

Gideon Supported Housing Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 7 June 2016 and was announced. This was the provider's first inspection since their registration. Gideon Supported Housing Limited provides personal care for people with learning disabilities living in their own homes within the Royal Borough of Greenwich. At the time of this inspection one person was using the service. Therefore we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding.

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.

Staff understood how to safeguard people they supported and relatives told us they believed that their loved ones were kept safe. However, the provider had not always taken appropriate steps to ensure that staff were safely recruited and this required improvement. Medicines required some improvement so that they were managed safely. Appropriate risk assessments were in place to mitigate risk to people using the service. There was a whistle-blowing procedure available. There were enough staff to meet people's care and support needs.

Staff completed an induction when they started work, however improvements were needed to ensure that staff were up to date with the provider's mandatory training. The team manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. People were supported to access food and drink so that their dietary needs were met. People were supported to access healthcare professionals as and when required.

People were treated with dignity and respect, and their privacy was taken into account. People's care plans provided guidance for staff on how to support people to meet their needs. Staff were aware of the complaints procedure and said they were confident that complaints would be dealt with appropriately.

Quality monitoring checks and audits were conducted regularly to monitor the quality of the service, however they did not identify issues we found at inspection. Staff said they enjoyed working at the service and they received good support from the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines required improvement to ensure that the administration of medicines was accurately recorded.

Recruitment procedures were not always robust to ensure that people were protected against the risk of receiving care from unsuitable staff.

Risks to people had been adequately reviewed to mitigate risks.

There were safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were sufficient staff deployed to meet people's needs.

Inspected but not rated

Is the service effective?

The service was not always effective.

Staff were supported in their roles through supervision; however improvement was needed to ensure that all staff were up to date with the provider's training requirements.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People received appropriate support with food and drink.

People had access to health care professionals when they needed them.

Inspected but not rated

Is the service caring?

The service was caring.

People said staff were caring and helpful.

People were treated with dignity and respect.

Inspected but not rated

Staff were familiar with the needs of the people they supported.

Is the service responsive?

The service was responsive.

People received personalised support to meet their individual needs, and people's support plans reflected their views and preferences.

The provider had a complaints procedure in place in a format understood by people using the service.

Inspected but not rated

Is the service well-led?

The service was not always well led.

Quality assurance systems were in place to monitor the quality of the service, however they did not identify the issues we found at inspection.

Staff spoke positively about the management of the service and the support they received.

The provider took into account the views of people using the service through the use of feedback forms.

Inspected but not rated

Gideon Supported Housing Limited

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

Prior to the inspection we reviewed information we had about the service. This included the notifications that the provider had sent us. A notification is information about important events which the provider is required by law to send us. We also looked at quality monitoring reports from the local authority who commissions the service.

The inspection took place on 07 and 08 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. During the inspection, we spoke with two care staff and the manager. We were not able to speak with the person using the service, although we spoke with their relative.

We reviewed the care records of the person who used the service, two staff records and records related to the management of the service.

Is the service safe?

Our findings

People were kept safe when receiving support from the service. A relative told us, "Yes, I think [my loved one] is safe."

The provider did not take appropriate measures to ensure that appropriate staff were employed to work at the service. We looked at two staff member's files and found that they included copies of photographic identification, application forms and a DBS (Disclosure and Barring Service) check. However, the DBS check for one member of staff was from their previous employer. The provider had not obtained any employment references for the member of staff and kept them on file. We raised this with the manager at the time of inspection and we were advised that the person concerned was on long term leave. Whilst the staff member concerned was not currently working at the service, we could not be assured that the appropriate recruitment checks had taken place to ensure that people were supported by appropriate staff.

This was a breach of Regulation 19(1)(a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we asked the provider to take at the back of this report.

Following the inspection the provider informed us they would take action on this issue in order to mitigate any future risks to people using the service.

Medicines were not always managed safely. We found that where a person was prescribed a topical cream this was not recorded on the persons medicines administration record (MAR). We could not be sure that the medicine had been administered according to the instructions set by the relevant healthcare professional. We found that homely remedy medicines were stored at the home, and although not administered to the person were not recorded on the MAR. The homely remedy medicines we found were also out of date. Therefore, the management of medicines required improvement. We raised this with the manager at the time of inspection who arranged for appropriate disposal of the medicines and understood that all medicines should be appropriately recorded on the MAR.

