Caraston Hall Support Limited

Glenlyn

Inspection report

Old Dawlish Road
Exminster
Devon
EX6 8AT

Tel: 01392824635
Website: www.carastonhall.com

Date of inspection visit:
12 October 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 12 October and was announced. We gave short notice of our intention to inspect on this day as the service is small and we needed to ensure people and staff would be available to speak with.

Glenlyn is registered to provide care and support without nursing for younger adults with learning disabilities or autistic spectrum disorder. The service mainly provides care to people living in a supported living house, called Glenlyn. The majority of these people do not require personal care, but do need support with day to day activities. At the time of the inspection, one person was receiving personal care from Glenlyn staff. Glenlyn staff also provide some support to two people living in Exminster; however neither of these people receive personal care.

There was a manager in post who had been registered with the Care Quality Commission since August 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected in January 2014 and was found compliant in all the regulations inspected.

Responses from people and staff to questionnaires sent by the Care Quality Commission prior to the inspection were very positive. Although we did not formally interview people who were not receiving personal care, we did meet them during the inspection. They all expressed very positive views about the staff and the care they received. Everyone we spoke with said how lovely the staff were and how well supported they felt. This included the person receiving personal care.
The atmosphere at Glenlyn was very positive and friendly with lots of laughter and friendly chat throughout the inspection. Staff were very caring and showed genuine compassion for people. For example, one member of staff had worked in their own time to find long-lost relatives in another country for a person. This had been really welcomed by the person, who was now in email contact with their family.

Risk assessments and care plans had been written which described the individual needs, risks and personal preferences of the person. These were kept up to date taking into account changes in the person's needs or wants. People had been involved in developing their care plans and had signed to say they agreed with them. Staff were able to describe the information contained in the care plans and how they had delivered that care.

Staff were recruited safely, with checks carried out to ensure they were suitable before they started working at Glenlyn. Staff were provided an induction which included a range of training courses. These courses not only covered essential training, but also covered more specialist knowledge such as epilepsy awareness.

Staff were knowledgeable about people and worked together to provide the person the support they needed and wanted.

There were sufficient staff to meet people's needs, both in terms of receiving personal care and to support their social needs. Staff worked flexibly as a team to ensure that people were able to do the activities they wanted or needed to do.

Staff encouraged people to maintain their independence by helping them to do activities by themselves. Staff showed respect to people and ensured their dignity was maintained and they were given privacy, for example when showering. People were supported to eat healthily and have sufficient drinks throughout the day for the health and well-being. People were also supported to manage their health needs by accessing health professionals including their GP, dentist and chiropodist.

People chose what activities they wanted to do, for example visiting local towns, going out for a game of pool as well as doing their domestic chores. People described how they were helped to do this by staff.

People were kept safe and supported by staff who clearly understood their role and were trained in how to recognise and report safeguarding issues. Where there were concerns, staff and the registered manager had taken appropriate action to address these. People were supported to take their medicines safely.

The registered manager and staff had a clear understanding of the vision and values of the provider and worked to deliver these. The registered manager was described very positively by people and staff. She described how she supported staff through supervision to deliver high quality care. The registered manager and staff undertook regular audits, including checks of medicine administration and care records to monitor the quality of the service. Where there were errors, action had taken place to address the concerns and improve the systems. The registered manager also regularly met with other managers and directors in the provider organisation to share ideas for service improvement.

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.

People were protected from the risks of abuse by staff who understood their responsibilities.

Risks to people had been assessed and enabled people to be safe whilst minimising any restrictions on them.

Medicines were stored, recorded and administered safely.

There were sufficient numbers of staff to ensure people were kept safe and had their needs met. Staff were recruited safely, with checks carried out to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff were provided an induction when they first joined and refresher training.

People were supported to maintain a healthy, balanced diet.

Staff understood their responsibilities in terms of legislation, including the Mental Capacity Act 2005.

People were supported to access health services.

Is the service caring?

Good

The service was very caring

People were supported by staff who were kind and compassionate. Staff went out of their way to support people.

Staff knew people well and showed concern for their well-being

People were involved in making decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs, preferences and aspirations.

Care records reflected people's risks, needs and preferences. Care records were updated when changes occurred.

The service routinely listened to people. There was a complaints policy and procedure. People said they knew how to complain.

Is the service well-led?

Good

The service was well–led.

The service promoted a positive culture and involved people and staff in developing the service.

Staff and people knew the registered manager and said they felt they were well supported by them.

