

Glenholme Living Solutions Limited

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Inspection report

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13 November 2017

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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 over several dates. On the 12 October 2017 we visited the site office. On the 31 October 2017 we visited people in their own homes and on 13 November 2017 we telephoned relatives and staff members in order to obtain their feedback about the service.

At the time of this inspection 16 people were being supported to live independently. Seven people were being supported at a location in Stevenage and nine people were being supported at a location in Hemel Hempstead. The people being supported by the service had complex needs including learning disabilities and Autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

This service provides care and support to people living in two supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had 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.

When we previously inspected the service on 23 March 2016 we found that the care and support people received was not always safe. People's consent and principles of the Mental Capacity Act 2005 were not always followed by staff and the provider's governance systems were not always effective to identify and improve shortfalls. Following the inspection the registered manager submitted an action plan which detailed how they were going to implement and sustain the necessary improvement.

At this inspection we found that the provider and the registered manager had made the necessary improvements to ensure people received care and support in a safe, effective and personalised way.

People told us they felt safe with the support they received from the staff. Staff had been trained and appropriately supported to carry out their roles effectively. They knew how to safeguard people from avoidable harm and about the potential risks and signs of abuse. Risks to people's health, well-being or safety were assessed and regularly reviewed to take account of people's changing needs and circumstances. There were enough staff available to meet people's needs and safe recruitment practices were followed to help make sure that staff were suitable for the roles they performed. We found that staff followed best

practice guidance when supporting people to take their medicines.

Staff took appropriate actions to protect people from the risk of infection by using appropriate hand washing techniques when supporting people with the preparation of their meals. The registered manager and the provider demonstrated an open culture of learning from complaints and previous shortfalls identified.

People told us they were asked for their permission before staff assisted them with support. We saw that people had signed their own care records or where it was appropriate people's relatives were involved in their care. Staff followed the principles of MCA to help ensure the support people received was in their best interest.

People and their relatives told us that the staff providing support to people were kind and compassionate. Staff respected people's dignity and encouraged them to remain as independent as possible. People received support from consistent and reliable staff members. People had regular opportunities to feedback about the service and to participate in reviews of their support needs.

People were supported and encouraged to pursue their hobbies and interests, and to be actively involved in the community and participate in a range of activities which they enjoyed.

People and their relatives felt that the registered manager was approachable with any concerns. All the people we spoke with told us that they felt that Glenholme Living Solutions was well managed. The registered manager demonstrated a good knowledge of the staff they employed and people who used the service. Staff told us that the senior staff team were approachable, supportive and that they could talk to them at any time.

There was a programme of checks undertaken routinely to help ensure that the service provided for people was safe.

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.

Safe recruitment processes were consistently followed to ensure potential staff were suitable to work in a supported living environment.

Potential risks to people's health and well-being were reviewed annually.

People were kept safe by staff who were trained to recognise and respond effectively to the risks of abuse.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

Staff protected people from the risk of infections by following universal precaution procedures.

People`s medicines were managed safely and effectively by trained staff who had their competencies checked regularly.

Is the service effective?

Good 

The service was effective.

Staff were provided with appropriate training and support to help them meet people's needs effectively.

People's consent and permission was obtained before care and support was provided. Where people were unable to make decisions relating to their care the service followed the requirements of the Mental Capacity Act 2005 to ensure the care people received was in their best interest.

People were encouraged where appropriate to eat a healthy balanced diet.

People were supported to meet their day to day health needs and to access health care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good 

The service was responsive.

People had an assessment of their needs prior to support commencing and this was reviewed regularly to ensure their needs were constantly met.

People and their relatives where appropriate, had been involved in developing people's care plans.

People told us that staff supported them to pursue their own interests or pursuits within the local community.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual support needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good 

The service was well led.

People and their relatives knew the registered manager by name and felt that they were approachable with any concerns.

All the people we spoke with told us that they felt that Glenholme Living solutions was well managed.

The registered manager demonstrated a detailed knowledge of the staff they employed and people who used the service.

Staff told us that the registered manager and senior staff team were approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service provided for people was safe.

People were given opportunities to provide feedback about the service they received.

The service worked in partnership with other health and social care professionals involved in people`s care to ensure the support people received met their needs fully.

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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.

