

London Borough of Merton

Glebelands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Glebelands is an 'extra care' housing scheme that provides personal care and support to people living in their own flats in a single multi-occupancy building. The adapted building comprises of 32 self-contained flats which are managed by the London Borough of Merton. Anchor/Hanover housing association own the building and as the property's landlord was responsible for its maintenance.

At the time of our inspection, 28 people aged 55 and over were receiving personal care and support at the scheme. Some people using the service were living with dementia, had a learning disability or autism, mental health problems and/or had complex physical health care needs. Three people currently living at Glebelands did not receive any personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

Most people we spoke with told us they continued to be happy living at Glebelands and with the quality of the personal care and support they received there.

However, we found the service was not always well-led. This was because the provider's governance processes were not robust enough to demonstrate the quality and safety of the service people received was always effectively managed. For example, the provider's governance systems did not include regular audits of training staff had completed, which led to large gaps in staff records been left unnoticed.

In addition, we found the registered manager condition was not being met. Although the service had an acting manager who had been in operational day-to-day charge for the last 12 months, they had not applied to be registered with us. This meant the service had not had a manager registered with the CQC for over a year and still did not have a registered person in charge who could be held legally responsible for how the service was run and for the quality and safety of the care they provided.

We discussed this issue with the manager during our inspection who told us they had now made up their mind to remain as the service's manager and would be applying to register with us in the next couple of weeks. Progress made by the manager to achieve this stated aim will be closely monitored by the CQC.

We also found, although managers and staff understood the Accessible Information Standard (AIS), they did not always ensure people were given information in a way they could understand. We have made a recommendation about the provider following AIS to make sure people with communication difficulties are always given information in a way they can easily understand.

The service was safe. There were systems and processes to protect people from the risk of abuse. People were cared for by staff who knew how to prevent or manage risk in a person-centred way. This kept people

safe, while not restricting their freedom. There were sufficient numbers of staff whose suitability to work with people had been thoroughly checked. People received their medicines as they were prescribed. Staff followed relevant national guidelines regarding infection control and basic food hygiene.

People benefited from being cared for and supported by staff who were well-trained and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People continued to be supported to stay healthy and well and have access to the relevant community health care professionals.

People received care and support from staff who were kind, empathetic and respectful. Staff took the time to get to know people well and understand their preferences and wishes. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. Staff supported people to express their views and make choices about their personal care and support they received. People were encouraged and supported to develop their independent living skills.

People received person-centred care that focused on what was most important to them and took into account their diverse needs and wishes. People were involved in reviewing care plans regularly to keep them up to date. People had opportunities to take part in a variety of group and community based social activities that were meaningful to them and tailored to their interests and abilities. Staff supported people to maintain relationships that were important to them. The provider dealt with people's complaints in a thorough, prompt and fair way.

The service had an open, inclusive and person-centred culture. The provider consulted people, their relatives and staff as part of their ongoing programme of assessing the quality of the service and making improvements. When things did go wrong, there were systems in place to learn lessons and prevent similar incidents from reoccurring. The provider worked holistically in close partnership with other health and social care professionals and specialists to plan and deliver positive outcomes for people.

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

Rating at the last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation that relates to records not always being appropriately maintained and the provider's governance systems not being in place or robust enough to demonstrate the quality and safety of the service people received was effectively managed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glebelands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

Service and service type

This service is a specialist 'extra care' housing scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at the personal care and support people received.

The service had not had a manager registered with the CQC for the last 12 months and no one had applied to be registered with us, contrary to the service's registered manager condition. This meant the service does not have a registered manager who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. Inspection activity started on 3 March 2020 with telephone calls made to people using the service and ended on 5 March 2020 with a site visit to this 'extra care' housing scheme.

What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory

notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection

We received telephone and face-to-face feedback about Glebelands from eight people living there and a relative. We also spoke in-person with the manager, the deputy manager and five care staff. In addition, we looked at a range of records that included four people's care plans, multiple medicine administration record sheets and ten staff files in relation to their training and supervision. A variety of other records relating to the management of the service.

After the inspection

We requested additional evidence to be sent to us after our inspection in relation to the providers staff recruitment procedures.

