

Green Light PBS Limited

Comprigney Vean

Inspection report

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Date of inspection visit: 3 October 2015
Date of publication: 09/12/2015

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 

Overall summary

Comprigney Vean provides accommodation for up to two people with complex needs. The service uses a large detached bungalow. There was also a garden for people's use. There was one person living at the service at the time of our inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

This was an unannounced inspection, carried out on 3 October 2015.

Due to the person's communication needs we were unable to gain their views verbally from them on their service. We therefore observed staff interactions and spoke with relatives and professionals involved in decisions about the care and support of the person. We observed the person was relaxed, engaged in their choice of activities and appeared to be happy and well supported by the service. We walked around the service and saw it was comfortable and personalised to reflect the person's individual tastes. The person was treated with kindness, compassion and respect.

Summary of findings

Staff demonstrated they had an excellent knowledge of the person they supported and were able to appropriately support them. Staff consistently spent time speaking and interacting with the person they were supporting. The use of communication tools included a sequencing tool to help structure the day's activities and this was consistently used. We saw many positive interactions during the inspection. Staff told us they enjoyed working at Comprigney Vean and clearly worked well as a team.

Staff were trained and competent to provide the support required. Staff were well supported through a system of induction and training. They told us training was thorough and gave them confidence to carry out their role effectively. Staff were supportive of each other and worked together to support the person effectively. Staffing levels met the present care needs of the person who lived at the service.

Where the person did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There was a choice of meals, snacks and drinks which the person had been involved in choosing. Staff supported the person using food option photographs and other communication tools to plan their own menus and their feedback about the meals in the service had been listened to and acted on.

Visitors told us they were always made welcome and were able to visit at any time. Relatives of the person who used the service expressed their satisfaction about the quality of care and support provided.

There was a clear and supported process to help people to raise complaints and there were regular feedback opportunities for the person and their family to discuss how they felt about the service. The service used a key-worker system. This provided a consistent lead staff member who checked regularly if the person was happy or wanted to raise any concerns. Relatives told us, "We do not have any concerns about (person's name) care at Comprigney Vean".

From discussions with relatives and documents we looked at we saw that the person's family was included in planning and agreeing to the care provided at the service. There was an individual support plan which detailed the support needed and how this was to be provided. Senior staff reviewed plans at least monthly with input from the person who was supported.

Staff demonstrated they knew the person they were supporting and the choices they had made about their support and how they wished to live their life.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was aware of the person's views of the service and could monitor auditing processes at the service. This ensured an open service culture that was open both to challenge and learning from issues that affected the quality of the service as they arose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives and external professionals who had contact with the service all commented positively about the strengths of the service and how safe and supportive they felt it was for the person who lived there.

Systems for the administration and recording of medicines helped to protect the person from risk.

Staffing levels met the present care needs of the person who lived at the service. The service was flexible and was able to increase and reduce staff resources as needs required.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet the person's needs and were supported with necessary training.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure the person's rights were respected.

Good



Is the service caring?

The service was caring.

Relatives told us they felt the service was caring. It was clear by observing how staff interacted with the person they supported how much they valued them as an individual.

The service supplied a comprehensive care and support plan which was up to date and reflected the daily life of the person it was about. This ensured staff were aware of the needs of the person they supported and were more able to meet their needs.

Good



Is the service responsive?

The service was responsive.

Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes for the person.

The person was supported to receive prompt and appropriate healthcare when required.

The service provided a range of personalised activities for the person to participate in.

Good



Is the service well-led?

The service was well led.

There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about supporting the person to achieve the goals they set for themselves.

The staff team was very positive about how they were supported by the registered manager and the organisation generally.

Good



Summary of findings

There was a robust system of quality assurance checks in place. People were regularly consulted about how the service was run.

Comprigney Vean

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 took place on 3 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. We requested and were provided with a Provider Information

Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spent time with one person who lived at Comprigney Vean. Due to their complex health needs we were unable to gather their views of living at the service. However, we observed they appeared happy and well stimulated during the time we spent there. We also received feedback from two relatives and two external professionals who had experience of the service. We inspected the premises and observed care practices.

We spoke with two support staff, the registered manager and deputy manager for the service. We looked at records relating to care, two staff recruitment files, staff duty rosters, training records and records relating to the running of the service. Following the inspection we spoke with one relative of a person who lived at Comprigney Vean and one external professional to ask their views of the service.

