

Glenholme Specialist Healthcare (Southern
Region) Ltd

New Generation Care Limited - 15 Manor Crescent

Inspection report

15 Manor Crescent
Byfleet
West Byfleet
Surrey
KT14 7EN

Date of inspection visit:
05 October 2021

Date of publication:
09 November 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

15 Manor Crescent provides accommodation and personal care for up to four people with learning disabilities and who may also have a physical disability. The accommodation is on one level and consists of four bedrooms with ensuite bathrooms. There were four people living in the home at the time of our inspection.

There is a care home for people with learning disabilities next door which is owned by the same provider. The registered manager of 15 Manor Crescent was responsible for both locations and all members of staff work between both houses.

People's experience of using this service and what we found

Family members told us their relative was safe. Staff understood their roles in safeguarding people from harm. Risks to people were assessed and identified. There was guidance for staff on how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and safe recruitment practices were in place. Medicines were safely managed.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment (PPE). The service had business continuity and COVID-19 contingency plans in place that made provision for safe care in the event of an emergency, or an outbreak of COVID-19.

Quality assurance processes were robust to give oversight of the service. The registered manager and team leader had ideas of how to continuously improve people's lives and valued working in partnership with others to achieve this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were seen to continuously encourage people to share their views and make choices and it was clear they treated people as individuals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe and well-led key questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- 15 Manor Crescent is a small care home which can accommodate four people. The building is similar to other houses in the area and has no external identifying features. Staff were observed to enable people to make day to day choices, including around food and activities. The care home is located within walking distance of local shops and amenities. Whilst people are not able to travel independently, staff supported them to access the community and there were sufficient car drivers to enable longer trips. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

Right care:

- People received support which kept them safe and encouraged their independence. Risk assessments were in place which identified people's individual health care needs and support. Staff understood how to keep people safe and told us they reported and reviewed significant incidents at the end of each shift in order to consider learning from it.

Right culture:

- Leadership and staff showed commitment to those whom they supported. They told us that central to their role was to empower those whom they supported to be as independent as possible. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 November 2020).

Why we inspected

This report only covers our findings in relation to the key questions Safe and Well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Generation Care Limited - 15 Manor Crescent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

New Generation Care Limited - 15 Manor Crescent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

15 Manor Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Not everyone was able to tell us about their experience. We spoke with one person and observed the support others received and their interactions with staff. We spoke with four members of staff including the deputy manager and care workers.

We reviewed a range of records. This included two people's care records and their medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures, accidents and incidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and staff documentation in relation to safe recruitment and supervision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Although most people were unable to verbally communicate with inspectors about whether they felt safe we saw from interactions with staff that they felt comfortable. People approached staff for comfort throughout the inspection when they felt uneasy or anxious. One person told us that staff made them feel, "Happy and jolly."
- Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I come to [managers] or call the number on the board and record it all. It could be anything from neglect, hurting a resident, financial."
- Staff were provided with safeguarding training and were reminded at meetings what they needed to do if they were concerned about anything. Staff told us that they would feel confident raising concerns through the whistleblowing policy. One member of staff said, "If it was something that needed to go further, I wouldn't hesitate."
- We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and evidence of actions taken to reduce the risks of incidents reoccurring. For example, during a lunchtime, one person had a behaviour which challenged other people. Changes were introduced to reduce the risk of further incident which included staggered mealtimes.
- Staff had a good understanding of what they needed to do when an incident occurred. One told us, "We make sure they are alright and do first aid if needed and then do an incident report and send to [manager]. We also write in the accidents and incidents book." Another told us, "We have team meetings to talk through the strategies of how we can reduce further risks and how things can be improved."

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people. Each care plan detailed people's individual risks and there was a management plan to reduce those risks. For example, we noted that one person was at risk of choking. There was guidance in the person's care plan on what staff needed to do to reduce the risk including. We observed that staff followed these guidelines over the lunch period.
- During the inspection we saw one person began to cough when being supported to have a drink. Staff calmed the person by reminding them to take a breath and to slowly take another sip of the drink. The person responded well to this and later they told us that staff were there to help them.
- Staff understood the risks associated with people's care. One member of staff told us, "I read the care plans and risk assessments. [Person] can have behaviour problems and might get very angry and throw things." They described how they maintained the safety of the person and others, which was in strict accordance with the person's risk assessment.

