

Great Glens Facility Limited

Great Glens Facility

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

Great Glens Facility provides rehabilitation and personal care for up to 22 people who have long-term mental health needs. The facilities include 18 single rooms in the main building with a pair of two bedroomed houses allowing care on different levels to suit each stage of rehabilitation. There were 20 people using the service when we visited.

We carried out an unannounced comprehensive inspection of this service on 01 September 2015 and found a legal requirement had been breached. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Great Glens Facility on our website at www.cqc.org.uk.

During this inspection on 6 January 2016, we found that improvements had been made.

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.

Comprehensive risk management plans had been drawn up with the involvement of people using the service to promote and protect their safety.

Although we found that the service was no longer in breach of legal requirements, we have not changed the rating for the service on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check this area again during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to ensure the service was safe

Detailed and comprehensive risk management plans had been developed to promote and protect people's safety.

We could not improve the rating from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement ●

Great Glens Facility

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.

We undertook an announced focused inspection of Great Glens Facility on 06 January 2016. The provider was given 48 hours' notice because we needed to be sure that the registered manager would be in to meet with us. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 01 September 2015 had been made.

The team inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not previously meeting one of the legal requirements in this area.

The inspection was undertaken by one inspector.

We spoke with one person who used the service about their risk assessments. We also spoke with three members of staff including the registered manager, the clinical lead and a support worker. We then looked at nine risk management plans for people using the service to corroborate our findings, and to check that the required improvements had been made.

Is the service safe?

Our findings

Following our previous inspection on 01 September 2015 we found that improvements were required in this area. This is because people did not always have risk assessments in place to protect them. This meant that people's safety could be compromised because risks to people had not been identified and actions had not been taken to minimise any potential risks to people. The provider submitted an action plan after the inspection which outlined the improvements they planned to make to address both these areas.

During this inspection we found that the provider had made a number of improvements. We found that potential risks to people had been identified and individual risk assessments had been developed, with the involvement of people using the service.

We spoke with one person using the service about their risk assessments. They told us they had been involved in the process and knew why they were in place. They informed us about one particular risk assessment and said, "It's to make sure I keep well."

We spoke with a support worker about people's risk assessments and asked if they found them helpful. They told us, "Recently one person was displaying all the 'at risk' symptoms which are recorded in their risk management plan. We knew straight away we needed to get some help for that person. That was really useful."

The registered manager and the clinical lead told us they had provided staff with specific training in relation to risk assessments and safeguarding people. The clinical lead told us, "It proved to be a positive session. It made the staff think about how we protect people and the terminology we use." The clinical lead also told us she had developed a matrix for when each person's risk management plans were to be reviewed.

We looked at nine risk management plans for people using the service. We saw that each person had a summary of known risks. If there were indicators that the risk to the person was higher than low, then a risk assessment had been developed. Each risk assessment we examined was comprehensive and gave detailed guidance for staff to follow. There was also a risk management summary for each person. This gave a quick overview about people's risk management plans and included preventative measures, avoidance measures and current guidelines. We also saw recorded in each plan, recognised 'at risk' signs that would alert staff if people's behaviours had changed or if they were displaying symptoms of a mental health condition.

This showed that systems were now in place to ensure people's support and treatment was provided in a safe way, because potential risks to people had been identified and actions taken to minimise the risk to people using the service.