

# Care Management Group Limited

# Glyn Domiciliary

## 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

This inspection took place on 31 July 2017 and 2 August 2017 and was announced. The provider had short notice that an inspection would take place. This was because the service provides a supported living and a domiciliary care service to people in their own homes and we needed to ensure that the registered managers would be available to assist us.

Glyn Domiciliary is a service which is registered to provide people with personal care. At the time of the inspection the service was providing personal care to 13 people who were living in supported living services. Two supported living houses, Robins Way and Dimmock House, accommodated people who were profoundly deaf or hard of hearing, some of whom had physical or learning disabilities. Another house, Estann House accommodated people who had a physical or learning disability. Staff were supporting a further person who had occasional respite in a separate house in the grounds of Robins Way.

The service also provided a number of deaf people or people who were hard of hearing living in the surrounding community with services such as help with communication. The service was registered to provide personal care support for people living in their own homes although at the time of our visits no people living in the community were receiving personal care support. We therefore focussed our inspection around people who were living in the supported living services.

There were two registered managers in post. They had clearly defined roles and worked well together. One registered manager was in charge of services provided to people who were profoundly deaf and the other registered manager was in charge of the supported living services for hearing people with a learning or physical disability. 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 majority of staff who supported deaf people were also deaf or were hard of hearing. Nearly all staff supporting people at Robins Way or at Dimmock House could converse in British Sign Language. This meant communication was effective throughout the service.

People told us they felt safely cared for and said the service they received was good. Staff had a clear understanding of how to safeguard people and acted on their knowledge to protect people's health and well-being. People received their medicines as prescribed. The service employed enough safely recruited, suitably qualified and experienced staff to meet people's needs.

Staff knew what people's care and support needs were and communicated with them effectively to ensure they received the care and support they needed and expected. People were supported to have choices and control of their lives and staff ensured they received safe care and support in the least restrictive way possible. The registered managers and staff had a good understanding of the Mental Capacity Act 2005 and

applied its principles in their work.

Staff were well supported and received appropriate training to carry out their roles effectively. Staff understood and took action to meet people's nutritional and healthcare needs.

Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. Staff supported and encouraged people to engage with a variety of activities of their choice within the service as well as in the community.

People knew how to complain and concerns were managed in accordance with the provider's complaints policy.

Glyn Domiciliary had a clear management structure which was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre of it. The provider had effective quality assurance systems which promoted good quality care.

## 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 risk of abuse as staff had a good understanding of safeguarding procedures.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively.

People were supported to have their nutritional and health care needs met.

People were supported in line with the Mental Capacity Act (MCA) 2005.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and staff communicated effectively to ensure they were delivering care in line with

people's wishes.

People were supported to pursue their interests.

There was an effective complaints process in place.

### **Is the service well-led?**

**Good** ●

The service was well led.

The leadership created a culture of openness that made staff and people feel included and well supported.

The provider had systems in place to monitor the quality and safety of the service and drive improvement.

# Glyn Domiciliary

## **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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. This included notifications. A notification is used by registered managers to tell us about important issues and events which have happened within the service.

During our inspection visits we spoke with five people who used the service. We looked at four people's care records and medicine administration records (MAR). We spoke with the registered managers, the training manager and five staff. We reviewed a range of records relating to the management of the service. These included two staff files, quality assurance audits, minutes of meetings with people and staff and incident reports.

# Is the service safe?

## Our findings

People told us they were being safely cared for. People told us they knew and liked the staff. One said "They are good and I know them all". Another said "We've got some new staff. I like them. We mix well." People said staff came promptly when they asked for assistance.

There were safeguarding policies and procedures in place which staff followed. Staff we spoke with said they were confident to speak out if they witnessed bad practice.

Staff had attended training in safeguarding people which meant they were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. They were also aware of their role and protection under whistleblowing arrangements. Whistle-blowing is the act of telling the authorities or the public that the organization you are working for is doing something immoral or illegal. Staff were trained in PBS (Positive Behaviour Support) to support people who display or who were at risk of displaying behaviour which challenges services. Staff said they did not have to use these techniques but said it provided additional protection to keep people safe, if needed.

People were supported by sufficient numbers of staff. Records showed there were safe numbers of staff to match people's needs and we observed staff had time to support people with their daily routines in an unhurried manner. Some people at Estann House said at times it would be nice to go out at the weekend more. The registered manager said staff were deployed flexibly at weekends to help to ensure people could access the community as much as possible.

The provider followed safe recruitment practices. Staff records included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working in health and social care.

Risks to people's wellbeing were identified. Any risk was considered in line with the Mental Capacity Act 2005 so staff ensured people's capacity to take decisions was included as part of the assessment. Where risks were identified there were management plans in place. For example staff had conducted an assessment to consider the risk of a person spending some time away from the service independently. They took action to keep the person as safe as possible. This included helping to ensure the person's mobile phone contained emergency contact numbers. This meant the person could retain as much autonomy as possible whilst receiving the appropriate amount of support.

