

Green Light PBS Limited

Tranquil Cross

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?	Good ●

Summary of findings

Overall summary

Tranquil Cross provides accommodation and personal care for up to two people who have a learning disability. There were two people living at the service at the time of this inspection.

We carried out a comprehensive inspection of Tranquil Cross on 14 October 2017. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure the registered manager was there, as well as staff and people to speak with and access to records. This was the first rateable inspection for this service since registration in November 2016.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We spoke with relatives and professionals working with the people who lived in Tranquil Cross and their feedback about how the service was operating was positive. Staff commented, "Staff and managers treat people as individuals and work with the goal of helping people to achieve what they want to in their lives."

We looked around the service and saw it was well maintained and met people's needs. The garden was large and had an uneven surface in one section where a swing had been removed leaving some divots in the ground. As this posed a potential trip hazard it was discussed with the registered manager. Following the inspection we received information that the holes had been filled to prevent any risk of trips or falls. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. On the day of inspection we found some inconsistency in the temperature of water from different outlets. This was discussed with the registered manager who immediately arranged for a plumber to visit the home and check the consistency of water temperatures. People's bedrooms had been decorated and furnished in line with their personal preferences

We noted one person did not have access to laundry facilities at their accommodation. We were told the expectation was that the person would access these facilities from another person's accommodation. This did not uphold one person's right to privacy in their home or a person's ability to exercise their independence to complete their own laundry with support. This was because in reality, staff told us they were undertaking this task for the person. Following the inspection we received information from the registered manager that a proposal had been agreed by the organisation to create a new utility area adjacent to the house which could be used by the person who did not such facilities in their home.

A relative told us, "We are very happy with the care and support [Person's name] is receiving. They have

achieved so much since moving there. It has been a very good move so far." A professional familiar with how the service operated told us, "The team at Tranquil Cross are very caring towards the individual in that home. Since [they] moved there at the beginning of the year, they've provided very person-centred and proactive support which I feel has then led on to the individual, with the right support, being able to achieve things which other care environments had previously struggled with e.g there has been a reduction in frequency and intensity of behaviours, increase in social activities such as kayaking, holidays etc."

People were relaxed and busy engaged in their own choice of activities and appeared to be happy and well supported by the service. We saw one person spent time with their family and went out for the day and another person completed some chores before going out for a walk. A relative told us, "[Person} gets out and does so much now and has a very busy life which is lovely to see."

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met.

People had sufficient to eat and drink and choice about what they ate which reflected their personal preferences. A health condition restricted one person's access to food. Appropriate consent was in place for the restrictions around this. We saw the person had access to fresh fruit, snacks and a choice of drinks at all times.

People's safety and well-being had been assessed by the registered and deputy managers. Risk assessments were in place to minimize any hazards and keep people safe. For example, risk assessments had been carried out regarding accessing the local community, particularly busy areas and travelling in a car. One person had risk assessments in place about access to sharps in their kitchen. There were plans in place which minimized restrictions to people's lives while also keeping safety as a prominent consideration.

Care plans were detailed and personalised to reflect the individual needs of each person. Staff had a good understanding of people's needs and consistently met these while also upholding people's independence. For example, a relative told us about the personalised support that had been put into appropriately supporting their relative to cook. This was an activity they loved to do and with appropriate support, the person not only cooked regularly but also prepared a meal for relatives.

The service had effective induction and staff supervision systems to ensure competent and well skilled staff were employed at Tranquil Cross. Staff told us they loved their jobs and felt they had all the support they needed to carry out their role. They told us, "The training and induction were first class. I love working here. It's a great team" and "I have regular supervision and I find the managers easy to go to and very supportive."

We saw many positive interactions and people enjoyed talking to and interacting with staff. One person had a visit from family and we heard how much fun the person, their family and staff had working together to create a pumpkin lantern in preparation for Halloween.

There were sufficient staff to keep people safe and meet their needs. The service operated safe recruitment systems to ensure staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe

administration of medicines and kept relevant and accurate records.

Personal monies held by the service were stored securely and accurate according to audited records.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask peoples consent before they provided support.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. A professional commented, "The team have been proactive in thinking about ways to reduce restrictions."

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications. The registered manager made sure there was a focus on continuous development of 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. Relatives and professionals familiar with how the service operated told us they believed the service was safe for the people who lived there.

The service had safe and flexible staffing levels to meet the needs of people.

Systems for the administration and recording of medicines helped protect people from risk.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills to meet people's needs and were appropriately supported by the organisation.

