

Tracs Limited

Glanmore

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

Glanmore is a service which supports people who have a learning disability, autistic spectrum disorder or mental health condition. It provides accommodation with personal care for up to seven people. There were six people living at the home on the day of our inspection.

Rating at last inspection

At the last inspection, in January 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care which protected them from avoidable harm and abuse. Staff supported people's needs in a safe way, monitored risks to their safety and were available when people needed support. People's medicines were managed and stored in a safe way, and they had their medicines when they needed them.

Staff received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues. Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had good relationships with them. People felt involved in their own care and staff and managers listened to what they wanted. Staff respected people's privacy and dignity when they supported them.

People received care and support that was individual to them. Their support needs were kept under review and staff responded when there were changes in these needs. People had opportunities to give feedback and make complaints about the care and support they received. They also had opportunities to make suggestions for improvements at the home and these were listened to.

People lived in a home where they felt confident to express themselves and felt comfortable to speak with staff and managers about concerns and issues that affected them. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Glanmore

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 was a comprehensive inspection, which took place on 28 March 2017 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We spoke with four people who lived at the home. We also met and spoke with four support workers, a clinical support nurse from the provider's clinical team and the registered manager. We viewed three people's care and medicine records. We also viewed other records relating to the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People continued to be protected from avoidable abuse and discrimination. Everyone we spoke with told us they felt safe living at Glanmore and with the staff that supported them. One person said, "Yes, I'm safe here. The day and night staff keep me safe." Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to respond to concerns and who to contact to ensure people remained safe. The registered manager understood their responsibilities in reporting and dealing with concerns. Our records showed that where an allegation of abuse had been reported the provider took the appropriate action. They followed local authority safeguarding procedures and notified CQC as required.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. One person told us they had an alarm bell in their room which they could use to call for help. They confirmed that staff tested the alarm bell regularly to make sure it worked correctly. The support people needed was provided in a way that enabled them to live their lives safely and maintain their independence. Clear plans were in place to ensure people were protected from risk both within the home and when out in the community. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe.

People were supported safely and their needs met by sufficient numbers of staff. People told us there were always staff around to help them when they needed it. Two people we spoke with told us the main reason they felt safe was because staff were always around, which gave them a feeling of security. Staff told us the registered manager checked regularly to ensure there was enough staff. Staff and managers worked flexibly to ensure people attended pre-arranged appointments and social engagements. We spoke with one staff member about the checks the provider had completed before they started work. They confirmed the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks.

People's medicines continued to be managed safely. One person told us they knew what medicine they needed and that staff gave them their tablets at the same time each day. We saw people received their medicine safely and staff checked they were happy to take them. Staff checked each person's medicines with their individual records before administering them and records were completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew what they were doing and that they understood how to support them. Staff told us they received training and support that was specific to the people they supported and their individual needs. They had received training which helped them to understand and support people with their learning disabilities, personality disorders and medical needs. Staff told us they had plenty of opportunities to attend training and understood how developing their skills benefitted people living at the home. One staff member said, "Our training helps to keep them (people) safe. For example, if staff don't know how to support people's changes in behaviour it can be unsafe for people and other staff."

Staff told us they had opportunities to reflect on their practice and debrief after incidents through regular one to one meetings with managers. They told us that during these meetings they received feedback on their practice and discussed their training requirements.

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. The service took the required action to protect people's rights and ensure people received the care and support they needed. People told us and we saw that staff ensured they had people's permission before they supported them with anything. Staff and the registered manager confirmed that everyone living at Glanmore was able to consent to their own day to day care. Staff understood the importance of obtaining people's consent. The registered manager understood their responsibilities in monitoring people's ability to give informed consent in line with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one at the home was subject to a DoLS. The registered manager had submitted DoL applications for all the people living at the home and had liaised with the relevant authority in making these applications. Staff understood the reason for these applications was to ensure people's safety whilst they were away from the home.

People had access to sufficient food and drink. People told us they could choose what they wanted to eat each day even though there was a menu planned. They also told us they were able to purchase and keep snacks in their rooms. We saw people had access to fresh fruit and drinks, which were kept in the home's kitchen. Some people required special diets, which staff were aware of. They told us everyone was encouraged to eat a well balanced diet.

People continued to be supported by staff to maintain good health. They had access to healthcare services when they needed them, such as community physiotherapy and referrals were made in a timely manner.

