Care Management Group Limited

Gleneagles

Inspection report

45-47 Gleneagle Road
London
SW16 6AY

Tel: 02087697684

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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

Gleneagles is a supported living service within the London Borough of Lambeth. This service provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were 12 people using the service.

The service had 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 service had not previously been inspected.

People were protected against the risk of avoidable harm and abuse. Staff received on-going training in safeguarding which enabled them to identify, report and escalate concerns of suspected abuse. The service had developed comprehensive risk management plans in collaboration with the behavioural specialist, to keep people safe. Risk management plans were reviewed regularly to reflect people's changing needs.

The service carried out robust pre-employment checks to ensure suitable staff were employed. People and staff told us there were sufficient numbers of staff on duty to keep people safe and meet their needs. At the time of the inspection, the provider was actively recruiting new staff. Staff reflected on their working practices through regular supervisions and appraisals to enhance their skills.

People received support from staff that received regular training in areas the provider deemed mandatory. Staff confirmed they could request additional training if they felt this was necessary.

The service demonstrated good practice in the safe management of medicines. People were supported and encouraged to take control of their medicines management and were regular assessed to ensure they were competent in safe medicines management.

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. Staff had sufficient knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Where required and requested, people were supported to access healthcare professional services to maintain good health. Guidance and advice provided by healthcare professionals was then implemented into people's care plans and the delivery of care. People were encouraged to make healthy choices.

People were encouraged to participate in the development of their care plans, which were person centred.

Care plans were comprehensive and gave staff a clear insight into the care people wanted and how to deliver that care and support in line with people's wishes. Care plans were regularly reviewed by the service with the involvement of people, their relatives and healthcare professionals.

People were encouraged to access and become valued members of their community. People received support and guidance in securing paid employment and to participate in a wide range of activities that met their social care needs.

People and their relatives confirmed they knew how to raise any concerns they may have. The provider had a complaints policy in place and available in pictorial format for people on the noticeboard in the communal hallway. Complaints were appropriately managed, investigated and action taken to minimise repeat incidents.

The provider had systems and processes in place to monitor the quality of the service, through regular audits. Audits looked at medicines management, health and safety, training and care plans. Where issues had been identified, action plans were undertaken to ensure these were rectified in a timely manner.

The service actively encouraged partnership working with healthcare professionals. Support given by healthcare professionals was then implemented into people's care plans.

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 good. The service had developed comprehensive risk management plans to keep people safe; and gave staff clear guidance on how to mitigate those risks.

People were protected against the risk of avoidable harm and abuse. Staff received training in safeguarding, could identify the different types of abuse and how to raise and escalate their concerns.

People were encouraged and supported to manage their medicines safely in line with good practice.

The service had effective measures and processes in place to manage infection control.

Is the service effective?

Good

The service was effective. Staff received on-going training in key areas the provider deemed mandatory, which enabled staff to gain the skills and knowledge to meet people's needs.

People were supported to access sufficient amounts of food and drink, as agreed in people's care plans.

People were protected against unlawful restrictions being placed on their liberty, as staff had a clear understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People's health and wellbeing was regularly monitored, as the service supported people to access healthcare professional services when required.

Is the service caring?

Good

The service was caring. People described the care workers as 'friendly', respectful', and 'kind'.

People had their privacy and dignity respected and were treated with respect by staff.

People were supported and encouraged to share their views and

had their choices and decisions respected. The service was aware of the importance of respecting people's religious beliefs and cultural needs.

Is the service responsive?

Good

The service was responsive. The service delivered care to people that was tailored to their individual needs and requirements. Care plans were devised and developed with people, their relatives and healthcare professionals input.

People were encouraged to participate in activities of their choosing. Where possible, people were supported to become productive members of the community and enter gainful employment.

People and their relatives were aware of how to raise complaints. Complaints were managed appropriately seeking a positive outcome for those involved.

Is the service well-led?

Good

The service was well-led. People and staff members spoke highly of the registered manager stating that she was supportive and took their views under consideration.