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.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems and processes to protect people from the risk of abuse. People told us they felt safe living at Glebelands. One person said, "I feel very safe here because I know there's always staff in the building who will come straight away if I call them on my buzzer [personal alarm pendant]."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff had received up to date safeguarding adults training. They understood how and when to report safeguarding concerns to the appropriate person or authority to investigate. Staff told us they had confidence in their line managers to take any concerns they might raise with them seriously. One member of staff said, "I would tell the managers straight away if I was worried that people living at Glebelands were being abused. I know they would alert the local authority about it straight away."
- The manager liaised with the investigating local authority when a safeguarding concern was raised. At the time of our inspection, no safeguarding incidents were under investigation.

Learning lessons when things go wrong

- When things did go wrong, there were systems in place to learn lessons and prevent similar incidents from reoccurring.
- Accidents and incidents involving people were fully investigated and managers took appropriate action when needed to address any safety issues.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.
- Following a high number of incidents in the last six months where staff had failed to sign for medicines they had administered, managers took immediate steps to reduce further risks to them and others by making sure staff received refresher training in the safe management of medicines and were reminded about their medicines recording responsibilities during supervision meetings.

Assessing risk, safety monitoring and management

- People were cared for by staff who knew how to prevent or manage risk in a person-centred way. This kept people safe, while not restricting their freedom.
- Managers carried out assessments to identify risks posed to people from their specific health and medical conditions and by their home environment. This information was used to develop guidance for staff about how to manage these risks to keep people safe.
- Risks people might face had been assessed on an individual basis and detailed risk management plans were in place to help staff prevent or manage them. For example, we saw risk management plans in place to help staff mitigate risks associated with people's physical needs and mobility, skin integrity and behaviours

that might be considered challenging.

- Staff were aware of the identified risks and hazards people might face and the agreed ways to keep people safe. Several staff told us risk management plans that were in place were easy to follow, ensuring they had all the guidance they required to prevent or appropriately manage these identified risks.
- Equipment in people's flats that staff used to support them, for example mobile hoists, were routinely serviced and maintained to ensure they remained safe to use.
- Staff were trained to deal with emergency situations and events if these should arise in people's flats or when supporting people out in the community. Staff were aware of their fire safety roles and responsibilities and knew what was included in people's personal emergency evacuation plans.

Staffing and recruitment

- There were sufficient numbers of staff whose suitability to work with people had been thoroughly checked. At the time of this inspection no concerns were expressed by people about the availability of staff to meet their needs. Several people told us they had been issued with a call bell 'buzzer' which could be activated in an 'emergency' to request staff assistance. During our inspection we saw staff respond promptly to a call bell being activated by someone who required additional assistance to get dressed.
- Most people told us staff received continuity of care from the same group of staff who arrived on time for their scheduled visits. One person said, "They [staff] keep fairly good time and the office managers will tell you if staff are going to be late", while a second person remarked, "I have several different carers, but I know them all. They usually come to see me when they say they will."
- Staff told us they usually had enough time between scheduled visits to complete all the personal care tasks they were scheduled to do each shift. We also saw the provider was flexible and had responded well to people's increased need by changing the role of the night-time sleep-in staff to a waking one.
- Appropriate checks continued to be undertaken on staff that applied to work for the service. These checks helped to make sure staff were suitable and fit to support people using this service.

Using medicines safely

- People received their medicines as they were prescribed. People told us staff helped them take their prescribed medicines when they should. One person said, "They [staff] make sure they give me my medication when I should take it every day."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This ensured staff understood how people should be supported to manage their medicines. Staff also received on-going safe management of medicines training and had their competency to continue doing so safely routinely assessed and updated.
- Staff recorded the medicines people were given and when, on medicines administration records (MARs). No recording errors or omissions were found on completed medicines administration records [MARs] we looked at.
- Managers routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

