

Gideon Supported Housing Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 15 June 2018. Gideon Supported Living provides care and support to people living in two 'supported living' settings, so that they can live 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. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there were five people using the service.

At our last inspection in September 2017 the overall rating of the service was requires improvement. Well-led was rated inadequate due to the number of concerns we found. We found four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. These related to management of medicines, person centred care planning, consent to care provided and good governance. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Gideon Supported Living Home' on our website at www.cqc.org.uk. The provider sent us an action plan on how they would meet these regulations. At this inspection we found the provider had made the required improvement and now complied with our regulations. We have rated the service overall as Good. However, the rating for well-led is requires improvement. This is because of the previous rating in this area. We needed to be sure they consistently improved and well managed before we can change the rating of well-led to Good.

There was 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.

Risks were assessed and management plans developed to reduce potential harm to people. People's medicines were managed in a safe way. There were sufficient numbers of staff to support people. Staff knew actions to take if they suspected abuse. The registered manager understood their responsibilities to protect people from abuse. Recruitment practices were thorough. Incidents and accidents were recorded and reviewed. Staff followed infection control procedures.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. People consented to their care before they were delivered.

People's care needs were assessed, planned and delivered in a way that met their individual needs. Care plans were detailed and provided guidance to staff. They were up to date and reflected people's present needs and circumstances. People and their relatives were involved in planning their care and support.

People received the supported they needed to meet their nutritional needs. Staff supported people to access healthcare services they needed to maintain good health. The service liaised with other services to ensure people received coordinated care. Staff were supported well through regular training, supervision and appraisal. Staff told us they felt supported in their roles.

Staff supported people with their emotional needs and treated people with dignity and respect. People were comfortable with staff and there was positive interaction between them. Confidential matters were discussed in private and records kept secured. People were supported to participate in the community and to do activities they enjoy. People were supported to maintain relationships which mattered to them. Staff understood the importance of promoting equality and diversity.

Relatives told us they knew how to complain if they were unhappy with the service. There was a complaints procedure in place and the registered manager addressed concerns in line with this procedure.

The registered manager complied with the requirements of their CQC registration. They sent us notifications and displayed their inspection rating as required. Regular checks and audits were conducted to assess and monitor the quality of service. The registered manager took actions to improve the service. Relatives told us that their feedbacks were acted on to improve the service. Staff felt supported and motivated to work at the service. Staff knew who to speak to if they needed advice and direction. The service worked in partnership with other organisations to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew signs to identify abuse and actions to take to report their concerns. Risks to people were identified and management plans were developed to reduce harm. Lessons were learnt from incidents and accidents.

Medicines were handled and managed in a safe way. Staff followed infection control procedures.

There were enough staff available to support people. Recruitment checks were conducted before staff started working with people.

Is the service effective?

Good ●

The service was effective. People consented to their care and support. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act 2005.

People's care needs were assessed and planned for. Staff received regular training, support, supervision and appraisal.

Staff supported people with their nutritional needs.

People had access to the healthcare services they required.

People received a well joined-up care and support as the service liaised effectively with other agencies.

Is the service caring?

Good ●

The service was caring. Staff knew the people they supported and communicated with them in the way they understood. People felt comfortable with staff.

Staff treated people with dignity and respected their privacy. People and their relatives were involved in their day-to-day care and support.

Is the service responsive?

Good ●

The service was responsive. People's care and support was

planned and delivered to meet their individual needs and requirements. Care plans reflected people's present needs and circumstances.

People were supported to do activities they enjoy. Staff promoted equality and respected people's diverse needs. People were supported to maintain relationships that were important to them.

Is the service well-led?

The service was not consistently well-led. We have rated well-led as requires improvement because we needed to be sure they would consistently improve how the service is managed.

A registered manager was in post who had clinical experience. Staff told us they were supported and received the leadership they needed to be effective in their roles. The views of people and their relatives were sought and these were used to improve care provided to people.

Regular audits and checks took place to assess the quality of the service. There were key policies and procedures in place to ensure the smooth operations of the service.

The registered manager complied with their registration requirements with CQC. The service worked in partnership with the local authority to develop the service.

Requires Improvement 

Gideon Supported Housing Limited

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 15 June 2018 and it was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. We also checked the information that we held about the service, which included notifications. A notification is information about important events the provider is required to send to us by law. We also reviewed the monitoring report we received from the local authority.

During the inspection we spoke with the registered manager, service manager and two support workers. We were unable to speak to people because they were non-verbal. We spent time observing how people were supported. We looked at care records and medicine administration records for three people using the service. We reviewed three staff files including recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

At our last inspection we found that people's medicines were not managed in a safe way. We also found that risks to people were not thoroughly assessed or managed to reduce harm to them.