- Fire risk assessments were undertaken regularly and there were personal evacuation plans for each person. This meant that in the event of an emergency or a fire there was guidance for staff on how best to support the person.
- Staff were knowledgeable about what to do in the event of a fire. One told us, "We call 999, the fire doors will shut and we evacuate those that aren't in bed. Grab their fire grab files for information for the fire service. We have to go out the front to meet." There was a service contingency plan in place in the event that the building had to be evacuated.

Staffing and recruitment

- There were sufficient staff to ensure that people's needs were being met. During the inspection we noted where people required a one to one from staff this was provided. Staff responded in a timely way to people when they needed them.
- The deputy manager told us where it was necessary to use agency staff, they had an agreement that the agency would send the same staff to provide consistency for people. They also told us they were actively recruiting for more substantive staff.
- Staff told us they felt there were sufficient staff at the service. One told us, "We can get things done and do the cleaning. People's needs are being met." Another told us, "I think four is enough, we are pretty good to have it covered. You can give enough attention to people."
- The provider operated safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People were supported to take their medicines as prescribed. People's medicine administration records (MAR) were signed as appropriate and were up to date. All MAR charts had a recent photograph of the person for ease of identification.
- Staff completed regular audits to ensure that people received their medicines as shown on the MAR. Medicines were stored in locked cabinets and the keys were kept by authorised staff only. Daily temperature of the rooms where medicines were stored were taken daily. Staff told us (and we confirmed) that they had medication management training annually and medicine competencies. One member of staff said, "We have competency assessments, I did make an error and got taken off meds and re-trained."
- There were people that required to have the medicine via a percutaneous endoscopic gastrostomy (PEG) which is a procedure to place a feeding tube through your skin and into your stomach to give you the nutrients and fluids needed. Staff told they felt confident to administering this and had received training.

Preventing and controlling infections

- We assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to well-led. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection a new registered manager had been recruited to the service and they had initiated improvements. Whilst the registered manager was on leave during the inspection, we observed that people at the service felt relaxed and comfortable around the deputy manager and other members of the management team. They had an open-door policy and one person frequently came into the office to speak to staff.
- Staff were very happy with the management team at the service. Comments included, "I think they are great, when [registered manager] started, everything changed and it's great. We can't thank them enough. I feel like I have flown since they has been here" and, "I feel I can approach them at any time. They listen and deal with the matter. I am happy."
- There was a system of quality assurances processes in place that were being used to improve the quality of care. Various audits were carried out such as health and safety, medicine audits and infection control audits. The leadership would discuss any shortfalls with staff and record this in the event that this needed to be raised again. One member of staff told us, "I do audits once a month and we log them and sign. The manager then reviews them, any shortfalls will be looked in to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Key workers had regular meetings with people they supported. The deputy manager told us, "Residents have two key workers each who write a monthly report with people's involvement. The key workers are all in touch with people's families."
- Newsletters went out to relatives every three months. These included photos of all the activities people had been involved in. Face to face meetings with relatives had ceased during COVID however staff were in regular contact with relatives.
- Staff morale was good and that they worked well together as a team. One member of staff said they had been encouraged to progress, "I know how to do support plans. This makes me feel really great, makes me feel important and valued. The head office sees the potential in us." Another said, "I feel like we are a great team. I love everything, I love the guys [people], they keep me happy. The staff are like a family. We are like one big family."
- We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. The minutes identified that matters discussed included, daily

duties, people's health care, training and policies. Staff were asked to identify areas of improvement. One member of staff told us, "Staff meetings are good because we usually go back to the last meeting so that things have now been covered. We sit together and can say what's good and bad. I do feel valued." Another said, "I suggested the London trip [for people] and we booked it and it went ahead, it was a nice experience and somewhere different."

- Staff told us they felt part of a supportive, inclusive, team working culture. They said this was modelled by the registered manager and deputy. One staff member told us, "I love the way we all come together, the door is always open for advice even when we are all really busy That's how [manager and deputy manager] want it to be."

Working in partnership with others; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Steps were taken by the registered manager and provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. The deputy manager told us, "We have regular contact with [person's] schoolteacher. I was interested in neurology for [person], so I asked the school for some input. They help us with his physio and stuff. They are being really helpful."

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including safeguarding incidents.

- The provider ensured they acted on duty of candour and were open and transparent with people using the service and their family members when things went wrong, informing them straight away. A member of staff said, "Transparency is key. It's not what happens but how you respond to it and inform people."