Preventing and controlling infection

- Staff followed relevant national guidelines regarding infection control and basic food hygiene.
- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene. People told us staff always wore PPE when they were providing them with any personal care. One person said, "They [staff] do wear gloves and always change them when cleaning the commode."
- Staff were also trained in food hygiene so that they were aware of the procedures that needed to be

followed to prepare and store food safely in people's own flats.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People benefited from being cared for and supported by staff who were well-trained and supported. Most people told us staff had the right mix of knowledge, skills and experience to meet their needs. One person said, "They [staff] seem to know what they are doing and I know that between them all they have lots of experience. I know a lot of them have worked here a very long time."
- Similarly, it was clear from comments we received from staff they were fully aware of their working roles and responsibilities. One member of staff told us, "I get all the training and support I need to do my job here", while a second member of staff remarked, "We had lots of refresher training we must complete to make sure our competencies remain up to date." Records also showed most staff had worked at Glebelands for many years and were familiar with the needs, preferences and daily routines of the people they regularly supported.
- However, we found managers were not keeping accurate records of all the training staff told us they had completed, which included training in relation to dementia, learning disability and mental health awareness, infection control, food hygiene, end of life care and basic first aid. The absence of these records meant the provider lacked the ability to provide us with any evidence that proved staff's knowledge, skills and competency to continue effectively meeting people's needs remained up to date and relevant.
- This staff training record issue notwithstanding, we did access other records that showed us all staff had completed a comprehensive induction before they started working at the service. This meant staff were trained in all the areas the provider identified as relevant to their roles. The induction was followed by a period of shadowing experienced staff on their scheduled visits to people's flats.
- Managers were also in regular contact with staff providing support and advice when this was needed. Staff continued to have opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line managers.

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

- People were supported to have maximum choice in their lives. People and their relatives were involved in assessments of their needs prior to them using the service. Managers asked people about their care needs and how and when they would like support to be provided.
- Managers referred to current guidance when assessing people's needs to help plan the type of support they required. For example, where people had specific health conditions, managers referred to current guidance about how this should be managed to make sure staff had all the information they needed to do this in an appropriate way.
- Information from assessments was used to develop an individualised care plan for people. These set out people's preferences for how, when and from whom they received their support. This helped make sure

support was provided in line with people's wishes and needs.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff always asked for their consent before providing them with any personal care in their own flat.
- Staff had received training in the MCA and associated codes of practice. Staff understood their responsibilities under this Act.
- Managers assessed and recorded people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place if people lacked capacity to make specific decisions about their personal care and support such as involving people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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

- As part of the people's tenancy agreements they were provided with a three course meal at lunchtime prepared by an independent catering company. These meals were served in a communal dining area at Glebelands on the ground floor.
- Where staff were responsible for this, there was information on people's records about their preferences for meals and drinks. This helped make sure staff provided people with food and drink of their choice.
- Where people had specialist dietary needs this was noted in their records and staff took this into account when planning and preparing meals. Managers reviewed this information at regular intervals to make sure people who had been assessed as being at risk of malnutrition or dehydration were eating and drinking enough to meet their dietary needs.

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

- People continued to be supported to stay healthy and well and have access to the relevant community health care professionals. People's care plans contained current information about the support they needed to manage their health and medical conditions. Staff were provided guidance on how to support people with these, to help people achieve positive outcomes.
- Staff were observant and alerted managers to any changes in people's health care needs and wellbeing. When people became unwell, they sought prompt support for them.
- Managers and staff shared information with other healthcare professionals such as the GP and community nurses when needed to make sure people experienced a consistent, joined up approach in the support they received. The manager told us the service operated a 'support day' scheme which ensured additional staff were employed on a specific shift with the sole responsibility of helping people with a learning disability attend prearranged health and medical appointments in the wider community.

