

Glenmore Trust

Glenmore Trust - 2 Newton Road

Inspection report

2 Newton Road
Penrith
Cumbria
CA11 9FA

Tel: 01228522448

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14 April 2016

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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

This unannounced inspection took place on 14 April 2016. This service was last inspected in January 2014 and met all of the standards we looked at.

Glenmore Trust - 2 Newton Road (Newton Road) is registered to provide care accommodation and personal care for up to three people. It offers short term respite services for people who may have a learning disability. The accommodation has suitable adaptations for people who may also have limited mobility. Bedrooms are for single occupancy and are ensuite.

The service had a registered manager. 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 ensured that people were provided with or were able to access meaningful activities.

The service had sufficient appropriately recruited staff available to support people. As part of their recruitment process the service carried out appropriate background checks on new staff.

Staff were aware of how to identify and report abuse. There were policies in place that outlined what to do if staff had concerns about the practice of a colleague or any other person who came into contact with people who used the service.

Staff were trained to an appropriate standard and received regular supervision and appraisal.

People who needed support with nutrition and hydration received it. The service took into account people's beliefs and preferences when providing meals.

The management of medicines was well organised and there were systems in place to make sure people's medications were checked in and out as they accessed the service.

We observed staff who were caring and treated them with dignity and respect.

Care plans were based on thorough assessments. The service took into account that people's assessments needed regularly updated to reflect any changing needs.

Relatives told us the registered manager worked hard to provide a good service. We saw that the registered manager was well supported by the provider.

There was a quality assurance system in place at the service.

The service took into account people's levels of capacity when supporting them to make a decision. They noted who had legal powers to help make decisions in people's best interests though they did not always check the legal documents relating to this.

We recommend that the service reviewed the way it gathered and documented this information.

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.

There were sufficient staff to meet people's needs.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition and hydration.

Where applicable the service gathered information about who had lasting powers of attorney, they did not always check this important legal documentation.

Is the service caring?

Good ●

The service was caring.

We observed staff who were caring and treated people with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access a wide variety of activities if they chose to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had clear ideas about what the service should provide and provided guidance and leadership to staff.

Staff told us they felt supported by the registered manager. The registered manager told us she was well supported by the provider.

There was an effective quality assurance system in place.

Glenmore Trust - 2 Newton Road

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 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 took place on the 14 April 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed 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. We also reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with three relatives. We also spoke with seven staff including the registered manager and the chief executive officer (CEO).

We looked at two care plans and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

Is the service safe?

Our findings

People who used this service were not easily able to tell us their views. We observed that people were supported in a calm and safe manner. We spoke with relatives and asked if they thought the service was safe. One person said, "It's absolutely safe." Another person told us, "My son knows his mind, if he didn't like it he wouldn't go."

We spoke with staff and asked them if there were sufficient staff to meet people's needs. Staff told us, "Our rota is geared up to that." And, "We have three staff on this evening and an on call system to back us up."

We spoke with the registered manager and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on people's needs and if those needs changed, staffing levels could be increased by offering extra hours to staff within the service. In addition the provider had a number of other services nearby that staff could be 'borrowed' from if necessary.

During our inspection we there were two people who were receiving respite care during the day and two people who were due to receive care overnight. We noted that there were five care staff available as well as the registered manager. We measured this against the needs of the people who used the service on the day of our inspection and saw that there were sufficient staff on duty.

We saw that each person had assessments in place that identified risks that they faced and planned ways to reduce them. For example, some people required support to maintain a specific daily routine. Risk assessments indicated that failure to do so could lead people to become stressed and upset. Plans were in place to ensure that people were enabled to do this in a safe and appropriate manner.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns if they suspected abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at recruitment procedures in the service. The registered manager provided evidence that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. We saw staff records that confirmed this.

We looked at how the service managed medicines. There were suitable arrangements in place for the storage of medication. The service had arrangements in place to ensure that medicines were carefully checked in and out when service people arrived and departed. Each person had an appropriate medicines support plan in place and records indicated that people were given their medicine as prescribed.

We looked at how the service managed infection control. Staff were provided with adequate personal protective equipment and we saw this in use. Cleaning schedules were in place and we noted that the building was clean. We saw that some areas of the building required refurbishment, the chief executive officer explained that plans were in place to make improvements to some rooms. We will continue to monitor this.

Is the service effective?

Our findings

People who used this service were not easily able to tell us their views. We observed that staff were carrying out their duties appropriately. We spoke with relatives and asked if they thought the staff knew what they were doing. One person said, "Oh yes." Another person added, "They are 100 percent."

We examined how the service supported people to make their own decisions. The service noted when people lacked capacity to make some decisions and acted in accordance with the Mental Capacity Act. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The service also checked to see if any family members had lasting powers of attorney. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both. We saw that though the service had checked that people had lasting power of attorney they had not seen all of the legal documents relating to this.

We recommend that the service review the way in which it records and checks this important legal information.

We spoke with staff and asked them if they felt well supported and appropriately trained. The staff told us that they felt they were trained to a standard that enabled them to carry out their roles. They added that they felt well supported by the registered manager and often met with members of the senior management team including the CEO.