Staff supported people to visit their doctors, consultants and other professionals and their on-going medical conditions, such as diabetes, were monitored appropriately. Outcomes of medical interventions were shared with staff and care records updated to reflect any changes in needs.

Is the service caring?

Our findings

People continued to be supported by staff they had positive relationships with. One person said, "All staff are nice to me, they are good to me." Another person said, "Good staff, they're good people. They care for us. I'm happy here." We saw that people were treated with kindness and the staff knew each person, their personal histories and interests well. People were comfortable around staff and there was a mixture of smiles, laughter and seriousness between them when they spent time together.

People expressed their wishes and opinions about the care and support they wanted and needed. They told us they felt they were listened to by staff and they felt involved in their own care. One person told us they had a key worker and met with them often to have a one to one "chat". They discussed what they wanted and what their goals were for the future. They told us the conversation was led by them and the focus was on them and what was important for them. They said, "I get my one to one time and that is important to me".

Staff respected people's dignity and privacy. One person told us they had a key to their room and staff respected when they want to be left alone. They said, "They [staff] will come in to give me my medicine, but then they'll leave me alone."

People were encouraged to maintain their independence as much as they were able to. One person explained that staff were supporting them to move to a more independent setting. Other people told us they cleaned their own rooms, completed their laundry and made their own food and drinks.

Is the service responsive?

Our findings

People continued to receive care and support that was individual to them. All the people we spoke with told us they enjoyed living at Glanmore because they were supported the way they wanted to be. Staff asked them about how they wished to be supported to meet their personal and social care needs and they felt staff knew them and their wishes. One person told us they had identified their goals with staff and been supported to develop living skills to progress towards independent living. They said, "I can't say a bad word, they have really helped me." Another person said, "I get the support I want." Staff encouraged people to maintain their interests and links with their local community.

Where people's needs changed staff took action to make sure people still received personalised care. People, staff and healthcare professionals were involved in reviewing people's needs. One person told us they had seen the physiotherapist because their mobility had deteriorated. They explained they had had some falls so had completed exercises with the physiotherapist to improve their mobility. Staff had referred this person to occupational and physiotherapy for assessment and they now had access to mobility aids, which staff encouraged them to use.

The registered manager and staff were supported by the provider's clinical team. A behavioural advisor and a clinical support nurse visited the home to ensure assessments and plans for people's epilepsy, diabetes and personality disorders were up to date. Staff told us this meant they could ensure people received the individualised support, which was appropriate to their behavioural support needs.

People told us if they had any complaints or concerns they would speak up and let staff know. One person said, "I can go to any staff." People were encouraged to give their opinions on the care and support they received and told us they were listened to. There was a complaints procedure in place, which people had access to although they preferred to speak directly with staff and managers. Staff told us the one to one time they spent with people was an opportunity for them to express their opinions about their experience of the support they received.

Is the service well-led?

Our findings

People continued to be involved in the running and development of the home. People were responsible for keeping the home and their own rooms clean and tidy and staff supported them with this as necessary. Two people told us about the feedback forms they completed regularly. These had been introduced to enable people to feedback on their ideas for improvements at the home. One person told us that the registered manager listened to them when they made a suggestion to go on a picnic. This had been discussed and agreed for when the weather improved.

People told us they felt able to talk openly with the managers at the home. One person said, "I like the managers here. They always sort things out. They make me happy and make sure I'm not upset about anything." Staff told us the managers were involved in the daily routines of the home and knew what happened on a day to day basis. One staff member said, "The [registered] manager will pop down throughout the day and speak with staff. They're here at the start of the day to find out what's happening that day and help us organise the day ahead." Staff felt supported by managers and one staff member told us, "Anything, literally anything we can go and chat with managers about. They never make us feel we're bothering them."

Quality monitoring systems were in place which assessed and monitored the quality of service provided. The provider's quality team completed audits which were based around our 5 key questions. One of the director's completed unannounced visits. These focussed on speaking with people to get their views on the service and also to look at the environment and any improvements which could be made. The registered manager told us the provider had recently introduced a "wish list". This was an initiative for each of the provider's homes for each person to identify a wish and "if you could do anything what would you do?". Staff and the registered manager were currently speaking with people to enable them to identify their wishes. Together with resources from the provider staff would support people to achieve their wishes.

The home is required to have a registered manager in post. The registered manager had been in post since October 2010. 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.