The requirement of the Mental Capacity Act were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The lay-out of the service into separate living units met people's needs. It is recommended the service review available facilities for people to undertake their laundry.

Is the service caring?

Good ●

The service was caring. Families told us and we observed staff were caring toward people.

Staff knew people well and it was clear they valued them as individuals.

People had comprehensive support plans which guided staff about the appropriate care and support for people. These were regularly reviewed and amended when required.

Is the service responsive?

Good ●

The service was responsive. People received prompt and

appropriate health care when they needed it.

The service provided a range of personalised activities for people to participate in.

Concerns and complaints were recorded and investigated.

Is the service well-led?

Good ●

The service was well led. Staff, relatives and professionals familiar with the service commented positively about the management of the service.

Thorough quality assurance processes including regular audits were consistently operated to maintain high standards across the service.

There was an open and relaxed atmosphere at the service. The culture of the service was transparent and positive in supporting people to achieve their goals.

Tranquil Cross

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, 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 14 October 2017 and was announced two days before to make sure staff were available due to the way the service operated. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with the registered manager, managing director and two staff members on duty. We spoke with two of the people using the service and two relatives. We also received feedback from another relative and an external professional before the inspection and from another professional following the inspection.

We spent time observing care practices and interactions between staff and two people using the service. We looked at care records of two people living at Tranquil Close, training and recruitment records for two staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean and a safe place for people to live.

Is the service safe?

Our findings

We observed people who lived at Tranquil Cross were relaxed and happy during the inspection process. Relatives told us they felt the service was safe and provided very good care and support. One relative commented, "Oh yes, I am very confident that [Person's name] is safe there. There is nothing staff do that isn't thoroughly thought out. There are risk assessments for activities where there is an element of risk. The good thing is they aren't risk adverse. Staff do so much with [Person] to give [Person] a full and happy life and I am confident that safety comes at the forefront of everything they do."

Where staff had recognised themes in a person's behaviour resulting in enhanced risk, action had been taken to engage with other professionals to take action to reduce these risks. This demonstrated the service recognised what action to take to ensure people were safe. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs. A professional who worked with the service told us, "I don't have any concerns. I find them very transparent and quick to respond to me and provide any information I have requested."

Staff had access to, and understood the service's safeguarding and whistle blowing policies. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly. Staff had received updated safeguarding training. Staff said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

The service held amounts of personal money for the people who lived at the service. Accurate records were kept and regularly audited to ensure the accuracy of the balance held at the service. Financial risk assessments were in place which sought to minimise the risk of financial abuse. People's finances were monitored and audited by the registered manager.

Arrangements for the management of people's medicines were safe and effective. There was a personal medication file and lockable storage facilities for safe storage of medicines. The Controlled Drugs (CD) codes which require services to follow strict rules about storage and recording of certain medicines were being followed, although there were no controlled drugs in use at the time of inspection.

Medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. Support provided was on a one to one basis, which made sure staff could work individually with the person and knew what medicine they were taking and why. People were supported and prompted by staff to take their medicines.

Medicine records were completed immediately following medicines being given and were accurate. Any changes to medicines were clearly recorded on charts.

Management of medicines was something regularly discussed in staff meetings. Minutes of these meetings demonstrated that managers were aware of how medicines were handled. Regular communication ensured

good practice was consistently followed. For example, staff were reminded that any medicines taken out of the service to accompany the person on activities must be signed out.

Staff had received updated medicines training and showed a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration audits weekly as well as a comprehensive monthly medicines audit to ensure safe practices were followed.

There were regular medication review meetings held with the multi-disciplinary team and with family involvement if they wanted to attend. Medicine errors at the service were rare; however, when they happened they were thoroughly investigated and documented, to ensure clear records could identify common themes in mistakes being made.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. On the day of inspection we found some inconsistency in the temperature of water from different outlets. This was discussed with the registered manager who immediately arranged for a plumber to visit the home and check the consistency of water temperatures.

Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection people were supported to take part in daily activities and routines. For example, staff members on duty were taking time with people doing things they liked such as going out for a walk and one person was looking forward to a visit to a local train museum.

Recruitment processes were robust. All appropriate pre-employment checks were completed before new employees began work. For example disclosure and barring checks were completed and references were followed up.

Is the service effective?

Our findings

People received care and support from staff that knew them well and had the knowledge and skills to meet their needs. Families told us, "It's going really well. Very positive. They put a lot of effort into making the move a positive experience for [Person]. They've kept a fairly consistent core staff team and [Person] is very happy."