Staff we spoke with told us they ensured that the persons prescribed medicines were taken at the right time, that the MAR was signed and that any incidents of refusal were recorded. Care plans provided information on the medicines prescribed and when they should be taken.

We found assessments were undertaken to assess any risks to people using the service and potential risks to people were managed effectively. Risk assessments were in place covering areas including harm to self, harm to others, physical health and mental health. We saw that appropriate risk management plans were in place that included information about action to be taken to minimise the chance of the risk occurring.

We saw that there were enough staff to meet people's needs. The provider had an appropriate system in place to cover sickness and annual leave. They told us they used regular agency staff where necessary. The provider also had a system in place to manage any emergencies, and we saw that that staff were provided with additional support when necessary. The provider had a business continuity plan in place and staff were

aware of the procedures to follow in case of an emergency. One staff member told us of the process to respond to a suspected fire, and were clear on how to support people to leave the building safely and the appropriate meeting points.

Staff understood how to protect people from abuse, and had received appropriate training in this area. The service had an appropriate safeguarding policy in place which was available to staff. Staff knew how to report any concerns, and were confident that any concerns they raised would be dealt with effectively. One staff member told us "I would report abuse to my manager, or the local authority if I needed to."

We saw that a whistleblowing policy was accessible in the staff office, including a helpline should staff need to use it.

Is the service effective?

Our findings

Staff were not up to date with training the provider considered mandatory. Mandatory training topics included food hygiene, health and safety, infection control, administration of medicines, moving and handling, safeguarding, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records we looked at showed that one member of staff had not completed any training on fire, food hygiene, role of the care worker, whistleblowing and Mental Capacity Act and DoLS. We could not be assured that the staff member was competent in all areas necessary to provide effective support to people using the service. This meant that people were at risk of not being supported by staff that were fully equipped to meet their needs and this required improvement.

This was a breach of Regulation 18(1)(a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we asked the provider to take at the back of this report.

Following the inspection the manager informed us that staff would be booked to attend the online training whilst awaiting dates for classroom based learning. We will check on this when we next inspect the service.

Staff were subject to supervision every three months and an annual appraisal. Staff we spoke with told us they found supervision useful, "They look at how my progress is at work." Records we looked at showed that staff received supervision regularly to support them to carry out their roles.

People were supported to access food and drink of their choice. We saw a weekly pictorial menu planner on the wall and staff told us that people would choose the food they wanted for that day. One staff member said, "I'll point to things to get [person using the service] to decide what they want, use the pictures or open the freezer."

Staff monitored people's health and wellbeing and where there were concerns they were referred to appropriate health professionals. Access to healthcare professionals was arranged at a time that people required them. People's records included doctor's appointments, dental appointments, speech and language therapists and outcomes of healthcare visits and we could see that people were supported to access healthcare professionals at a time that they needed them.

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions were being met. At the time of inspection there was one application to the court of protection that had been assessed and the provider was awaiting an outcome. The manager told us that if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

Is the service caring?

Our findings

Relatives that we spoke with felt that staff were caring. One relative said, "The staff are caring, and attentive to [their loved one's] needs" and "He seems very happy where he's at, makes me feel good to know that."

Throughout the inspection we observed positive reactions between staff and the person using the service. Staff were knowledgeable about the people that they were supporting. One staff member told us "[Person using the service] loves music and outings and likes dancing." Another staff member told us "[Person using the service] knows when it's time to go to the day centre and can show approval of things he wants to do."

The person using the service was supported to communicate their views through the use of pictorial images, and staff were receptive to the signs that the person used to communicate their needs. For example, on the day of the inspection we saw that staff understood when the person expressed a desire to go for a walk and ensured they were dressed appropriately before leaving the building. We also saw that staff supported the person to assist with their lunchtime meal preparation as much as they were able to.