At this inspection we found that medicines management was safe. Staff had completed medicine training and had their competencies assessed. Staff understood the organisation's medicine administration and management procedures including how to report medicine errors. There was a safe system in place for the storage of medicines. Medicines were kept in locked cabinets and accessible to staff.

Medicine Administration Record (MAR) charts were completed correctly. Where people had not taken their medicines for any reason, for example, if they were in hospital or away from the service, appropriate codes were used to explain this. Staff carried out medicine audits daily to identify any errors. We checked two people's medicines and they tallied with their MAR charts.

Risks to people were assessed and management plans developed on how risks could be reduced. Assessments covered people's mental and physical health, behaviour, medicine management, mobility and assessing the community. There were management plans in place to guide staff on how to support people who displayed behaviours that others could interpret as challenging. The plans included triggers to people's behaviour and measures for staff to follow such as keeping the people occupied, discussing their behaviour and reinforcing boundaries with them. Staff told us risk management plans gave them the guidance on how to reduce harm to people and to promote their health and well-being. For example, there were risk management plans to manage risks to people with epilepsy and staff followed this guidance.

People were safeguarded from the risk of abuse. Relatives we spoke with told us their loved ones were safe at the service. One relative said, "I don't worry about their safety. They are safe there." Another relative commented, "[Person's name] is happy and safe. Staff know how to keep them safe." Staff had received safeguarding adults training and understood the different types of abuse and their role to report any concerns in line with the organisation's procedure. One staff member said, "I will report any bad practice to my manager and they will deal with it. If it's something bad and it involves the management, I will whistle-blow." Staff knew their rights to whistle-blow to external agencies appropriately if needed to safeguard people at risk. The registered manager and service manager understood their responsibilities to involve the local authority safeguarding team, investigate concerns and notify CQC.

There were sufficient numbers of staff available to support people with their needs. Relatives told us their loved ones received the support they needed from staff. We observed that people who required one-to-one support received this level of support. Staff felt that there were enough of them to meet people's needs safely. The rota showed that there were sufficient and regular staff available during the day and at night to support people. Planned and unplanned absence were also covered. The registered manager explained that they ensured consistency and continuity by maintaining a regular staff team. The registered manager and service manager were available to cover short falls or to give staff support where needed.

Appropriate checks were undertaken before staff started working with people. Recruitment records contained satisfactory references, right to work in the UK, proof of address and the Disclosure and Barring Service (DBS) certificates. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These ensured staff were suitable to work with vulnerable people.

Lessons were learnt from when things went wrong. Record of incidents was maintained. The registered manager reviewed these and took appropriate actions. For example, behaviour management plan was updated for one person following an incident. Staff told us they regularly discussed incidents or concerns at team meetings.

The service had procedures to reduce the risk of infection. Staff had received training on infection control. Staff told us they were provided personal protective equipment which used appropriately.

Is the service effective?

Our findings

At our last inspection we found that the provider had not always acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). They had not ensured that appropriate consent was obtained before delivering care and support to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

At this inspection, we found that people had consented to the care and support they received. Staff had completed MCA training. Staff and the registered manager understood their responsibilities. Staff and the registered manager involved relatives where they felt a person lacked the capacity to consent to a specific decision. Record showed and relatives we spoke with confirmed they were involved in making decisions about their loved one's care. For example, relatives were involved in assessment process and in deciding what care package people needed. Relevant professionals were involved to make best interest decisions for people where required.

People's needs were adequately assessed. The registered manager conducted an assessment to establish people's individual needs before they started using the service. Care records included referral documents and needs assessments. Assessments looked at people's mental and physical health, behaviour, going out into the community, personal care, medicine management, finance, and maintaining relationships. Staff told us they discussed people's needs and how to support them during team meetings.

Staff had the training, support and supervision to provide care and support to people adequately. Staff told us and records showed that they had completed training in areas relevant to their job roles. Training included medicine administration, health and safety, safeguarding adults, challenging behaviour, mental health and autism awareness, first aid, MCA and Deprivation of Liberty Safeguards (DoLS). We observed that staff knew how to support people with their needs. Staff told us they were up to date with their training. New staff completed a period of induction when they first started. One new staff we spoke with told us, "I had an induction. It covered general housekeeping, code of conduct, policies and procedures; duties as a support worker and expectations of the service. It helped me improve my skills and how to deal with people." Staff told us they felt supported to do the job. One staff member said, "The managers supervise me and see that I am doing things properly. I get regular one-to-one. They identify areas I need improvement and help me with it. After my probationary period I was appraised before I was confirmed in post." Records showed that staff received regular one-to-one supervision and annual appraisals.