The service assessed people's needs before they moved into Tranquil Cross to help ensure the service would suit their needs and keep them safe. Assessments were detailed and gave a comprehensive report of the needs of each person. A transition plan was developed to plan for a smooth move into the service. Families told us transition arrangements had been well planned and carried out. Staff from the service spent time shadowing staff from the previous service so that they understood the needs of the person moving into Tranquil Cross.

The management of the service understood the importance of ensuring people were supported by staff they felt comfortable with, and who understood their needs. For example, staff recognised when people wanted time alone, and were able to interact in a way that met the person's needs, without overwhelming them.

New staff completed a thorough two week training induction process in a classroom setting. Training covered understanding of autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

Once new staff had started working at the service they had a period of shadowing experienced staff on shift to ensure they were competent in their role. One new staff member commented, "It's one of the best companies I've worked for in terms of training and support". Another staff member commented, "I love the fact that the organisation encourages you to bring all your life experience to the role of being a support worker. I have brought a lot of person centred skills to my role and I love my job."

Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. This is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector. Once successfully completed staff were encouraged and supported to undertake further Diploma level qualifications in Health and Social Care.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours.

People accessed healthcare services as required and received ongoing healthcare support and reviews which both relatives and professionals said they were actively involved in. People also had access to regular dental checks. We saw records of annual health reviews with GP services and people had regular appointments with Learning Disability services.

Documentation was updated to reflect the outcomes of professional health visits and appointments. This demonstrated staff understood the importance of working with health professionals to get the best outcomes for people using the service in order to maintain their health and wellbeing.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered manager and staff understood the legislation as laid down by the MCA and the associated DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice and regularly reviewed any restrictive practices imposed. An external professional told us, "The team have been proactive in thinking about ways to reduce restrictions". The service regularly reviewed any restrictive practices.

We saw that staff consistently asked people for their consent to decisions, and made sure people were happy before undertaking a support action.

Discussion with the registered manager and staff confirmed they understood when an application should be made and how to submit one. Authorisations in place were being reviewed and monitored as required. A professional told us, "The client I worked with has a current standard authorisation regarding certain deprivation of liberties. I am aware the service regularly review this. There is a willingness to work effectively with families and other services in the client's best interest."

People had sufficient to eat and drink and choice about what they ate which reflected their personal preferences. A health condition restricted one person's access to food. Appropriate consent was in place for the restrictions around this. We saw the person had access to fresh fruit, snacks and a choice of drinks at all times.

The premises were well maintained, pleasant and spacious. The garden was large and had an uneven surface in one section where a swing had been removed leaving some divits in the ground. As this posed a potential trip hazard it was discussed with the registered manager. Following the inspection we received information that the holes had been filled to prevent any risk of trips or falls.

People's bedrooms had been decorated and furnished in line with their personal preferences. The design and layout of the individual living units generally met people's individual needs. People had their own accommodation with separate facilities. However, we saw that one person did not have laundry facilities in their accommodation. This meant the person had to go into another person's living accommodation to do this. This situation was not respectful of a person's privacy and in turn did not support another person's independence skills in doing their own laundry because staff told us that the task was completed by staff due to the shared utility situation. Following the inspection we received information from the registered manager that a proposal had been agreed by the organisation to create a new utility area including a washing machine and tumble dryer, adjacent to the property for use by the person who currently did not

have these facilities in their home.

Is the service caring?

Our findings

We observed staff were caring, patient and respectful toward the people they supported. It was clear there was genuine affection for people and this was reflected in relative's views of the care provided to people. Comments included, "I can't fault the care provided to [Person's name]. They do so much with [Person]. All the staff I have met so far have been excellent. They are all very positive and always encouraging [Person] to do lots."

Staff had an in-depth knowledge of the care and support people using the service needed. People were relaxed in the company of staff. It was clear they knew each other well. Comments from staff included, "We have built up a real rapport with both customers who live here now. We know them well and staff go out of their way to provide the best care they can" and "Staff and managers treat people as individuals and work with the goal of helping people to achieve what they want to in their lives."

The routines at the service were flexible and arranged around people's individual needs. For example if people wanted to do something in particular on a certain day then staff would try their utmost to make this happen. For example, one person had planned to have a movie night at the weekend and spoke with staff about having their planned treats earlier in the day. We heard staff talk to the person about this change of plan and come to an agreement which pleased the person. This demonstrated staff clearly understood and responded to people's individual needs in a kind and caring way.