Risk assessments to people's personal safety included risks associated with their health and personal care needs such as mobility, medicines, bathing, and nutrition. For example, one person's care plan identified they were at risk because they had a PEG. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Staff had specific guidance about how to manage potential risk associated with this

procedure which they followed.

Potential environmental risks were considered and acted upon for example moving and positioning equipment was regularly serviced and water temperatures were checked to ensure they were not too hot when staff assisted people to bathe.

The service had a medicines policy in place which guided staff on how to give medicines safely. People were encouraged to take their own medicines where this was possible. When staff supported them to do this people received their medicines as prescribed. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been given. Staff had completed medicines training and their competencies were assessed regularly. There were regular internal audits of medicines and these were also audited externally by the supplying pharmacy.

## Is the service effective?

### Our findings

Staff told us they received training which equipped them to work with people effectively. One said "It's nice to have a good variety of training."

Staff were provided with a range of training which covered mandatory topics as well as some training which was designed to meet people's specific needs. Training covered all key aspects of health and safety such as safeguarding, moving and positioning and fire safety. One registered manager was a trainer in moving and positioning and so was able to provide regular refresher training in this area for staff.

The organisation employed specialist trainers and they, and registered managers checked staff competencies following training sessions to help to ensure staff had understood and could apply what they had learned. On one day of our inspection staff were refreshing their first aid knowledge. This course was well attended.

There was a training room next to the registered office which helped to ensure staff could receive face to face training for some courses. An interpreter was available when necessary to ensure deaf staff could fully understand the training provided.

The registered manager said they aimed to recruit staff to work at Robins Way and Dimmock House who had BSL (British Sign Language) level two and above. At interview staff completed a BSL test to establish their level of proficiency. A small number of staff did not have BSL to this standard so as part of their induction they completed a deaf awareness course. This helped to ensure communication was effective between staff and people who used the service.

Newly appointed staff went through an induction period which gave them the skills and confidence to carry out their roles. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff confirmed they received regular supervision and said they had an annual appraisal. Appraisal is the evaluation process that follows the monitoring of practice and performance. It allows job and individual development objectives and plans, with milestones, to be agreed for on-going review through supervision.

People's consent was sought before any care or support was given. We observed staff providing people with choices, for example in what they wanted to eat and what they wanted to do. Staff explained the support they wanted to provide and sought the person's consent before they started to assist them.

Staff enabled people to access advocacy services where this was needed. Where an advocate was required by a person using the deaf service staff also arranged for an interpreter.

The registered manager and staff were knowledgeable about how to ensure the rights of people protected and they and staff had a good understanding of the Mental Capacity Act 2005 (MCA)

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were occasions where staff had taken measures to keep people safe which could restrict their privacy or movement, for example one person had a listening device installed in their bedroom to ensure their wellbeing. They also had a belt to prevent them from falling out of their wheelchair. These interventions had been considered in line with the Mental Capacity Act 2005, to ensure they were the least restrictive way of keeping the person safe.

People's nutritional needs and preferences were outlined in their support plans. Staff knew people's dietary needs and consulted and followed advice from health care professionals such as speech and language therapists to ensure they received food and fluid appropriately. Some people required most of their nutrition via a PEG. Staff had been trained to support this need and were observed providing the person with food tasters which was following the guidance supplied by the speech and language therapist.

Staff had a good understanding of people's health care needs and everyone had a health action plan which provided written information about the support they required with any health needs. People were supported to access health professionals when required.

## Is the service caring?

### Our findings

People were happy with the care and support provided. One person said for example "I'm happy here. I like living here."

People spoke highly of the staff team. One person said for example "We have a lovely conversation" Another said "Before I came here I didn't know much. You (staff) have taught me a lot. "They said staff understood them very well. People were supported to keep pets which enhanced the quality of their lives.

People said staff respected their privacy. The importance of maintaining people's privacy and dignity was emphasised throughout the service For example policies and procedures such as for showering and bathing, which were signed by staff, reminded staff the necessity to preserve people's dignity and respect. We observed staff knocked on people's doors before entering rooms in Estann House and that staff flashed lights on and off to alert people they were coming into a person's room in Robins Way and Dimmock House.

Maintaining confidentiality was an issue discussed during service user meetings with staff reminded not to handover information in public areas. People's personal records were stored securely.

There was a relaxed caring and happy atmosphere throughout the service and staff spoke respectfully and with evident caring about the people they were supporting. The service operated a keyworker system. A keyworker is a named member of staff who has a central role in respect of a particular person using the service. The registered manager said that people were consulted as part of this process and particular care was taken to match people to ensure they were compatible.

Staff understood the importance of promoting independence and involving people in daily activities. They explained how they allowed enough time and did not rush people they were supporting. This enabled people to do as much as they could for themselves. We observed staff including people as much as they wanted to be, in tasks such as food preparation. They did this by gently encouraging them and by giving them time, space and support where required.

People were supported in making decisions about their care and support. They were involved in the planning and review of their health and care needs and were encouraged to provide ideas to develop the service. One person using the service was involved in checking the quality of the support received by others who used different services delivered by the organisation.

