

# Cambian Learning Disabilities Midlands Limited

## Gledholt

### Inspection report

32 Greenhead Road  
Gledholt  
Huddersfield  
West Yorkshire  
HD1 4EZ

Date of inspection visit:  
12 April 2017

Date of publication:  
09 June 2017

### Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 was an announced inspection carried out on 12 April 2017. We contacted the registered provider 24 hours before our inspection as some people using this service needed to be informed of our visit in advance as they would otherwise have found an unannounced inspection difficult to manage.

Gledholt is an enhanced community residential home providing outcome focused care for adults with learning disabilities, who may have behaviours that challenge and associated complex needs. The service has two buildings at the same location, with one of those designed for two people to live more independently as part of their 'step on' from Gledholt.

At the time of our inspection there was a registered manager in post. 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.

People felt safe, although one person expressed concerns about a member of staff which we discussed with the registered manager. They were aware of this and were taking action. We found some areas of medicine management required improvement and have made recommendations in the body of our report.

Based on feedback from people and staff as well as our observations during this inspection, we identified there were adequate staffing levels to meet people's needs. Recruitment was appropriately managed, although a risk assessment which should have been completed was not in place.

We found the home was clean and tidy and records showed regularly scheduled maintenance had been completed. This included all relevant fire safety checks. Risks to people had been identified, managed and reviewed. Staff had access to this information which described risks and action which should be taken to manage this appropriately.

Staff completed an induction and received ongoing support through a programme of supervision and training. Staff appraisals had already started before our inspection.

Mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) were documented in care records. Staff were able to explain how the Mental Capacity Act (2005) applied to their work, but were less sure about who was affected by DoLS. We recommended the registered manager clarify this with staff.

People were supported by staff to access a range of healthcare professionals. Visiting healthcare professionals spoke positively about this service. People were involved in meal planning and preparing meals.

People told us they liked the staff and felt confident approaching them. Staff were familiar with people's

care preferences and we observed a good rapport between staff and people they supported. People told us staff respected their privacy and dignity. People's cultural, religious and sensory needs were met by staff at Gledholt.

Care plans identified how people preferred to live more independently and contained 'pathways' which showed how they would achieve this with support from Gledholt and other professionals. Regular review meetings with people, staff and other professionals took place.

Complaints were suitably managed. We recommended the registered manager add the date to their response letters. People were supported to take part in the community for voluntary work, paid jobs and for leisure purposes.

People and staff told us they liked the registered manager and could approach them with any concerns. Daily meetings between people and staff were taking place which helped people plan their days and later reflect on their experience.

Quality management systems were effective as they identified actions which we found had been completed within identified timescales.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were mostly well managed, although some areas were identified as requiring strengthening.

Risks to people were well managed. The building was well maintained and fire safety checks were regularly carried out.

There were adequate staffing levels to meet people's needs. Recruitment was managed appropriately, although a risk assessment for one candidate was not in place.

### Is the service effective?

**Good** ●

The service was effective.

Mental capacity assessments and DoLS were documented in care records. People's choices were respected.

Staff received support through their induction, supervision and training. Appraisals had commenced.

People's healthcare needs were met through support from staff. People were involved in meal planning and preparing meals.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew the people they supported well and were familiar with their preferences. Care plans were person-centred.

People's equality, diversity and human rights were respected. People's privacy and dignity was maintained.

Information on advocacy services was on display and we saw this support had been accessed.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans evidenced the support they needed to be able to achieve more independent living.

People were supported to take part in the community for voluntary work, paid jobs and for leisure purposes.

Complaints were dealt with and responded to appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Feedback from people and staff demonstrated the service was well-led. There was a positive culture in the service.

Daily meetings took place which helped people and staff plan their days and learn from their experiences. Full staff meetings took place every three to four months.

Quality management systems were effective as they identified actions which we found had been completed within identified timescales.

# Gledholt

## **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 12 April 2017 and was announced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were nine people living in the home. During our visit we spoke with the registered manager, a 'supporting manager' who was the registered manager of another service run by the same registered provider and a further four members of staff. We spoke with four people who used the service and two health professionals. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at two people's care records

Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who lived at Gledholt felt safe with the service they received. One person told us, "I feel safe and secure." Another person said, "I feel safe." Staff told us people were safe. However, one person we spoke with expressed concerns about a member of staff which we discussed with the registered manager. They told us this was being addressed through supervision and if necessary, referrals to the local authority safeguarding team and the Care Quality Commission would be made. Following our inspection the registered manager sent us a care plan which detailed how this person should be supported with their concerns.