This inspection activity started on 12 October 2017 and ended on 13 November 2017 and was unannounced. The inspection process included visiting people within their supported living complex, speaking on the telephone to relatives of people who used the service and staff members in order to obtain their views.

The provider had not been asked on this occasion, to complete a Provider Information Return [PIR] 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 also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who used the service, two relatives, three staff members and the provider. We looked at four people's care records and five staff files. We reviewed other documents including audits and records relating to the management of the service. Prior to our inspection we also sought the views of the local authority's contract monitoring officers.

Is the service safe?

Our findings

When we last inspected the service in March 2016 we found that safe recruitment processes were not consistently followed. At this inspection we found that people were now supported by staff who had undergone a robust recruitment process. We reviewed the recruitment records of five staff members. All five records demonstrated a complete employment history, together with a criminal record check and two references. The provider had carried out a selection procedure that included a form of selection test to check staff knowledge with regard to support, prior to offering them a post. This helped to ensure that staff employed were of sufficient good character and suitable for the role they performed.

When we last inspected the service we found that risk assessments were not always updated to reflect the current risk to people who used the service. At this inspection we reviewed the risk assessment of four people and found that these had all been updated within the last six months. We found that potential risks to people's health, well-being or safety were now routinely assessed as part of the assessment carried out prior to people starting the service. We also found evidence that these had been reviewed at regular intervals to take account of people's changing needs and circumstances.

Risk assessments were in place for such areas as the environment, behaviour that may challenge and personal safety when accessing the local community. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example we saw one risk assessment for a person who travelled to London, this assessment outlined the risks posed and the control measures in place to maintain the person's safety. We saw that this risk assessment detailed a step by step guide of the journey both to and from the destination, a budgeting risk plan and contact details of both the taxi company and support staff. The risk assessment also included a protocol for if the person went missing.

People told us they felt the service they received was safe and met their needs. One person said, "I know that there is always someone upstairs if I need help or if I am feeling anxious about anything." Another person told us, "Safe, of course I feel safe and I know who to call if I need anything or if I have an accident."

Staff had received training in how to support people to take their medicines safely. We reviewed the medicine records for three people who staff supported with their medicines and saw that there was appropriate guidance for staff to administer medicines and that staff had signed the Medicine Administration Record charts (MAR) appropriately. Staff told us they checked the stock balances of people's medicines during each shift which ensured any errors could be identified quickly and rectified. Information was available for each person with regard to any allergies, possible side effects of the prescribed medicines and PRN protocols were in place.

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. We found that safeguarding was discussed in staff meetings where staff were reminded what, how and when it was expected from them to report issues. Staff were also reminded about the whistleblowing procedure and how to report their concerns to external safeguarding authorities.

We found that although there were sufficient staff to meet people's needs, the service was currently heavily reliant on bank and agency staff to provide a full complement of staff. However the registered manager stated that interviews were currently taking place and they were hopeful that the majority of these vacancies would be filled by the end of the year. We saw that rotas' were planned a month in advance and people were supported on a one to one basis at both locations. We also saw that the managers regularly covered shifts when staff were on leave or to cover some of the staff vacancies.

Staff took appropriate actions to protect people from the risk of infection. Staff members had received training in the control and prevention of infection. Staff were also reminded in staff meetings about the importance of hand washing and the use of hand gel when they assisted people in the preparation of their meals.

Is the service effective?

Our findings

When we last inspected the service in March 2016 we found that consent was not always routinely obtained, recorded in care documents or reviewed. At this inspection we found that this had improved. The provider demonstrated a good understanding of when it was necessary to involve people's relatives or health and social professionals in making best interest decisions on behalf of people with limited capacity to make meaningful decisions.

We checked the care plans of four people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. People confirmed that staff asked for their agreement before they provided any support and respected their wishes to sometimes decline certain tasks. One person we spoke with told us, "Sometimes I tell the staff that I don't want to take my medicines so we talk about the reasons why I need to and I usually agree but I know if I say no, then the staff respect my decision."