We looked at staff training records including a training plan. We saw staff had completed training that the provider judged to be mandatory. This included moving and handling and infection control. In addition staff had also completed training specific to their role such as deafness awareness, epilepsy and managing behaviour that challenges.

We looked at supervision and appraisal records for staff. We saw the registered manager was carrying out supervision and appraisal sessions regularly and in accordance with the provider's in house policy

People who we spoke with and their relatives raised no issue with the nutritional and hydration support available at Newton Road.

We looked at how staff supported people to take adequate nutrition and hydration. On the day of our inspection people were baking chocolate brownies with the support of staff. We noted in people's written records of care that cooking in the kitchen was a regular activity during which staff could observe people's skills in this area.

Each person had a nutrition and hydration assessment which identified the support people required. If additional support was required plans were put in place to guide staff on how to support people. Staff monitored people's progress and documented it in their daily notes.

There were arrangements in place so that people could follow a diet that reflected their religious or personal choice.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included members of the community learning disabilities team as well as GPs.

Is the service caring?

Our findings

People who used this service were not easily able to tell us their views. We observed staff supporting people in a caring and compassionate manner. We spoke with relatives and asked them if they thought the service provided good care. One person told us, "I'm very happy." Another person added, "Absolutely, the staff are marvellous, everyone who uses the service loves it. They are very caring." And another commented, "We have been delighted with the service."

Staff told us they knew most of the people who used the service well and had worked hard to build positive, caring relationships with them. During our inspection a person who was fairly new to the service arrived. The staff explained how they had been liaising with the person's family in order to get to know important information to make their stay an enjoyable experience.

We saw that people and their relatives were encouraged by staff to express their views about individual's care and their likes and dislikes. Staff used a variety of communication techniques to do this including the use of pictures. Staff used this information to ensure that people were supported in a manner of their choosing.

The service ensured that people were supported to make autonomous decisions wherever possible. This included allowing people to decide when they went to bed or asking people what they wanted to do as an activity.

Some people responded well to fixed daily routines. Where this was the case staff ensured people and their relatives were involved in creating a routine. People were then given the appropriate support to follow their routine.

We looked at how staff respected people's privacy and dignity. We observed staff knocking on people's doors before entering and speaking with people in a respectful manner.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality, this helped to ensure people were not discriminated against.

Is the service responsive?

Our findings

People who used this service were not easily able to tell us their views about the service they received. Relatives told us that they felt comfortable telling someone if they were unhappy about anything at Newton Road. One person said, "We would speak to [the registered manager] then [the area manager]." Another person added, "I have no complaints but I would speak to the [registered] manager."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

We looked at the written records of care for people who used the service. We found that the majority of people who used the service only stayed for a short period of time and sometimes had prolonged periods between stays. The registered manager had systems in place to ensure information about people and their assessments were up dated each time people used the service. We saw that the service frequently contacted relatives and GP's to ensure the information they held on people was accurate.

We saw evidence that indicated the service had carried out assessments to establish people's needs. People were also assessed as to whether they needed support in all aspects of their life.

We looked at the standard of care plans in the service. We found evidence that the service was formulating clear and concise care plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care. Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals.

We looked at how people were provided with, or offered meaningful activities at Newton Road. We saw that the service had facilities for in house activities such as board games, pool, cooking and beauty treatments. Alongside this people were supported to access their communities in a number of ways including trips to the shop, horse riding, cinema, driving range and accessing local amenities.

We spoke with the registered manager who explained the service tried to promote a, 'Holiday atmosphere' for people and endeavoured to ensure everyone enjoyed their stay. She said, "We continue things that are going on at home plus things you might want to do on holiday."

Is the service well-led?

Our findings

People who used this service were not easily able to tell us their views. We spoke with relatives and asked them about their experience of the leadership within the service. One person told us, "They are experienced, it is well led and caring." Another person added, "The [registered manager] works really hard, it is a wonderful facility."

We spoke with staff during the inspection visit. They were complimentary about the leadership in the service and clearly knew members of the senior management team. One member of staff told us, "She [the registered manager] is absolutely fine and she makes the odd cup of tea!"

The registered manager of this service told us that they were having an open day in order to promote their service to people who may potentially wish to use it. She told us, "We are very proud of the service we offer."

We saw there was a clear management structure in place for this service. There were very experienced senior care staff who reported to the registered manager who in turn reported to the provider. The registered manager told us, "I see the CEO quite a bit, at least once a week and I see my line manager once per week."

We saw evidence that questionnaires were sent to people who used the service. They were designed to seek the views of people and find out if they were satisfied with the service they received. The returned questionnaires were analysed and action plans created to address any issues highlighted. The registered manager was able to give examples of how they had used the feedback to improve the service. This included pictorial duty rotas so that people who used the service could see who was supporting them that day and better sharing of support plans with relatives.

Audits and quality assurance checks were undertaken regularly. These included paperwork audits, training audit and spot checks on staff's performance. The outcomes of audits were analysed by the manager of the service who then used them to improve the way the service was run. The manager was able to show us improvements that had been made including the re-decoration of people's bedrooms.