Information on safeguarding and whistleblowing was on display in the service. Staff we spoke with were familiar with the registered provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. During our inspection we looked at training records which showed some staff had not received up-to-date safeguarding training. This had been scheduled for April 2017. Following our inspection the registered manager sent us an updated training record which showed staff had completed this training.

We looked at the management of medicines and found some areas which required strengthening. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. However, when we looked at boxed medication we found it was not always possible to account for all medicines and the medication administration record (MAR) did not state the number of tablets that had been carried forward from the previous MAR. For example, one person's MAR dated 20 March 2017 showed no carry forward number had been recorded for Lansoprazole. We noted 28 tablets had been dispensed from the pharmacist on 10 March 2017 and the prescription stated 'one to be taken once daily'. We saw five tablets were left in the box. We could not be sure boxed medication was given as prescribed. The systems for checking in and returning medicines required strengthening as it was not clear whether there were adequate arrangements in place to maintain stock levels.

There were appropriate arrangements in place in relation to the recording of medicines. People's MARs showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information. The arrangements in place for the storage of medicines were satisfactory. Fridge and room temperatures had been recorded daily.

Arrangements for the administration of 'as and when' required medicines (PRN) protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs register was completed and correct. The register for these medicines always contained two staff signatures for each administration.

We saw the registered provider had carried out staff medication competency checks which had been completed within the 12 months before our inspection.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were mostly safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. However, we noted a risk assessment had not been completed for one staff member's disclosure. The supporting manager told us this would be rectified and completed for future recruitment.

People we spoke with told us there were sufficient staff to meet their needs. Comments included; "There are enough staff all the time" and "Staffing levels are good."

The registered manager told us one qualified nurse was on shift at all times. Four support workers were on shift during the day and three during the night. Through our observations and conversations with people who used the service and staff, it was evident there were sufficient numbers of staff to meet people's needs. At the time of our inspection no agency staff were used as shifts were either covered internally or by sourcing staff from other local services run by the registered provider. An external health professional told us, "It's quite regular staff you see."

Risks to individuals had been identified, assessed and reviewed. We saw admission risk assessments which included suicide/self-harm, neglect and harm to others. All the areas were given a risk rating regarding the current risk and the history of the risk. Risk assessments for people's mental health were in place and covered situations which were likely to be challenging for the person as well as guidance on how to reduce risk. A risk assessment was in place for one person's sight loss.

The registered manager told us they had started to complete daily risk assessments at the beginning of the week of our inspection. Training for staff in completing these assessments had been planned.

A fire risk assessment had been completed in March 2017. The fire alarm was tested weekly and evidence of fire drills in August 2016, January and March 2017 were seen. Personal emergency evacuation plans were in place for each person living at this service.



# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans we looked at contained decision specific MCA assessments which related to day-to-day decisions. Staff we spoke with were able to demonstrate a satisfactory understanding of the MCA. Seven staff members who had not received this training were booked on to this course which was scheduled for May 2017.

Pictorial information regarding DoLS was found in the home which meant this was accessible to people who lived at this service. The registered manager informed us three people had an approved DoLS authorisations. We found not all staff were clear about who DoLS applied to. We recommend the registered provider remind staff of this information to ensure people's liberty was not being unlawfully restricted..

We looked at staff files and were able to see information relating to the completion of an induction. The induction programme included policies and procedures, training and the completion of an induction workbook. We spoke with one member of staff who had recently completed their induction. They told us they felt well supported. They said, "They're quite thorough with the training." They commented that a period of shadowing experienced staff members had lasted for a week. Staff who were new to the care sector were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss issues on a one to one basis. We were able to see evidence each member of staff had received regular supervision. The registered manager told us they had just started completing staff annual appraisals as the service had only been open for one year.

One staff member told us about the support available to staff who would like to progress to more senior roles. They said, "They come up with ideas if you want to progress."

Staff training records we looked at showed staff were up-to-date with their training in areas such as; health and safety, equality and diversity, food safety and infection control.

We looked at how the service supported people to access healthcare services. This was usually well managed, although we asked a member about a MAR dated 20 March 2017 which showed one person had refused eye drops to be given four times a day. The staff member was unable to confirm whether a GP had been contacted.

The registered provider had their own occupational therapist and psychologist who both worked at Gledholt between two and three days a week. This meant this support was readily available to people including occasions when people had relapsed. One staff member said, "We're watching for relapses all the time." We saw one person who had specific obsessive behaviours had been supported effectively as the number of instances where this affected them had reduced.