People and their relatives told us that the support provided by Glenholme Living Solutions was appropriate to meet people's needs. One relative said, "They help [name] live as independently as possible. I do worry sometimes about them when they are out and about in the town but they always phone for help if they need to." Another relative of a person who used the service told us, "I think that is the best place for them as there are always staff on duty for backup if things go wrong or if there is a problem. Also there is a security system in place before people can enter the flats."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff told us they received training and regular updates in topics like Mental Capacity Act Training, safeguarding and fire safety. One staff member said, "The training we are given is up to date and relevant to the job we do here. It is obviously important that I have the knowledge and training to do the best job I can." Another staff member we spoke with said, "I am not so confident with issues about people's mental capacity so I am pleased that this is being provided as a refresher course next year." We saw that staff had recently received training in safeguarding, medication and mental health awareness.

Staff completed an induction when they commenced employment with Glenholme Living Solutions. The induction programme was aligned with the Care Certificate framework and included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of time where newly recruited staff members worked alongside more experienced staff until the staff member felt confident to work alone. This also served to introduce new care staff to people who used the service. One recently employed staff member said, "I have felt well supported and am not left alone to support people until I feel confident. I have done my mandatory training which gave me a good insight into the job in hand and how to best support people. However I have told the manager that I am not ready yet to support people with medication."

The registered manager and staff confirmed that there was a programme of staff supervision in place as well as monthly staff meetings. However when we spoke with staff members about how often they received one

to one supervision from their manager they told us that these meetings were sometimes inconsistent and on occasion had to be cancelled. One person told us, "I like to have my supervisions regularly as a way of support and guidance. However this has not always been the case and I have had to wait for up to three months before I can get to see my manager for a proper supervision." This was passed back to the registered manager for their attention. However another staff member said that although they did not always meet formally for supervision they could contact the registered manager by phone, at any time for advice. They told us, "They are helpful and supportive when I call them and also I can pop up to the office if I need a question answered straight away." We saw that staff meetings were held on a monthly basis with the most recent meeting held on 29 September 2017 where issues such as safeguarding, health and safety and report writing were discussed.

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. We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

People were supported to buy their own groceries and cook their own meals. Staff supported people as and when required for example with shopping, food preparation and cooking. People were provided with information on how to prepare and provide meals that supported a healthy balanced diet, and staff told us they always considered people's individual dietary requirements and preferences. One person told us, "I am trying to live more healthily which means I try and eat lots of salads and not too many chips so I can lose weight." Staff told us they assisted with meal preparation but where possible they encouraged people to do as much as they could for themselves.

People were supported to access additional healthcare services where required and appointments were all documented within the health record section of their 'Purple Folder' which ensured that all staff were kept up to date about people's health conditions. One person told us, "Sometimes I need to go and see my nurse who helps me understand and manage my medication. They are kind and explain to me why I need to take my tablets regularly to keep me happy." People had routine health checks yearly and they could access their GP any time they needed to. People were supported to attend dentist appointments, and opticians and other health professionals when required.

Is the service caring?

Our findings

People told us that they were happy and that staff were caring and kind. For example one person said, "I'm happy living here; they [staff] try their best to help you live more independently and we go out to the shops and local events that are happening in the town." Another person told us, "The staff are kind and supportive in every way. We don't need staff to help us get washed and stuff like that but they are kind when they help us with a problem or if we need to talk about something that is getting us down."

Staff had developed positive and caring relationships with people who they clearly knew well. People received care, as much as possible, from a team of consistent staff members. People told us that they were happy to approach and talk with the staff that provided their support. We saw that people were relaxed and happy in staff's company. We saw people chat and laugh together as well as discussing their routines and social activities. Staff supported people in a professional manner and provided guidance and boundaries which ensured they received the appropriate support.

People told us that staff respected their privacy and dignity and made sure that they supported them in the way they wished, and encouraged them also to remain as independent as possible. A person who used the service said, "It would be easy to let the staff do things for you but that's not good. We are all here because we can live independently and not to expect staff to do it all for us."

People knew about their support plans and told us that the registered manager or a senior staff member regularly asked about their support needs in order for their support plan to be updated as their needs changed.

People who used the service told us that they had been involved in their support plans. They told us that their preferences had been sought and were respected. One relative said, "We are contacted if there is a review coming up for [name] and would we like to attend, which makes us feel valued and involved but if [name] did not want us there we would also respect that this is their choice. It's hard to let go sometimes and realise that they are an adult and should be able to make their own decisions and mistakes but the staff are very professional and have [name] best interests at heart."