Checks and audits to ensure the quality of the service were undertaken and actions were completed to make improvements where issues were identified

Glenlyn

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 October 2016 and was announced. We gave short notice of our intention to inspect on this day as the service is small and we needed to ensure people and staff would be available to speak with. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we reviewed information we had on our systems about the service. This included statutory notifications and previous inspection reports. A notification is information about important events which the service is required to tell us about by law.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this in May 2016. We also reviewed responses from people using the service which had been collected as part of a pre-inspection survey.

At the time of this inspection, one person was receiving personal care. We talked to this person about their experiences of receiving care from Glenlyn staff. We also met five other people who were living at Glenlyn who were supported with daily activities by Glenlyn staff. These five were not receiving personal, a regulated activity, and therefore their care could not be included in the inspection.

We spoke with five care staff working at the home on the days of inspection, as well as the registered manager.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed one person's care record, including risk assessments, care plans and medicine administration records. We reviewed two staff records. We saw policies and procedures and quality monitoring audits which related to the running of the service.

Prior to the inspection we sent questionnaires to 15 community professionals. We received no responses. We also sent questionnaires to nine relatives and friends, none of whom responded; and questionnaires to nine staff, four of whom responded. After the inspection we contacted four health and social care professionals. We did not receive any responses.

Good

Is the service safe?

Our findings

People said they felt safe at Glenlyn. Comments included "Staff keep me safe, look after me."; "No-one bothers me physically." and "Don't push me to do anything."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Staff had completed training in how to safeguard vulnerable adults, both e-learning and face-to-face training. The registered manager explained that staff had felt the on-line training had not met all their training needs. The registered manager had therefore arranged additional classroom based training, which had helped staff have a better understanding. Staff were able to describe what the different forms of abuse were. They also explained what they would do if they had a concern, which included reporting the concern to their manager and to the local authority.

Where a safeguarding issue had arisen, there was evidence that appropriate action had been taken, including working with the authorities to investigate the concern and address the issues.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person had a condition which meant they were at risk to themselves at times in when in the community. The risk assessment described how they sometimes saw objects which they felt were in the wrong place or the wrong colour. Their response to this situation had the potential to put themselves into dangerous situations. For example by attempting to move or replace the object, even if there was a danger to themselves. The risks were clearly described and the support plan for the person included instructions to staff. For example staff were instructed 'to ensure they walk on the roadside of the pavement and remain vigilant.'

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example there was a personal emergency evacuation plan (PEEP) for each person, which described how staff should support them in the event of a fire or other emergency.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. These were reviewed both by the registered manager as well as a director of the provider organisation, to see what actions could be taken to reduce the risk of a recurrence.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. It was stated in the provider information return (PIR) that 'Staff recruited specifically for gaps in qualifications, experience and skills sets in teams.' The registered manager explained that they were "very fussy about who we take on." They described how they employed staff who would meet the particular needs of people adding that they "employ on values rather than experience." Recruitment files showed that prospective staff completed an application form and were interviewed before being offered a post subject to

satisfactory checks. These checks included two references and Disclosure and Barring Service (DBS) checks. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People said there were enough staff to support them to do what they wanted. For example, one person described how staff "help with cleaning my room… going out loads of places." Staff explained how they had the time to work with people to do what they wanted. Throughout the inspection, we observed staff working in a calm, unhurried way with people, helping them both within their home and also on trips out.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. For example when we arrived there were five staff on duty during the day and an apprentice. These staff were working with all the people at Glenlyn and the two people in the community. The registered manager explained that staff were "really flexible" and were happy to arrange their working hours to support people with particular activities. The registered manager said they did not need to use agency staff to cover shortfalls in the rota, as staff were always willing to take on extra shifts.

There were safe medicine administration systems in place and people received their medicines when required. People were assessed to see if they were able to self-administer their medicines. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person had been assessed as to whether they were able to administer their own medicines. Due to a long-term condition, the person was assessed as someone who required staff to administer their medicines. There were clear instructions for staff to follow, which included the person sitting at the table to reduce the risk of them dropping tablets on the floor.

Staff had received training in safe medicine administration. Staff signed once they had given a person their medicines. Charts were colour coded to identify clearly the times of day when medicines should be given.

Medicines were managed safely in the home. Most medicines were provided by the pharmacy in a measured dosage system (MDS), which were delivered to the home. There were safe procedures for checking in medicines, storing medicines and returning unused medicines to the pharmacy. Staff undertook a weekly medicines audits check to ensure medicines had been administered correctly. This included checks of medicines which were not MDS, for example an inhaler or cream. The registered manager also undertook regular checks of the medicine administration systems. Where an error had occurred there was evidence that action to address the issues had been taken.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "not too bossy, not bossy at all", "staff are great, they know me well" and "well trained, better than the other place."