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 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 received care and support from staff who were kind, empathetic and respectful. Staff took the time to get to know people well, understood their preferences and wishes, and treated everyone equally. People told us staff treated them well. One person said, "I really like living here...The staff are fantastic", while a second person remarked, "Staff treat me well. They're all so nice here." During a coffee morning held in the communal lounge a group of people who had decided to attend this social event all looked at ease and comfortable in the presence of staff.
- Staff received equality and diversity training as part of their role. This helped them understand what discriminatory behaviours and practices might look like and ensure people's rights were respected and were always treated fairly.
- People's spiritual and cultural needs and wishes were respected and met. Staff were aware of people's diverse cultural and spiritual needs. People's wishes in relation to how their cultural and spiritual needs should be met were included in their care plan, so staff had access to this important information. For example, people had a say in who provided their personal care and support, which included respecting people's expressed preferences to have staff of a specific gender or who spoke the same dialect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff respected their privacy and dignity. One person said, "Staff always knock on my front door before asking if it's alright for them to come into my flat."
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensured bathroom, toilet and bedroom doors were kept closed when they were supporting people with their personal care needs.
- People were encouraged and supported to maintain and develop their independent living skills. People told us staff supported them to be as independent as they could and wanted to be. For example, the manager told us mobility scooters had been given to two people who recently moved to Glebelands because of their physical needs. Staff confirmed these scooters had enabled both these individuals to continue traveling and shopping independently in the local community, which was something they both enjoyed. Several staff also said they encouraged people they supported to carry out some aspects of their personal care themselves in order to help them maintain some control and independence over their lives.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. For example, it was clear in care plans we looked at who was willing and able to safely self-medicate, manage their own finances, cook in their flat and travel independently in the wider community.

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

- Staff supported people to express their views and make choices about their personal care and support they received. People's care plans showed they and their relatives were asked for their views and involved in making decisions about their care.
- People had regular opportunities to express their views at their care plan review. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.
- Staff signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if a person had no family members to do this. The manager told us they had encouraged several people to seek advice and support from approved advocacy service to help these individuals manage their tenancies better.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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 had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- Staff understood the AIS and communicated well with people they supported. For example, staff used a portable whiteboard to write down instructions and reminders about various appointments and social events they had coming up for a person they supported who was hearing impaired, which several staff told us was an effective way of communicating with this individual.
- However, the provider had not ensured everyone using the service who had a learning disability was given information they needed to know or might find useful in a way they could easily understand. For example, the service had not developed any easy to read plain language and/or pictorial versions of people's care plans, the service users' guide, menus, social activity timetables or the provider's complaints procedure.
- The manager told us they agreed developing easy to read versions of important information would help people with communication difficulties have a better understanding and involvement in shaping the service they received at Glebelands.

We recommend the provider seek advice and guidance from a reputable source, about following the AIS and ensuring people with communication difficulties are given information about the service they receive in a way they can easily understand.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The manager told us they regularly liaised with GP's and other health care professionals, including palliative care nurses from a local hospice, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.
- However, managers did not routinely ask people who did not have any family members about their wishes for the support they wanted to receive at the end of their life. The manager told us this was an area they had already identified as requiring improvement and had plans in place to make sure this information would be collected. This would ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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

- People received person-centred care that focused on what was most important to them and took into account their diverse needs and wishes. People had their own personalised care plan that contained detailed information about how their personal care and support should be provided. This included information about their unique life history, likes and dislikes, and daily routines, such as when they preferred to get up and go to bed, and where they liked to eat their pre-ordered lunchtime meal.
- People were supported to make informed choices about various aspects of their daily lives. For example, several people confirmed staff always asked them what they wanted to eat their lunch every day.
- Staff understood people's care needs and recorded the support they provided people.
- People were involved in reviewing care plans regularly to keep them up to date. Managers reviewed the care and support provided at regular intervals to make sure this continued to meet people's needs. Staff were informed promptly of any changes required to the care and support people received.

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 sufficient opportunities to take part in a variety of group and community based social activities that were meaningful to them and tailored to their interests and abilities. Care plans reflected people's social interests and needs, and whether or not they were at risk of social isolation.
- People were supported to follow their interests and live active fulfilling lives at home and in the wider community. People told us they could participate in a range of social activities that interested them. One person said, "I really enjoy joining in the coffee mornings and bingo sessions that are regularly held in the communal lounge area...I'm a very sociable person and I find these mornings a really good way of keeping in touch with the rest of my neighbours who also live at Glebelands." The manager told us they often employed additional staff for the day whose role it was to support people with a learning disability attend a prearranged social event or activity in the wider community. These additional staff, known as 'support day' workers, helped people with a learning disability attend day centres, church services and to go food or clothes shopping, for example.
- Care plans included information about people's hobbies and interests and how staff could support people to pursue these when they wished.
- The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them in their flat whenever they wished.