The registered manager operated an open door policy. People, staff and relatives were encouraged to speak with the registered manager as and when they wished.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service actively encouraged partnership working with other healthcare professionals.

Regular audits undertaken were scrutinised and action plans developed to address any concerns identified.

Gleneagles

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 inspection took place on 16 and 23 January 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available to speak with us.

The inspection was carried out by one inspector.

Prior to the inspection we gathered information we held about the service, for example information from members of the public, statutory notifications and Provider Information Return. Statutory notifications are information about important events which the service is required to tell us about by law. A PIR is information we require the providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, one relative, two care workers, the behavioural specialist, the deputy manager and the registered manager. We looked at three care plans, three medicine records, staff personnel files, the training schedule and other records relating to the management of the service.

After the inspection we spoke with one healthcare professional to gather feedback on the service.

Good

Is the service safe?

Our findings

People were protected against avoidable harm and abuse. One person told us, "Yes I do feel safe because staff are here all the time. I could talk to staff if I was worried or felt unsafe." A relative said, "Yes, staff keep [relative] safe as there's someone [staff members] here 24 hours a day." A healthcare professional told us, "My client is safe because when there are issues these are sorted out really quickly." Staff were aware of how to identify different types of abuse and how people may present when being abused. Staff confirmed they would report any suspected abuse to the registered manager and where appropriate escalate their concerns to senior management or the local authority safeguarding team. Staff told us they had received training in safeguarding and records reviewed confirmed this.

The service had implemented comprehensive risk management plans that kept people safe. One staff member told us, "The risk assessments are there to make sure people are safe. We [staff members] need to make sure we're aware of the risk and how to support people." A healthcare professional told us, "I have had to point out a few issues with one of my clients care plans, but they have taken this on board and made the changes." Risk management plans identified the risk, what impact this would have on the person and strategies staff should follow to mitigate the risks. Risk assessments were devised in corroboration with the provider's allocated behavioural specialist. Risk management plans were regularly reviewed to reflect people's changing needs and covered, for example, accessing the community, personal care, abuse and fire safety.

The provider had taken reasonable steps to ensure suitable staff were employed. We reviewed staff files and found that staff personnel files contained two references, proof of photo identification, for example, passport or driving licence and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check providers carry out to make safer recruitment decisions.

People received support from adequate numbers of staff to keep them safe. One person told us, "We are only short of staff when one of them goes off sick. The bank staff cover then." A healthcare professional told us, "I always see lots of staff coming and going. I think there's enough staff." Staff spoke positively about the staffing level, stating there were enough staff on duty at any one time. We reviewed the staff rota for the last four weeks and found any gaps in shifts were covered by familiar bank staff. We spoke with the registered manager who confirmed they were currently recruiting new staff to reach a full staff compliment. Throughout the inspection we observed staff making themselves available to people, whether this was in the service or to support them with accessing the community.

The provider had taken all practical steps to ensure the safety of the service. During the inspection two people alerted us to maintenance works in their private flats that had not been completed. We raised this with the registered manager who informed us this had been escalated to the provider and subsequently with the landlord. This was evidenced through email records observed. However, despite this being escalated the landlord had not taken action to rectify the issues in a timely manner. During the second day of the inspection, the landlord had contracted maintenance personnel to complete the identified issues. At the end of the second day of the inspection, all maintenance work had been completed. We were satisfied

with the action the registered manager had taken.

The service demonstrated good practice in the safe management of medicines. One person told us, "[Registered manager] is going to check if I can still self [administer] my medicine. They [the service] check to see if it's safe." People were encouraged to self-administer their medicines where possible. Robust medicines assessments were carried out by the registered manager to ensure people were safe and competent in administering their own medicines. People confirmed this gave them a sense of pride and control over this aspect of their lives. We reviewed the medicine administration records (MARs) for three people and found these contained no omissions and stocks and balance checks identified people had received their medicines as intended. Records confirmed staff received training in safe medicines management.

The service had systems and processes in place to minimise the risk of infection and cross contamination. One staff member told us, "We have a cleaning rota, we support people to clean their flats. The shift plan shows us whose room is to be cleaned and we are given gloves and aprons to wear." We reviewed the shift plan which confirmed what staff told us. The service was clean and odour free.