Staff members told us they had made appointments for people to see opticians, dentists and their GP. We saw evidence of this in the care records we looked at. A visiting professional told us, "If there's any concerns, staff will get in touch with me straight away. Communication is really good." Another health professional told us, "Their communication is excellent." They also told us about one person who had been supported to reduce the amount of prescribed medicines they were taking and noted how much they had improved.

At the time of our inspection no one receiving this service was nutritionally at risk. We looked at the way menus were planned and whether people's dietary requirements were being met. One person we spoke with told us they had been supported by the registered manager and staff to plan menus to achieve weight loss goals. Care records we looked at confirmed this.

Care plans contained specific information about people's dietary needs, preferences and levels of support required. For example, one care plan stated; 'I have 1 ½ sugars in my cup of tea. I need help with the kettle, but I can do everything else'.

People had access to kitchenettes on each floor. Two week menus were in place. People and staff told us they had regular meetings to plan what kind of meals they wanted. One staff member told us, "Residents take part in menus with support from staff." We saw evidence of 'shop and cook house nights'. One person told us, "We have all different kinds of foods." Another person commented, "There is always plenty of food." One person told us they were not satisfied there was an adequate supply of food in the fridge on the floor they lived on. We saw a member of staff immediately went to check this and ensured supplies were in place.

# Is the service caring?

## Our findings

People we met during our inspection spoke positively about the service they received and the staff who supported them. One person told us, "Staff help me 100%, they always give me support. There is so much kindness. I have a lot of things to look forward to." Another person commented, "Staff are helpful and ask if I need any assistance. Staff are really supportive."

During our inspection we observed people and staff interacting with each other. It was evident staff were familiar with people's support needs and preferences. We saw staff maintained professional boundaries with people. One person told us, "Staff are friendly and helpful. They know me well and know my issues and this is kept confidential."

People we spoke with told us staff had supported them to learn new skills and live more independently. One person said, "I can cook now with certain things and I am learning new skills. Staff are amazing; they are helping me to get back out there. I feel I have improved and I am happier and healthier." Another person said, "I have been living more independently since July 2016, I have more freedom. They (staff) are here to support you and not do it for you. I have got more confidence."

We asked staff about their motivation for working at Gledholt. One staff member said, "I just like to see an improvement. If I can help, I will."

We looked at two people's care plans and found these were very person-centred. Communication care plans described how people should be effectively supported to communicate and make decisions. Personal profiles provided details about people's care preferences and dislikes relating to different parts of the day and weekends. This meant staff had access to specific information in order to provide care and support relevant to people's needs.

People we spoke with told us staff respected their privacy and dignity. One person said, "Staff respect my privacy and knock on my door and ask if they can come in." One staff member who gave an example around assisting people with personal care told us, "We shut the bathroom door and make sure the bedroom door is shut."

Staff we spoke with were able to identify how they helped maintain people's equality, diversity and human rights. One person we spoke with told us, "I go to church every Sunday." A visiting health professional told us staff supported another person to read their holy book and to attend a place of worship. The same person's care plan showed they were to be supported in learning a second language.

One person who had sight loss had a detailed care plan covering safety in the community and how staff should support this person as well as a sensory care plan with strategies for supporting this person to feel calm and alert. Documentation, such as information on DoLS was available to people in easy read format which meant the registered provider had considered people's needs when accessing this information. Where people had cultural needs, we saw they had care plans in place to support them.

On the day of our inspection an independent mental capacity advocate (IMCA) visited. We saw information on IMCAs on display in the service. IMCAs act on behalf of people who do not have family or friends and help them with decision making.

## Is the service responsive?

### Our findings

Care records we looked at and conversations with people, staff and visitors showed us peoples' recovery was well supported. Where people had relapsed, we could see their recovery had been more manageable for them each time as a result of progress they had previously made. One person's care records stated; '[Name of person] can at times be easily agitated, however, has made improvement and theses times are less frequent and less elevated in nature'.

Care plans covered, for example, personal hygiene, medication, safety in the community, DoLS, finances and wellbeing. We found each section was detailed and provided staff with information about people's needs in order to provide effective care and support.

People had a 'Community Discharge Pathway' which identified how the person wished to live after they leave Geldholt. For example; living in their own flat, with family, in supported living or residential living. We saw evidence in people's care plans which demonstrated how they were being supported to achieve these goals and how strategies had to consider risks to people. A visiting health professional said one person had made significant progress as they had achieved goals set out in their 18 month pathway within a six month period.