Improving care quality in response to complaints or concerns

- The provider dealt with people's complaints in a thorough, prompt and fair way. The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received at Glebelands.
- People said they were aware of the provider's complaints policy and felt comfortable raising a concern or complaint they might have. Feedback we received from most people indicated they had no issues or concerns about the quality of the personal care and support provided by the staff, and most felt their concerns would be taken seriously and appropriately dealt with.
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result. When a concern or complaint had been received managers had dealt with this in an appropriate way.
- Records showed us no formal complaints had been raised about the service in the last 12 months.

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 now deteriorated to requires improvement. This meant the service management and leadership was now inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place for managers to routinely monitor the quality and safety of the care and support people living at Glebelands received. Records showed recently reintroduced spot checks on staff by their line managers were routinely used to observe working practices, which included their staff time keeping, attitude, the safety of their medicines management and record keeping. In addition, at a provider level, senior independent living managers regularly visited Glebelands to carry out their own internal audits to quality assure service delivery.
- However, we found these governance systems were not always operating effectively. This was because they had failed to pick up on the issues we identified during our inspection. For example, managers were not keeping accurate records of all the training staff told us they had completed. Specifically, in relation to training in dementia, learning disability and mental health awareness, infection control, food hygiene, end of life care and basic first aid. The absence of these records meant the provider lacked the ability to provide us with any evidence that proved staff's knowledge, skills and competency to continue effectively meeting people's needs remained up to date and relevant.
- The manager confirmed their audit processes did not include a system to check training completed by staff remained up to date, which meant the large gaps in training records we found may have been left unnoticed or not acted upon for some considerable time.

We found no evidence that people had been harmed as a result of this record keeping failure however, systems were either not in place or robust enough to demonstrate the quality and safety of the service they received was effectively managed. This placed people at unnecessary risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were clear management and staffing structures in place. The manager was supported by two independent living managers who worked at the London Borough of Merton's headquarters and two deputy managers who both worked from the office located at Glebelands.
- However, none of these managers had registered with the CQC since March 2019 and therefore the registered manager condition was not being met. An acting manager based at Glebelands had been in operational day-to-day control of the service for the past 12 months, but they confirmed during our

inspection that they had not applied to be registered with us. This meant the service still did not have a person in charge who was legally responsible for how the service was run, including the quality and safety of the care provided.

We discussed this issue with the manager during our inspection who told us they had now made up their mind to remain as the service's manager and would be applying to register with us within the next couple of weeks (by the end of March 2020). Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- This issue notwithstanding people using the service and staff all spoke positively about the way Glebelands was managed. One person said, "I think the managers are marvellous here...Very approachable and easy to get along with."
- The managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team and individual supervision meetings to remind staff about the local authorities underlying core values and principles.
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the scheme's offices and were easy to access on the local authority's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open and inclusive culture. The provider routinely consulted people, their relatives and staff as part of their ongoing programme of assessing the quality of the service and making improvements. The provider used a range of methods to gather people's views about what this 'extra care' housing scheme did well or might do better. For example, people had regular opportunities to share their views about the quality of the service they received through the routine use of customer satisfaction questionnaires and daily face-to-face contact with staff who visited them in their flats or they saw in the various communal areas, especially during lunch or group activity sessions.
- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about this 'extra care' housing scheme through regular one-to-one meetings with their line manager and group meetings with their fellow co-workers.

Working in partnership with others

- The provider worked closely with various community health and social care professionals and agencies, such as learning disability, mental health and falls prevention teams, GP's, and a range of community nurses, including district, tissue viability, diabetes and palliative care nurses. The provider also worked in partnership with various external charities and voluntary organisations, such as local charities supporting

people in Merton, Age UK, Citizens Advice Bureau and day centres.

- The manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff team. This helped to ensure the care and support provided was up to date with current practice and helping people to achieve positive outcomes.

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 17 HSCA RA Regulations 2014 Good governance The provider had not made sure their established governance systems and processes were always effectively operated to assess, monitor and drive improvement in the quality and safety of the service people living at this 'extra care' housing scheme received. Regulation 17(2)(a)