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

People told us they had been involved in developing their support plans. People's needs were reviewed regularly which ensured the plans continued to meet people's needs. We saw that people's relatives were involved with review meetings where appropriate. Information provided to staff included support guidelines about their preferred routines, medicines, dietary needs, relationships that were important to them and the type of activities and hobbies people enjoyed.

People's support plans were sufficiently detailed to be able to guide staff to provide their individual support needs. For example one care plan we viewed stated, "I am very independent and like to do things on my own but also except that sometimes however hard it is to ask, that I need help sorting my money out."

Staff demonstrated that they were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised support that met their individual needs.

We saw examples where staff had supported and empowered people to make life changing choices and decisions. For example we reviewed one support plan where staff had supported and help enable a person to attend a series of hospital appointments and complex medical examinations. We saw this support plan had been written in an empathic and respectful way with detailed guidance on the surgical intervention and important aspects of the aftercare that this person would require. These guidelines were written in the first person and outlined the importance of both the physical and emotional support that the person would require following their transition. The success of this 'journey' was to the credit of the person themselves and also the managers and support staff who were responsive to the person's individual needs and wishes.

We saw another example where staff members had been responsive in recognising the early symptoms of a potentially life threatening condition of one person. Their prompt action, support and guidance ensured that the person received the necessary medical treatment and intervention that resulted in the person making a full recovery.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. Examples seen included supporting people to learn to drive, attending adult education courses and also to attend a local gymnasium as part of a healthier living programme.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. For example one person who used the service told us said, "I have spoken to the manager about the noise sometimes coming from one of the other flats. They sorted it out and now things are a lot better." One relative told us they were very satisfied with the service provided. We reviewed records of complaints received by the service and found they had been responded to in a timely manner and investigated thoroughly. The management team worked closely with complainants to make sure that they were satisfied with the outcomes.

Is the service well-led?

Our findings

When we previously inspected Glenholme Living Solutions in March 2016 we found that the provider did not have effective systems in place to effectively monitor safe care and support. They also failed to ensure that the MCA principles were followed in case people lacked capacity to take certain decisions. Governance systems were not effectively used to monitor and improve the quality of the care people received. At this inspection we found that the provider had implemented a new and improved system which enabled them to make the necessary improvements and ensured that the support people received was effective and also empowered people to make their own decisions.

We saw that the provider now completed monthly quality monitoring audits that covered all aspects of the service. This included medicine audits, support plan audits, supervision audits and safeguarding protocol plans. We also saw evidence of a recent audit tool that was completed by the registered manager that was cross referenced and assessed against the quality standards that CQC uses to assess and rate services. This document outlined the prompts linked to the services own procedure, record of evidence and if this met with compliance. We saw the most recent audit focussed on the 'Safe' aspects of the service provided to people. We also saw evidence that the managers based within each location completed a monthly staffing audit which reviewed the total number of hours allocated to each person which helped ensure people received the support they required.

We found that training records were up to date and we could be assured that all the necessary training had been completed. Staff told us they did access regular training and this was confirmed within the five staff files reviewed as part of this inspection.

We found that personal records that related to people's care and support needs were kept up to date and reflected the support people needed, and were signed by the people who were being supported. People's confidential information was securely stored within the locked offices at both locations and also within the site office.

The registered manager was clear about their vision regarding the service, how it operated and the level of support provided to people. They told us, "We are passionate about maintaining people's independence and to support people in all areas of their life." We found the managers and staff were knowledgeable about the people who lived within the service, their needs, personal circumstances and family relationships.

Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member told us, "I love the work that I do and although it can be challenging at times but I feel we support people to achieve a good quality of life here."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.

All the people we spoke with told us that they felt that Glenholme Living Solutions was well managed and well run. One person said, "I am happy with everything. I like the staff and the managers and they do the best job they can in helping me live independently."

Staff told us that the registered manager and senior staff team were approachable and that they could talk to them at any time. Staff told us that there were regular staff meetings held which enabled them to discuss any issues that arose in the service.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager, senior staff and support staff all had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.

The service had an open and transparent culture with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. This included working with local community mental health teams, specialist advisors and clinical professionals in supporting people with their mental health needs.