New staff were supported to complete an induction programme before working alone with people. The registered manager said they had re-designed the induction programme and this was now used across all other locations owned by the provider. They said existing staff had also had the induction programme to address some areas where additional knowledge was needed.

The registered manager said they were mapping their induction programme to the standards outlined in the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. After the inspection, the registered manager confirmed that they had completed the mapping which they said had been useful. They explained that although their induction covered the standards, there had been some small elements missing in their induction. They also provided evidence that this had now been addressed.

Staff said they had the training they needed when they started working at the home, and were supported to refresh their training. Training records showed that staff had completed training which included fire safety, food safety, health and safety, infection control, manual handling, safeguarding adults from abuse and first aid.

Staff said they were able to update their training and skills to meet people's needs. All staff who responded to the questionnaire sent out by CQC responded positively to the question 'I get the training I need to enable me to meet people's needs, choices and preferences." Comments from staff included: "Our team and service users have a good understanding of each other" and "I am very confident that my colleagues and managers are capable and decent, we communicate well and consider what is best for the clients."

Staff were also supported to undertake training to support people with specific needs. For example all staff had completed a course in managing challenging behaviour and breakaway techniques. Staff had also completed courses in epilepsy awareness, autism awareness, personality disorder and attention deficit and hyperactivity disorder (ADHD).

The Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits. Staff had the opportunity to complete relevant nationally recognised qualifications, such as a level two or level three QCF in care. At the time of inspection, two staff had completed a level three qualification in care. One member of staff was in the process of completing a level two QCF and three staff were working towards a

level three qualification. Training was provided by an external training organisation, while managers within the provider organisation were able to offer support and mentoring.

People were supported by staff who had completed supervisions (one to one meeting) with their line manager. All the staff who responded to the questionnaire said they received regular supervision and appraisal which enhanced their skills and learning. Staff confirmed this during the inspection.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff had an understanding of the Mental Capacity (MCA) 2005. They were able to describe how people needed to be assessed about their capacity to make a particular decision. For example, staff described how one person had 'fluctuating capacity' when they became very anxious. However they also described how they supported the person to reduce their anxiety.

People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People had signed and dated their client profile sheet to show they agreed with it. People's wishes and preferences had been followed in respect of their care and treatment. One person described how they were always asked before staff undertook an activity with them. Throughout the inspection, we observed staff talking to people asking them what they wanted to do and helping them to achieve the activity.

People were helped to have a heathy diet which they said they enjoyed. People were supported by organised and attentive staff to have a meal of their choice. The staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's dietary needs and preferences were also clearly recorded in their care plans. We observed one person helping themselves to cereal at breakfast. Staff supported them to ensure they had all they needed to eat.

One person's care plan described behaviours about eating particular foods and worried about food stocks. The plan also described how the person should be encouraged to try food as they did not always remember what food they did or did not like. During the inspection, the person was offered a main meal of chilli con carne, which the person was unsure about. Staff said the person could have an alternative meal if the person did not want to eat it. However, staff encouraged the person to try the meal, which they did. They then said they liked it and ate it all, saying they had enjoyed it.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. There was evidence that people had also been supported to see specialists including epilepsy nurses and psychiatrists.

Good

Is the service caring?

Our findings

People appeared happy and contented. Comments included "Staff are really nice."; "it's great here, they really look after me" and "it's lovely."

Staff demonstrated kindness and compassion towards people, chatting to them about their interests and things they had done. Throughout the inspection, we heard people and staff laughing and chatting together, appearing to enjoy each other's company.

One member of staff had supported a person to make contact with relatives in another country, who they had not had contact with for most of their lives. The registered manager described how the staff member had worked in their own time to find traces of the relatives. This had been difficult as there was very little information on which they could base the search and the person was not able to remember all the details. The staff had eventually found three relatives and been able to support the person to make contact by email with them. The person said that they were really happy with this.

The registered manager described how another member of staff had supported a person who was very frightened about going to the dentist. They said the person had not been to the dentist for a number of years because of the fear and no staff had been able to change their mind. They said they were really impressed at how this member of staff had built such a positive relationship as it had meant the person had found the confidence to visit the dentist.

Staff were aware of people's history. Each person had a key worker who had supported them to develop a pen picture, which described the person's story from childhood. These were written in positive language, focussing on the person's achievements and skills. For example, one person was described as having 'a particular flare for numeracy and science'. Staff described how they liked to focus on what people had achieved and what they were good at. For example, one member of staff said it was "important to treat [person] with respect and see him for who he is, not just see his [condition]."