Good

Is the service effective?

Our findings

People were supported by staff that received training to ensure they had the skills and knowledge to deliver effective care. One person told us, "They [staff members] know what they're doing." A healthcare professional said, "I think some of the staff are very knowledgeable in their role."

Records confirmed staff received effective training in areas the provider deemed mandatory. For example, first aid, Mental Capacity Act (2005), Deprivation of Liberty Safeguards and medicines. One staff member told us, "I've had person centred training, first aid, medicines management, infection control, health and safety and more. My training will be refreshed every year." Another staff member confirmed they had received training and could request additional training if required. Records confirmed what staff told us, for example one staff member had requested to undertake the National Vocational Qualification level three, which was now in progress. We reviewed the training matrix and found 91% of training had been undertaken by the staff team, where training had lapsed, the registered manager had scheduled refresher training.

Staff confirmed they underwent a robust induction upon commencing employment for the provider. One staff member we spoke with told us, "In my induction I had to read all the care plans and learn about the people I was going to support. I only shadowed someone for a couple of days [before working without supervision], as I have been working for the [provider] for many years. I had to complete competencies." Another staff said, "I did have competencies that were signed off and then I could work on my own without support. I also shadowed the deputy manager." Records confirmed staff were required to complete a wide range of competencies which were signed off by a senior staff member, prior to working without support. Regular reviews of staff's progress were undertaken throughout the probationary period, with additional support and guidance being provided.

All staff members employed by the service reflected on their working practices. Regular supervisions and annual appraisals were carried out by senior staff. One staff member told us, "My supervision went ok. We talk about the service and individual people, safeguarding and any training [I need]." We looked at staff files and found supervisions were held frequently and covered, for example, well-being, team work, issues within their role, person centred working, policies, training and goals.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider's policy supported this practice.

People confirmed staff would seek their consent to deliver care and support, prior to doing so. One person told us, "Yes, staff [members] ask me for consent and they do respect my decisions." A relative told us, "They [staff members] ask for [relatives] permission before doing anything. And if [relative] can't understand, they'll explain it to him in a way he does." A healthcare professional said, "I know the staff always check to make sure my client has given consent." Staff were aware of the importance of seeking people's consent. One staff member said, "We [staff members] need to prompt people and ask them if they want to receive

support. They [people] have a choice and I respect that." Staff had adequate understanding of their roles and responsibilities within the MCA legislation. During the inspection we observed staff asking people if they wanted support and where this was declined, staff were respectful of people's decision.

People were encouraged to maintain a healthy lifestyle. Care plans detailed people's health needs and requirements and how staff were to support them to make healthy choices. People were supported to attend healthcare professional appointments both in house and in the community, should they wish. One person told us, "The staff do help me to make any appointments." A staff member told us, "We help people to go to appointments with the G.P, optician, dentist, psychiatrist and to meet with their social worker. We help to fill out forms and when we have supported people to appointments, we document it and left staff know during handover, the outcome of the appointments. Records confirmed information and guidance given by healthcare professionals was then implemented into their care plans and the delivery of care.

People had access to food and drink that met their preferences and dietary requirements. One person told us, "Staff remind me what's healthy to eat." A relative said, "Sometimes staff help [relative] to understand what isn't healthy and what is, they encourage [relative]." A staff member told us, "We help people to cook and to help them to learn how to do it for themselves. Everyone has their own weekly menu and we [staff members] support them to make the list of ingredients and to purchase the items." People had their own flats within the service, that had a full kitchen, and where requested and required were supported to prepare meals of their choice.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff team. One person told us, "They [staff members] have a kind manner, they help me and are quite helpful. I would recommend [the service] to people as it is nice. There's nothing wrong with this place." A relative said, "The staff are very nice, really caring, respectful and supportive." Staff had sufficient knowledge about the people they supported and this was evident in the way they adapted the way they spoke to people. Throughout the inspection we observed staff interact with people in a compassionate, caring and respectful manner. We often heard people and staff laughing and joking, talking about areas of importance to people and there was an atmosphere of calmness.