The service provided and supported people to meet their nutritional and hydration needs. Staff supported people to plan their menu and do their food shopping weekly. Staff supported people to cook their food. Where people required encouragement to eat sufficiently, staff offered this support.

People had access to a range of healthcare professionals such as GP, optician and dentist to meet their healthcare needs. Staff supported people to arrange and attend appointments as required and followed up on recommendation made by professionals.

People had a personal profile page which contained information about their medical history, behaviour, communication requirements, allergies, next of kin and GP details. Staff told us they shared these information with other relevant services when needed to ensure people received the right level of care and support.

Is the service caring?

Our findings

People indicated they were treated well by staff. Relatives we spoke with told us staff treated people well. One relative told us, "The staff are quite polite and seem nice. They respect loved one." Another relative said, "[loved one] tells me that they like their support worker. They say the staff are friendly." We observed that people and staff interacted in an open and friendly manner.

People had a dedicated member of staff that worked with them regularly. This allowed positive relationships to be developed. One relative told us that their loved one was settled as they have developed a good relationship with their support worker. The registered manager explained that they endeavoured to have a consistent member of staff working with people to ensure continuity.

Care records included information about people's likes and dislikes; preferred name and emotional needs. Staff showed they understood people's needs, preferences and behaviour and called people by their preferred names. They could tell us about people's behaviour and reactions to different situations. For example, one staff member described a person's reaction when there was a visitor around. This information was also documented in the person's care plan and staff supported people in line with their needs and wishes.

Staff respected people's choices and wishes; and involved them in their day-to-day care. We observed staff asking people about what they wanted to do and staff acted in accordance with people's wishes. For example, one person changed their mind about going out for an activity at the time agreed; and staff respected the person's decision and they agreed a different time with them. Relatives told us that staff kept them informed of their loved one's care and shared relevant information with them. They also said staff involved them in reviews meetings.

People had a key member of staff who was responsible for their care and support. Key workers also supported people at meetings making sure people's views were heard. Staff told us they had one-to-one time to support people they were responsible for. Relatives told they acted as advocate for their loved ones if required.

Staff communicated with people in the way they understood. Care plan documented people's communication needs and the ways people expressed themselves in different situations. We saw people communicated with staff using signs, pictures, gestures and body language and staff understood them. Staff were patient and allowed people time to communicate appropriately.

Staff treated people with dignity and respect; and promoted their independence. Staff gave us examples of how they respected people's privacy and dignity. One staff member said, "You treat people as adults and not children. Speak to them nicely as you would want to be spoken to. Close doors when you are doing personal care." Staff also told us they promoted people's independence by encouraging and giving them a chance to do whatever they could for themselves.

Staff knew to maintain confidentiality. One staff member said, "Keeping personal matters about people private and confidential is important in this job. You don't share information with people you don't know." We saw that personal and confidential records were stored in a locked cabinet in the office.

Is the service responsive?

Our findings

At our last inspection, we found that care and support provided to people was not personalised to their individual needs. At this inspection, people received care and support that was planned and delivered to meet their individual needs and requirements.

Each person had a support plan in place which set out their needs and provided guidance for staff to deliver care and support in a way that met people's needs. These covered communication, nutrition, personal care, medicines, mobility and night time support. Staff demonstrated a good understanding of people's support needs. They also explained how they delivered care and support to meet people's identified needs as stated in their support plans. People's relatives were satisfied with the care and support their loved ones received. One relative said, "[Loved one] is well settled. They are well looked after by their support worker. Staff encourage them to do activities and they are enjoying it." Daily care records showed the various tasks and activities staff supported people with. These ranged from personal care support, cooking, shopping, emotional support and partaking in activities. These indicated that people received the care and support they needed from staff.

People's care needs were regularly reviewed and support plans updated to reflect their current needs. Relatives told us and care records showed that people, their relatives and relevant professionals were involved in reviewing their care plans. Staff told us they discussed changes in people's needs during handover of shifts and at staff meetings.

Information was available to people in accessible format. Support plans, activity plans and menu were written in pictorial format to make it easy for people to understand.

People were supported to engage in activities they enjoy. People had individual activity plans in place which staff supported them to follow. People attended day centres and colleges where they socialised and learnt skills and visited places of interest, went out for shopping and to local cafes. Staff also encouraged and supported people to participate in activities of their choice.