People's care plans showed their styles of communication were identified and respected. The care records were written in a person centred way. This meant the person was at the centre of their care which was arranged around their individual needs. Care records contained detailed and personalised information to help staff to deliver care that met the person's preferences.

People's individual preferences were described, for example, personal care and preferred routines. In addition, the service had put together comprehensive, picture led support plans and information for people about their lives at Tranquil Cross. Each plan was full of personalised photographs, making the plan very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with and use it. These were reviewed monthly with the person.

People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and food choices. We saw those that needed it could use symbol sequencing strips to communicate their needs to staff.

People were supported to have access to advocacy services that are able to support and speak on behalf of people if required.

Is the service responsive?

Our findings

People who lived at Tranquil Cross received personalised care, treatment and support which put them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement.

External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. A professional commented, "The team at Tranquil Cross are very caring towards the individual in that home. Since [they] moved there at the beginning of the year, they've provided very person centred and proactive support which I feel has then led on to the individual, with the right support, being able to achieve things which other care environments had previously struggled with e.g there has been a reduction in frequency and intensity of behaviours, increase in social activities such as kayaking, holidays etc."

Relatives of people who lived at Tranquil Cross told us staff understood their relative's needs, knew how to meet them and were proactive in suggesting additional ideas helpful to the person. A relative of a person who lived at the service told us, "[Person's name] hasn't been here a very long time, but we are amazed at how quickly [person] has settled in. We can see [person] is happy, and interacting really well with people."

The service was flexible and responsive to people's individual needs. For example, one person was passionate about cooking and was enabled to cook regularly for their relatives. Relatives told us this had been an important aspect of family life for the person and it was important that doing this was supported by the staff team since moving into Tranquil Cross.

People who used the service were encouraged and supported to engage in a wide range of social activities and events both inside and outside of the home. For example, people regularly took part in domestic tasks to keep their home clean and tidy.

There were extensive social calendars for people recording the plans they had for their week. Away from Tranquil Cross people liked to go for walks and enjoy meals out. We heard how people had enjoyed cycling together and had attended events at other Green Light services to meet friends and socialise. A relative commented, "[Person's name] now has a very full life going to social activities at other Greenlight services, going cycling, kayaking and there are plans to get [Person] horse riding"

Relatives told us that support plans were shared with them and there was regular on-going communication between the service and families about support plans. A relative told us, "I am very much involved in my [relative's] care plan and reviews. The [registered] manager is very good at making sure we are kept up to date with all decisions involving [Person's] life."

People and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Relatives told us their ideas were listened to and they felt involved in how the service operated and developed.

The service had a policy and procedure in place for dealing with complaints. Relatives told us they were aware of how to make a complaint and would feel comfortable doing so. Comments included, "I have found them to be really transparent; no matter what it is, they are straight on to me so there aren't any surprises. I like that aspect of how the organisation works."

The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist people to share their feelings about their service and key-workers worked closely with people to have a good awareness of any issues people might have.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Relatives and external professionals all commented positively about the management of Tranquil Cross. Comments included, "[Person's name] is particularly good as the registered manager. He is very passionate about working in the sector and really thinks outside the box about things. I have every confidence in how the service is run."

There was a clear management structure at the service. Green Light the organisation which runs Tranquil Cross, had a small number of management layers which supported the delivery of the service. As well as a Registered Manager, who had day to day management responsibility for the service, there was also a deputy manager and an Operations Manager who had regular contact with the service. The Operations Manager role provides background support and acts as a link between the service manager and administrative staff supporting the service.

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these, and were committed to them. There was a positive culture within the service that was person centred, inclusive and empowering. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service regularly shared and discussed events that took place as a staff group informally and in monthly staff meetings. Management and staff were professional and friendly towards each other, visitors and the people they supported.

Staff told us management were supportive. Comments included, "It is a good team, we are 'Team Tranquil'! Both the RM and deputy manager are very good, very approachable" and "It doesn't feel like work when you come here, it's like being with friends."

Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way.

The provider kept abreast of current practices in the specialist areas of autism, aspergers syndrome, epilepsy management and support for people with learning disabilities through close partnership working

with specialist agencies. Professionals commented the service staff team were keen to take advice, "They have wanted to improve their own skills and knowledge to better support the individual and so have requested advice re: resources and training available."

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques.

Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice.

The service had robust quality assurance systems including monthly audit of the service's medicines system, health and safety checks, records and monitoring of any concerns.

There were regular quality assurance feedback opportunities including monthly resident surveys which used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service which we saw was positive.

The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.