People and their relatives confirmed staff were respectful at all times whilst supporting them to become independent. A healthcare professional said, "They [staff members] definitely treat my client with dignity and respect. They're very respectful of him and they never impose support on my client, they always ask first. If my client says they don't want support, the staff withdraw." One staff told us, "We give people choices and encourage them to do things for themselves. I may need to start it and show them how it's done but then I prompt them to do it, for example, with cleaning their flat." Care plans detailed the level of support people required and what areas they were independent in. Staff monitored for changes in people's independence levels to ascertain if there were any underlying issues that needed to be addressed.

People's right to privacy was maintained and respected. One person told us, "Staff are respectful of my things." A staff member said, "When supporting people we may prompt them to do their personal care, we always take a step back to make sure they have their privacy and space. I knock on people's doors before entering their flats, when they answer, I ask them if it's ok to enter." During the inspection we observed staff knocking on people's flat doors, seeking authorisation prior to entering. Where authorisation was denied, staff respected this and then tried again a little later on.

The service ensured people were treated equally and had their diversity embraced and encouraged. One person told us, "If I wanted to go to the church I could ask the staff to come with me, but I'd probably choose to go on my own." Although people within the service did not express a desire to follow a faith or engage in lifestyles representative of their culture, the registered manager confirmed they would support people should they wish.

People were encouraged to express their views. A healthcare professional told us, "My client does express their views and what they say goes. They have had keyworker meetings to discuss their views." People were allocated a keyworker with whom they met regularly to discuss any significant news and achievements, recent difficulties, activities they've been involved in, any healthcare professional contact and any changes they would like to make to their support plan. A keyworker is a staff member who works closely with an individual. People's views were also obtained through house meetings and general day to day discussions with staff members.

People had their confidentiality maintained and respected. Staff were aware of the importance of ensuring people's confidentiality wasn't breached. One staff member told us, "Whatever's being discussed and is

confidential, we [staff members] don't share with other people. Information is only shared with people who are authorised to know that information." People's confidential documentation was stored securely in locked cabinets in a locked office, only accessible by those with authorisation and clearance.

Good

Is the service responsive?

Our findings

People and their relatives were encouraged to develop their care plans wherever possible. One person told us, "I'm involved in creating my care plan. I spoke to them [staff members] and we used pictures in my care plan. I had keyworker sessions to talk about my care plan and my relative was involved too." A relative said, "I've been involved in [relatives] care plan review, the [the service] listen to my views." A healthcare professional told us, "Yes, we had the first review within three months of moving in. We have had another review. The care plan could contain more detail, but it's probably because my client is very independent."

Care plans were person centred and contained information that gave staff a clear understanding of how people wished to be supported and in what areas. For example, care plans covered people's mental health, health, social and medical needs. Care plans also contained support plans, positive behavioural support plans, relapse prevention and crisis plans as well as monthly keyworker reports. Care plans were reviewed regularly to reflect people's changing needs and changes were shared with staff swiftly to ensure they delivered care that met those needs.

Prior to moving into the service, an assessment of needs was carried out to ensure the service could meet people's needs. Assessments included diagnosis, reasons for the referral, background information, physical health, dietary requirements, mental health, behavioural needs, daily living skills and communication. The report contained substantial information with an overall conclusion as to what type of service would best meet the person's needs. Once this had been established, the service then in collaboration with the person, people important to them and healthcare professionals developed a transition plan. This meant that the transition from the previous placement to Gleneagles was done so at a pace the person could manage and had limited impact on those already residing at Gleneagles.

People's decisions were respected by staff. One person told us, "Staff do respect my decisions. They ask me if I want to do something and I can say I don't want to, and that's ok." During the inspection we observed staff asking people what they wanted to do, for example if they wanted to access the local community or if they required support, and were respectful of people's decisions.