Care records noted people's backgrounds, race, religion, and gender and the staff respected people's identities. Staff supported people to prepare their ethnic food. Staff told us if people wished to attend religious worship centres they were happy to support people with this. Staff had knowledge and understanding of equality and diversity issues. One staff member told us, "Diversity is about the unique differences we all share and equality is treating everyone with respect irrespective who they are."

People were supported to maintain relationships with their family and friends. Relatives we spoke with told us that staff supported their loved ones to visit or telephone them when they wished. Staff told us they supported people by arranging transport, packing essential items they may need during their stay with their relatives or friends and accompanying them on the journey to ensure they were safe.

Relatives told us they knew how to complain. They told us they would speak to the registered manager and service manager if they were unhappy. One relative said, "If I have any concerns, I would first speak to the

registered manager or service manager. If I am not satisfied with their response I would go social services. I don't have a problem raising complaints if I need to." Another relative commented, "Yes, I know to contact the service or social worker if there is a problem." We saw that the registered manager had met with a relative to address concerns they had and the issues were resolved.

Is the service well-led?

Our findings

At our last inspection of September 2017, the service had failed to identify the issues we found during our visit. The systems to assess and monitor the quality of the service were not effective. At this inspection, we found that the service had rectified the concerns we raised at our last inspection. However, it had only been eight months since our last inspection. We were unable to assess if the improvements made had been embedded and would continue to be sustained. This is something we will follow up at our next inspection.

The service had put effective systems in place to monitor the quality of care provided to people. The registered manager and service manager audited care records, staff files, training records, daily medicine administration record (MAR), financial records and health and safety systems. An action plan was developed to address any concerns identified. For example, staff had been retrained following concerns about medicines management. A daily medicines check had also been implemented to address and improve medicine management at the service. The registered manager sought the feedback of people and their relatives through phone calls and questionnaires. Feedback received was positive.

There was a registered manager in post who had a nursing background. The registered manager and service manager jointly owned and managed the service. Both understood their roles and responsibilities in relation to providing effective service to people and complying with the requirements of their registration. They had sent us notifications of incidents and changes that took place as required. The service displayed the rating of their last inspection in their office.

Relatives and staff were positive about the way the service was managed. One relative said, "I have no concerns about the way they run the place. The care is good so far." Another relative commented, "It's a good place. [Loved one] is happy and that's what's important." We saw people could approach the registered manager and service manager freely for support and advice; and they were listened to. The registered manager and service manager were involved in the day-to-day operations of the service and showed keen interest in the welfare of people.

Staff received the leadership and direction they needed. Staff told us they felt supported by the registered manager and service manager. They said they felt able to approach them if they had any concerns. One staff member commented, "It's a good place to work and the environment is very conducive. The management give us support we need. They make you feel as part of the organisation. They want us (staff) to be open and work as a team to improve the service. They are constantly seeking ways to make the place better." Another staff member said, "I like working here. I love the way we care for people. My managers are very cooperative and they listen to us if we have anything to say." Staff also told us their managers led by example. They said they were involved in providing care to people if there was need for them to do so.

Regular team meetings took place which gave the staff team opportunity discuss concerns relating to people, team working, working with other professionals and other issues relating to the running of the service. We saw that staff used team meetings to reflect on their practice and to develop their learning. For example, safe medicine management, safeguarding and MCA were regular topics discussed during team

meeting. Staff told us it reminded them and helped them continuously improve their knowledge and practice. Staff told us that they shared updates and information in the team through handover sessions. Staff said it enabled them keep up to date with matters concerning people so they could support them in a consistent manner.

The service shared lessons learnt from incidents, complaints and outcomes of audit/checks and monitoring with staff. The registered manager told us and records confirmed that outcomes of inspections and monitoring visits had been discussed with staff so they were aware and learnt from them. For example, one staff member said, "The registered manager discussed with us the last CQC report about how we manage people's medicines. I learnt to be careful and take my time. We want to make sure its properly done next time." Staff told us they were keen to improve the service so they were following the recommendations and actions put in place.

The service had key policies and procedures in place to guide staff in providing effective care and support to people; and for the smooth running of the service. These included human resources management, health and safety and care delivery such as safeguarding, obtaining consent, equality and diversity and promoting independence. Staff understood policies and procedures related to their roles. They could explain what was expected of them in accordance with the organisation's procedures.

The service worked in partnership with local authority's commissioning and contracts team to improve the service. A recent monitoring visit from the local authority showed the service was improving the quality of service delivered to people. The registered manager also liaised with other organisations on behalf of people. For example, they made contacts with benefit agencies and local colleges for people to attend.