People were involved in their care as much as they were able to be. One staff member told us, "I point to things to get [person using the service] to show us what they want." Records showed that other professionals were involved in the planning of person's care where appropriate, and the care plan was personalised to reflect people's individual needs. For example, we could see that day centre staff and family members had been invited to a review of the person's care. Staff also knew of people's individual needs and we saw that they were receptive to accommodating the person's needs throughout the day such as using the garden and closing doors when left open.

Staff treated people with dignity and respect and they respected people's privacy when they were providing personal care. One staff member told us "I don't let others enter the room or interfere." Another staff member said, "During personal care I open the wardrobe and let [person using the service] point and touch the types and colours of clothes they want to put on. I keep information about people confidential."

We saw that people's records were stored securely in the office and kept confidential at all times. One person was currently away from their room, we saw and the manager told us that the room had been secured and that all of their belongings were kept securely until their return.

Is the service responsive?

Our findings

Care plans were personalised and provided an overview of how best to meet people's needs. They included a photo of the person, their personal details, GP and emergency contact details. They also listed key contacts, a communication passport, medicines and instructions on how best to support the person in areas such as personal care and night time care. Care plans also included the person's likes and dislikes and the best way to respond to the person in order to meet their needs. We could see that copies of pre-admission assessments were also kept in people's files.

At the time of the inspection we saw that the person using the service was supported to go for a walk and access the garden space at a time that suited them. Their care plan detailed visits home to their relatives, attendance at the day centre, shopping trips and walks as part of their planned activities. We saw that these activities were planned across the week, and visible in the office so that staff were aware of the person's activity plans in line with their preferences as identified in their communication passport.

People were provided with a "Service user guide" when they moved into the service. This included information on the services offered, activities and information on key working to make sure people and their relatives were aware of what to expect from the service.

The provider had a complaints policy in place that clearly defined the timeframes for responses to both verbal and written complaints. At the time of inspection the provider had not received any complaints or concerns. The complaints form was available in an easy read format to support people to make a complaint in an accessible way.

Staff that we spoke with knew to direct any complaints towards management and were confident that they would be dealt with effectively. We saw that compliments, complaints and concern forms were regularly sent out to those using the service and their relatives.

Is the service well-led?

Our findings

Relatives that we spoke with felt that the service was well led. They told us, "[My loved one] feels very happy with the people[staff]."

Effective quality assurance systems were in place to monitor the quality of the service. People's care files and risk assessments were reviewed annually and records showed that there were monthly audits taking place for example on medicines, cleanliness and fridge and freezer temperatures. One staff member told us of how they had been involved in supporting a new process to improve fridge and freezer temperature records following findings from a monthly audit.

However, audits of staff recruitment files did not take place and the issues we found at inspection had not been identified by the service. Whilst medicines audits took place regularly it had not been noted that the prescribed topical cream was not recorded on the MAR chart and therefore audit systems required improvement.

This was a breach of Regulation 17(1)(2)(a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we asked the provider to take at the back of this report.

Staff felt supported by management and spoke positively about the culture of the service. One staff member told us, "I'm very impressed with the way management have an all inclusive environment" and "We're allowed to express our views freely, we are asked all the time for what we think should be done[to improve the service]." Another staff member said "I feel my opinion is listened to."

Staff meetings were held on a monthly basis. Minutes from meetings we looked at covered topics such as best practice, record keeping and incident reporting. One staff member said, "Once a month we have staff meetings, I am able to give my opinion, and it is recorded." Another staff member said, "[Staff meetings] cover topics such as personal challenges, good practice, documentation, and if there are any issues that affect output."

The manager showed us that a service user survey was sent out for the first time last month to those using the service, and their relatives however responses had not been received to date. The manager told us they planned to use the feedback from the survey to make improvements at the service. The survey was implemented following feedback from a contract monitoring visit. We saw that the management team had acted on previous feedback from contract monitoring visits. For example appropriate fire safety equipment and premises risk assessments had been implemented to ensure that fire drills and equipment checks took place regularly.

The manager and staff told us that they and staff were subject to regular spot checks by managers to check the quality of their practice. Records that we looked at showed that issues with the recording of daily progress notes had been identified. We could see that this had then been raised at the appropriate staff supervision and at the team meeting to ensure that practice across the service was improved.