The service encouraged people to engage in activities of their choice and that met their social needs. One person told us, "I go to the gym, swimming, football matches, playing football and visit family. I have a job and I enjoy it because I get along with the customers. It's early starts but I don't really mind." A healthcare professional told us, "They encourage my client to join in but they don't currently wish to, but the staff have tried and continually offer." During the inspection we observed people accessing the community frequently to go shopping, attend college, visit friends and family. People appeared free to come and go as they pleased, with limited restrictions.

People were protected against the risk of social isolation. Although some people had diagnoses that were consistent with self-imposed isolation, a healthcare professional confirmed staff do encourage people to socialise where agreed. A staff member we spoke with told us, "If I thought someone was socially isolated, I would talk to them and find out what was wrong and if they had any concerns. I would try to encourage and

prompt them to go out but would inform the registered manager." Throughout the inspection we observed people being encouraged to access the community.

People were aware of how to raise their complaints with the provider. One person told us, "There's a complaints book. I would tell the staff who would give me the book and help me to fill it out, then give it to the registered manager who would then look into it." The service had a complaints policy and guidance for people to follow. The service had created a pictorial complaints poster in the communal area of the service, which gave people guidance on how to report their concerns and what to expect. We reviewed the complaints file and found the service had received three complaints in the last 12 months, which had been investigated and action taken to minimise repeat incidents.

People were encouraged to document their wishes in relation to end of life care. A staff member told us, I've had training in end of life care, we have people's end of life plans in their care plan. It tells us what type of service and music they would like at their funeral." We reviewed people's end of life care plans which confirmed what staff told us. We also noted where people chose not to complete their end of life care, they had signed the document stating they had been given the opportunity to complete one, however at this time they declined, yet they were able to review this at any time.

Good

Is the service well-led?

Our findings

People, their relatives and a healthcare professional spoke positively about the care they received at Gleneagles. One person told us, "I like it here." A relative said, "Sometimes I have to pinch myself that [relative] is here and improving. It's as though we've won the lottery."

The registered manager operated an open door policy and encouraged people and staff to meet with her at any time to discuss their concerns or have a general chat. At the time of the inspection the registered manager's office door was kept open; people popped in to speak with the registered manager and appeared completely at ease in doing so. We observed people seeking advice and support and the registered manager made time to speak with people.

The atmosphere within the service was one of calmness and relaxation. People were comfortable spending time both in their private flats and in the communal lounge or garden. People and staff could be seen laughing and joking and speaking about matters that were important to them. People were free to have visitors to their home when they chose, with the caveat that they informed the staff who was visiting for safety reasons. People referred to Gleneagles as their home and looked content being there.

The registered manager was thought highly of, with one person stating, "She's alright, she's a good manager." A healthcare professional said, "[Registered manager] seems to know what she's doing and has the skills. She has a handle on things and therefore my clients behaviours have deteriorated." The registered manager appeared to have a compassionate approach to both people and staff and staff described her as, 'approachable', 'lovely', 'supportive', 'brilliant', 'listens to our views and acts on them'.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People, their relatives, healthcare professionals and staff were encouraged to develop the service and share their views to drive improvement. People confirmed they had received a questionnaire to complete. We reviewed the completed questionnaire for the 2017 survey and found feedback was positive in general. The registered manager confirmed action to address any issues identified had been undertaken. For example, people shared that they wanted further information around specific topics. We identified that the 'house meetings' had been undertaken to address these concerns.

The service carried out regular audits to monitor and improve the service provision. We reviewed the audits for Gleneagles and found regular medicine, care plan, health and safety and environment audits had been undertaken. Where issues had been identified this had then been escalated to ensure action was taken. For example, one audit identified there was a fault with someone's bedroom window. We saw documentation whereby the registered manager had escalated this matter. On the second day of the inspection this matter was being rectified.

The registered manager sought partnership working from other external healthcare professionals to drive

improvements. The registered manager told us and records confirmed, guidance and support was sought, for example, from the mental health team, social workers and care coordinators. A healthcare professional we spoke with, said, "They [the service] take our guidance into account and put it in the care plan. They do listen. The communication between us is very good." Records confirmed what the healthcare professional and registered manager told us.