Records of medicines received, and returned were maintained. Medicine audits conducted showed all medicines were accounted for in the service.

The service continued to maintain systems and processes that safeguarded people from abuse. Staff had been trained in safeguarding adults. Staff were knowledgeable in recognising abuse and how to report any concerns. They were confident that their manager would take actions required to protect people. The registered manager understood their responsibilities in safeguarding people and they continued to liaise with the local authority. Where the service handled people's finances, they maintained clear and up to date

records. This included details of transactions. Receipts were kept as a proof and an audit of accounts were conducted daily. We counted three people's money kept and it tallied with records maintained. This showed that staff managed people's money safely.

Is the service effective?

Our findings

People remained supported by staff who received training, support and supervisions and appraisals to be effective in their roles. Records showed and staff told us that they completed an induction period when they first started work. One member of staff said "My induction was good. It helped me to understand the aims of the service and needs of service users." Staff told us and training record confirmed that they had received relevant training on do the job effectively such as safeguarding, mental health awareness, Mental Capacity Act (MCA) 2005. Staff knowledge and skills were updated regularly through refresher courses. Staff were supported through regular one to one supervisions conducted by the registered manager. Notes of these sessions showed discussions about the staff member's work and issues about people they supported. Appraisals were conducted annually. Staff were given feedback on their performance and training needs were analysed. Staff told us they felt able to discuss any matter of concern with the registered manager and they felt well supported to meet the needs of people they supported.

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 told us and records confirmed that people had consented to their care and support. We saw signed consent forms for various aspects of people's care including administration of medicines and finance management.

The service continued to ensure people's rights and liberty were promoted. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People went out and returned as they wished. They told us they made their own decisions and were not compelled to do anything they did not want to do. Staff and the registered manager understood their responsibilities in relation to Deprivation of liberty safeguards (DoLS) and MCA. At the time of our visit no person was subjected under DoLS.

People told us they enjoyed the food provided. One person said "The food is nice. They [staff] are good cooks." Another person commented "The food is tasty. We have all different kind of food to eat." The menu had different food each day and had options. It also included vegetables and fruits. People told us they contributed in devising the menu. There were snacks available for people to help themselves to throughout the day. We saw people made themselves drinks and sandwiches as required.

People had access to a range of professionals to meet their day to day health needs. Staff supported people to arrange and attend appointments if required. One person told us "They [staff] know when I am unwell and they take me to the doctor's." People's mental health needs were met in liaison with the community mental health team (CMHT). We saw records which showed people's contact with professionals, the purpose and outcomes. We saw that health professional recommendations and actions were followed through by staff.

Is the service caring?

Our findings

The service sustained their caring approach in the way they supported people. People told us that staff were kind towards them. One person said "They [staff] are nice, considerate and understanding." Another said, "The [Staff] are lovely. Ooh, they are very lovely." Another person said, "We get well looked after. They [Staff] are kind. I am happy here."

Staff continued to maintain people's dignity and privacy. One person said "Staff always knock on my door before they enter my room. If I don't want them to come in I tell them and they won't enter." Another person said "They [Staff] ask us for permission to go into our rooms even when we are not in the room." People had keys to their rooms and could lock their doors if they choose. Staff supported people with their personal care behind closed doors. People were neatly dressed and presentable.

Staff knew people well and understood their needs. Care plans included people's backgrounds, preferences, daily routines, and likes and dislikes. Staff demonstrated they understood people's choices and preferences. We heard staff refer to people as indicated in their care plans. The relationships between staff and people were cordial. They talked freely and joked about different subjects together.

Staff enabled people to maintain their religious and cultural beliefs. People told us that they were supported by staff to attend their local church. They talked about their faith freely and told us how much they enjoyed attending a church service. Another person talked about how staff provided them with their cultural food. We observed that diversity was promoted in the service and people were supported in a way that met their ethnic and cultural needs and preferences. For example, the menu was made up of a range of foods across people's ethnic and cultural backgrounds.

People continued to be supported to maintain relationships important to them. People told us that they, their family and friends visited were able to visit each other. One person told us how the service supported them to have their relatives stay with them when they were unwell and how this helped their recovery process.

Is the service responsive?

Our findings

In line with our last inspection, care people received from staff continued to meet their individual needs and requirements. The service planned people's care in accordance with needs following a thorough assessment. People's care plans detailed information about their physical, mental and social needs. The care plan provided sufficient information to guide staff on how to support people appropriately. We saw examples that detailed the support people required to manage their behaviours, personal care and health conditions. People told us that staff knew how to support them with their needs. One person said "They [Staff] help me with whatever I want and they do it how I want." Care plans were reviewed regularly by staff to reflect people's current needs and goals. Care coordinators were involved in the review of people's care under the care programme approach (CPA). CPA is a way in which services are planned and delivered for people with mental health needs. This ensured people's needs were adequately met.

People remained supported to follow their interests and do the things they enjoyed. People told us about the various activities and trips they embarked on. People attended day centres where they socialised and developed skills in their areas of interest. They talked about their interests and how attending the day centre had enabled them develop them. One person showed us a scarf they had knitted. Another person said "I do arts and drawing." We observed people talking about programmes on the television they were watching as they relaxed.

People told us they knew how to complain if they were unhappy with the service. One person told us, "I will complain in writing. I will complete the form." Another said, "I will speak to [registered manager name]." The service had a complaint policy which had not changed since we last visited. There had not been any complaint recorded.

People's views about the service continued to be sought. The registered manager held meetings with people to consult with them about decisions about the service. People told us and minutes of meetings showed they were involved in planning the menu, activities and the recent redecoration of the home.

Is the service well-led?

Our findings

As we found at our last inspection the registered manager maintained strong leadership and managed the service well. This continued to be the case at this inspection. People and staff told us the registered manager was open and listened to them. They told us she was keen in delivering effective service to them. One person said "[Registered manager's name] is good. She makes here a home for us." Another person told us "I am happy here. It is better here than where I used to be. We can speak to [Registered Manager name] about our problems and she will help us solve it." We read a compliment from a professional. They were positive remarks about how the service was managed and how staff supported people.

The registered manager held regular meetings with staff to inform update and consult with them about the service. Staff told us and minute of meetings confirmed that they were involved in running the service and their views listened to. They discussed issues about people and the service and found a way to resolve any concerns they had. Staff understood their responsibilities and the values of the service. They discussed them with us keenly. Staff had areas of the service they were responsible for maintaining and improving. For example, one staff member had responsibility for ensuring medicines were managed safely. They told us this helped in their development.

The registered manager and provider continued to conduct a range of checks and audits to monitor and assess the quality of the service. The registered manager regularly checked areas such as medicines management, finance management, health and safety, care records, staff files including training and recruitment. There were also quarterly audits of the service by the service manager. They looked at the environment, records and spoke to people. We saw that furniture in the communal area had been replaced following a recent visit.

The service worked in partnership with other organisations to improve the quality of service provided to people. They collaborated with an organisation called 'Quality Champions'. This organisation was made up of people with experience of using services or carers for people using service. They were designed to monitor and review the quality of care delivered across the borough with the aim of driving quality improvement for people. Quality Champions had completed a review of the quality of the service. The service was rated good in most areas checked. The service needed to make improvement in ensuring people were aware of which members of staff were on duty daily. This had now been actioned. This showed that the service was keen to improve services for people.

The registered manager continued to submit statutory notifications to CQC as required by law.