A visiting health professional told us about one person who was known to be timid and shy when they first moved to Gledholt. Through the care and support they receive they had progressed to going out into the local community for shopping and taking responsibility for budgeting. They told us, "[Name of person] independence has come on in leaps and bounds."

Gledholt had a separate building where people were able to experience more independent living and develop skills in preparation for their 'step on' from this service.

Reviews of care took place every three months or more often if needed. 'Multi-disciplinary team' (MDT) meetings took place every week with the person. This meant different professionals involved in peoples' care and support, such as the registered manager, a psychologist and occupational therapist as well as the person (if they wished) met to review people's needs. On the day of our inspection an MDT meeting took place. One person told us, "The care plan records support your needs and I have meetings about my care."

Through support from staff, people had been able to access both voluntary and paid work in the community which helped them to develop new skills and gain work experience. These roles included working at charity shops, a bakery and gardening services. One person told us, "I work in the library once a week, it is a good job."

Care records we looked at showed an 'interest checklist' had been completed for people which indicated the kind of activities they wanted to join in. On the day of our inspection we saw people and staff making buns and cakes for an Easter raffle. People were supported to access the community either on their own or with staff where this was an assessed need. People accessed the community where they were able to spend

their leisure time, for example, shopping, going to the cinema and walking. One person told us, "The occupational therapist is helping me to do ballroom dancing."

We looked at the systems in place to deal with complaints and found this was appropriately managed. One person told us, "I have no concerns." People were given support to make a comment or complaint where they needed assistance. We found a copy of the complaints procedure in the entrance to the home which was in pictorial format. We looked at the complaint records and saw the home had received two recent complaints. We saw there was a clear procedure for staff to follow and evidence of action taken to resolve both complaints, although, we noted the complainants outcome letters had not been dated. The registered manager told us they would date the letter in future.

One compliment from an IMCA in March 2017 stated; 'I would like to thank yourself and team for such outstanding support during the ward rounds. I have witnessed this on many occasions with numerous staff members and I can confidently say that Gledholt provides one of the most thorough and encouraging ward rounds. Taking a non-instructed stance, it is evident that the service users are not rushed throughout the process whilst the team ensures the service users understand everything that has been discussed in relation to their care'.

## Is the service well-led?

### Our findings

People and staff spoke positively about the registered manager. One person said, "[Name of manager] is brilliant, I see her around the home. There is nothing wrong here, this is an amazing place." Another person said, "The manager is fine, this is a good service." One staff member said, "They're definitely approachable." A visiting health professional told us, "I think it's a well led service. Staff nurses have got autonomy. I think it's a very beneficial service."

From our observations and discussions with staff and visitors we found the staff team worked well together. One staff member commented, "Everyone does work well here and we try our best." A visiting health professional told us, "It is a good team here."

The registered manager told us the area manager visited the home a couple of times a month, although there were no formal records of these visits.

Morning and early evening meetings took place every day which gave people and staff a chance to discuss what they were planning to do that day and talk later about their experiences. These meetings allowed time for planning and reflection. People and staff told us this worked well. One person commented, "We have a 'house' meeting at 10:00am and you can chair and you can say if you have any concerns." One staff member said regarding the evening meeting, "That's an account of the day." Following these meetings, staff had an opportunity for a 'debrief' to go through any actions from the meeting.

Full staff meetings took place every three to four months. In September 2016 and January 2017 staff meetings discussed activity and engaging with the community, daily meetings with residents, cleaning rotas, documentation, sickness, annual leave, petty cash and mobile phones.

We saw the minutes of a local clinical governance meeting dated March 2017 where discussions included discharges, complaints and unescorted leave.

Quarterly audits were being carried out which covered; the safe management of medicines, health and safety, infection control and care plans. Monthly audits looked at the same areas, but also covered DoLS and other items. In January 2017 we saw the audit scored as 78%. The audits we looked at contained action plans along with dates for completion. We could see evidence that relevant actions had been completed within identified timescales. For example, where it had been identified at the end of January 2017 that an 'individual and staff survey' needed to be sent out, this was issued within the identified timescales.

The premises and quality audit dated 28 December 2016 showed action had been taken immediately following issues identified regarding, for example; fire escape signage, computer access and dampness. The registered manager told us the provider's quality team visited twice a year to carry out an audit. Records we saw confirmed this. During our inspection we found relevant maintenance checks had been carried out including testing on electrical wiring and gas safety. Window restrictors were checked weekly and emergency lighting was checked monthly.