Peoples dignity was respected by staff. For example, staff were respectful when supporting a person with showering. We observed staff remaining outside the bathroom until the person was ready for support. The staff member explained how the person liked to do as much as possible by themselves. Staff knocked on the door and asked whether the person wished to have them enter and help them.

Staff understood people's individual communication skills, abilities and preferences. For example, one person required a lot of reassurance when doing something which was not part of their normal routine. We observed staff discussing one such activity with the person. Staff were patient and gentle with the person answering their questions and encouraging them to think positively about doing the activity.

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff, they were able to explain how they supported each person individually, recognising their differing needs. Staff described how they ensured that people were able to make their views known about what they wanted to do on a daily basis.

Speaking with one person, they said they liked to get up later and have a slow start to the day. They also said they liked to go out most days in the car with staff to visit different places. For example they described how much they enjoyed visiting Exmouth for lunch or a coffee. They said they were able to do this often.

Care, treatment and support plans were personalised. The records were thorough and reflected people's needs and choices. An example of this was the triggers that affected one person's mood and behaviour. The person's behaviour support plan included details of when the person was likely to be challenging; what staff should do proactively to support the person to reduce the aggression and what staff should do if the person remained aggressive. This included guidance to staff to ensure that any information given was 'clear and simple, in verbal form'. It also identified that the person was more likely to show aggression if they were in a noisy environment.

People's needs were reviewed regularly and as required. Where necessary relevant health and social care professionals were involved. An example of this was the involvement of one community professional to look at whether there had been changes in the person's capacity to make particular decisions about their finances.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded. This helped to ensure people's current needs was monitored. We observed a handover meeting between early and late shift staff, with the registered manager also present. The meeting was chaired by a senior care worker, who described what each person had been doing and what needed to be considered by the staff on the next shift. All staff contributed to the discussions and were involved in ensuring that there was continuity in the care provided.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to do. In addition to group activities, people were able to maintain personal hobbies and interests, which staff provided support for as required. For example, one person said he enjoyed going out on trips as well as playing golf and pool on occasions. He described recent activities he had undertaken both on his own and as part of a group.

People said they knew how to complain but had never had to. One person said they would "tell [registered manager] if I have a complaint, but never had to formally." They also added "Nothing needs improving."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no formal written complaints since our last inspection. However, the registered manager said they

asked people to complete a survey every other month. These surveys were about different topics, for example food and activities. People were asked to complete a simple form where they were asked what they were happy about, what they were sad about and what they didn't like. An example of how these surveys had changed the service included the way in which the maintenance of the home was carried out. People had said they did not like the provider's maintenance staff turning up unannounced to fix a problem. This had resulted in a change to practice so that maintenance staff now arranged an appointment time. People's views about their own care were also sought through individual care reviews with their key workers.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The provider's statement of purpose identified the aims and objectives of the organisation as providing 'flexible and bespoke services of support and care to meet the diverse and complex needs of individuals' and 'to enable people who use our services (Clients) to live independent and dignified lives in a home that is of their choosing. We will support clients to ensure that they are not just "in" the community but are "part" of the community. By being "part" of the community, we mean that clients should have happy and fulfilled lives which have all the rights, obligations, aspirations and benefits of the wider community.' One member of staff said "This is the best place I have ever worked."

The registered manager and staff were observed ensuring that these aims and objectives were being met. They did this by promoting people to be as independent and in control as much as they were able. The registered manager described how they helped people to go to local places, such as coffee shops and to the pub to play pool. They said this was an important part of being part of the local village community.

The registered manager had a very open approach, which staff and people said meant they felt able to discuss issues with her. Staff were encouraged to contribute ideas and suggestions. At the hand-over meeting, we observed staff discussing people and what needed to be done. All the staff contributed in positive and meaningful ways.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager kept up to date with national guidance, for example by accessing websites for Skills for Care and the Care Quality Commission. The registered manager also met with other registered managers and directors from the provider organisation on a six weekly basis. Clinical governance and other issues relating to the running of services were discussed at these meetings. Good practice was also shared between the services, for example a new medication audit form had been designed by the manager at Glenlyn and was now being used by all services. This showed that the service and provider were involved in continuous improvement.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included audits of medicines and care records. Internal audits had identified shortfalls and action had been taken. Staff were supervised and appraised on a regular basis, which meant they were able to discuss how they were working and identify any training needs they had.

The registered manager valued people and staff feedback and acted on their suggestions. People had opportunities to feedback their views about the home and quality of the service they received. They did this both informally through discussions with people and staff, as well as through surveys and meetings. People and staff said they had confidence that the registered manager would listen to their concerns and would be

received openly and dealt with appropriately.