There were monthly service user meetings. Staff used role play to help to convey information as part of service user meetings held at Robin's Way and Dimmock House as they said "it needs to be visual to be effective." Service user meetings were a forum for people to express their views and ideas about how the service should run and what staff could do to support them, for example what activities they would like to do.

There were service users and relative's surveys to ascertain the quality of the service provided and these

were analysed to establish what people thought and whether any improvements could be made. The most recent surveys sent out in January 2017 to people living or involved in Estann House reflected people were generally satisfied with the service.

## Is the service responsive?

### Our findings

People we spoke with said they were happy with the staff said the service was responsive to their needs. One said "I will say if I am unhappy about anything and yes staff respond" Another said "Yes they preserve my independence" They gave an example by saying they could choose what they could have to eat. Another said "It's nice. All the time I have a lot of things to do" One person said however there was not always enough to do in the area of the New Forest.

People's care and support was planned to reflect their needs and wishes. Before people were supported by the service their needs were assessed to establish they could be met by Glyn Domiciliary. As part of this assessment staff consulted with people, their relatives and healthcare professionals to ensure they had a comprehensive understanding of the support required.

The assessments were used to create a person centred plan of care which included people's preferences, choices and interests. Care plans were written in a way to encourage independence. They contained information about what people could do as well as what people needed help with.

Care plans contained detailed daily routines specific to each person. For example one support plan detailed which toiletries a person preferred. We asked staff about specific needs which had been identified in people's care records and they demonstrated they had a clear understanding of them.

Care plans were reviewed regularly to reflect people's changing needs. Where required, the care plan had been updated to reflect these changes. This helped to ensure staff provided support consistent with people's current needs.

People had hospital passports in place which included important things which should be known about the person in the event of them being admitted to hospital in an emergency. This would help hospital staff deliver care and support in the way the person would expect should this situation arise.

A lot of consideration was given to how people communicated and to help staff to make this a two way process. Staff enlisted the support of speech and language therapists to help them with suggestions about effective communication aids. Some information for example about people's tenancy or how they could make a complaint if they needed to was in pictorial form as well as written. This helped to ensure people were as involved as possible in the way they wanted to be supported. People had a communication passport. This helped staff to understand where people could not tell them, when they liked something or when they disliked something or when they were in pain.

People were encouraged and supported to further their educational and social interests and one person was employed by the organisation. They had a job going around other services as an expert by experience asking other people using services about the quality of care and support they received. Others were supported to volunteer for community projects and had access to a range of community activities.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. Records showed no complaints had been raised in the last year. People spoke about an open culture and felt that the service was responsive to any concerns raised. The service had received many compliments and positive feedback about the staff and the support people had received.

## Is the service well-led?

### Our findings

The service was well led by two registered managers.

The Registered managers said they communicated well with each other and said they recognised and appreciated each other's skills. They clearly had a good relationship, and worked cooperatively to improve the service by sharing their skills, knowledge and experience. They were supported by a regional director who regularly reviewed the quality of care provided.

The registered managers had opportunities which they took to attend various forums within the organisation to further their skills and knowledge. For example they attended PMLD (Profound and Multiple Learning Disability) forums. The PMLD network is designed for people committed to improving the lives of people with profound and multiple learning disabilities. They were also involved in a local group of professionals who were promoting the rights and welfare of profoundly deaf people. Both registered managers demonstrated a love of their job and a commitment to making life as good as possible for the people they supported.

There were clear vision and values within the service which staff upheld. These included the promotion of choice, independence and empowerment to enable people using the service to gain self-confidence dignity and have a feeling of self-worth. Our observations were that the service was promoting these values. For example a training session was being arranged regarding internet safety for the deaf. Another example was staff spent time working with people to help them to understand the value of different money so that they would have more control over their finances. The registered manager said they were intending to make videos of key policies for example safeguarding and to break it down into BSL format so it would be more accessible to all.

We asked staff how morale was and they said it was good. One said "I feel I can talk with everyone easily." Staff were complimentary of the support they received from the management team and they told us the service was well run. They said they were encouraged to question practice and said their views were listened to and acted upon where possible. For example at a recent team meeting it was suggested one person could benefit from a change in the form of their medication and this was looked into. Staff said good teamwork was a key component to the delivery of the good quality of the service provided.

The organisation recognised particularly good practice by individual staff with an Employee of the Month award. The registered manager had also initiated a 'star of the month' award in the service which recognised the same. For example one staff had been awarded 'star of the month' after adapting a music video into BSL to enable people to appreciate it more.

There were very detailed quality assurance systems in place to assess and monitor the standard of service provision. There was a very thorough regular evaluation of the service which was carried out by the regional manager. The evaluation was carried out in line with the five key domains which are inspected by CQC which helped to ensure the service was operating in line with legislation. Any

shortfalls identified as a result of this audit were listed in an action plan for example a recent audit had identified that all minutes of staff meetings should be available to all staff, whether they had attended or not to ensure everyone was kept up to date with any developments. Staff confirmed these had been received.