Is the service safe?

Our findings

We observed the person who lived at Comprigney Vean was relaxed and happy during the inspection process. Relatives told us they felt the service was safe and provided very good care and support. One relative commented, “We are very happy with (person’s) care. Staff have a lot of time to spend with (person) and I have confidence that (person) is safe and well cared for at Comprigney”.

Staff were competent and had the skills and time to develop positive and meaningful relationships with the person they supported. The management of the service understood the importance of ensuring people were supported by staff they felt comfortable with and who understood their needs. For example, staff recognised when the person wanted time alone and were able to interact in a way that met the person’s needs, without overwhelming them. This was particularly important because of the high ratio of staff who supported the person. Staff rotas demonstrated there were enough staff to meet the person’s needs.

Staff were knowledgeable about different types of abuse and were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff were provided with clear guidance on the process to use to raise concerns outside of the service and had received training on ‘safeguarding adults’ provided by the local authority.

The service held the personal money for the person who lived at the service. Accurate records were kept and regularly audited to ensure the accuracy of the balance held at the service. Financial risk assessments were in place which sought to minimise the risk of financial abuse. People’s finances were monitored and audited by a Finance Manager and accountant.

Arrangements for the management of people’s medicines were safe and effective. There was a personal medication file and lockable storage facilities within a coded safe for safe storage of medicines. The Controlled Drugs (CD) codes which require services to follow strict rules about storage and recording of certain medicines were being followed, although there were no controlled drugs in use at the time of inspection. Medicine storage temperatures were consistently monitored. This ensured medicines were

stored correctly and were safe and effective for the people they were prescribed for. Support provided was on a one to one basis, which made sure staff could work individually with the person and knew what medicine they were taking and why. People were supported and prompted by staff to take their medicines. Medicine records were completed immediately following medicines being given and were accurate. Any changes to medicines were clearly recorded on charts. We noted management of medicines was something regularly discussed in staff meetings. Minutes of these meetings demonstrated that managers were aware of how medicines were handled. Regular communication ensured good practice was consistently followed. For example, staff were reminded that any medicines taken out of the service to accompany the person on activities must be signed out.

Staff had received updated medicines training and showed a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration audits weekly as well as a comprehensive monthly medicines audit to ensure safe practices were followed. There were regular medication review meetings held with the multi-disciplinary team and with family involvement if they wanted to attend. Yearly reviews of the medication system were undertaken by the pharmacy who supplied people’s medicines. This helped to ensure the management of medicines was safe and effective. There was no history of medicine errors at the service.

We saw care records contained personalised risk assessments which were reviewed regularly. These covered a wide range of areas that could pose a risk to health, such as from cleaning materials used at the service. There were also risk assessments about situations or activities that could put the person at risk when out of the service. This included when the person attended college or was undertaking an activity. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. For example, we saw a risk assessment for keeping the person safe while they were supported in the community. We saw the risk assessment set out clearly what trigger events could cause the behaviour and the action to be taken by staff to ensure the

Is the service safe?

safety of the person and other people. The service had environmental risk assessments in place for risks such as fire and electricity and these were assessed on an individual basis.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed including detailed records for interviews, references and Disclosure and Barring Service (DBS) checks were held on file. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Infection control procedures were in place. The service used the 'Safer food, better business' (SFBB) processes. This helps small businesses with food safety management procedures and food hygiene regulations. Regular infection control audits, staff training and cleaning schedules were adhered to.

Is the service effective?

Our findings

During the inspection we observed how care was provided to help us understand the experiences of people who used the service.

The service assessed the person's needs before they moved into Comprigney Vean to help ensure the service would suit their needs and keep them safe. We looked at the assessment and saw it was detailed and gave a comprehensive report of the needs of the person. The organisation had gone to great lengths to ensure services could meet the person's needs. When the person moved from another service into Comprigney Vean they were given time to become familiar with the staff that would be supporting them. Staff from the service spent considerable time shadowing staff from the previous service so that they understood the needs of the person moving into Comprigney Vean. The provider organisation, Green Light, had made an assessment about the right level of staff to meet this person's needs so that they could lead a fulfilling life and experience a range of activities in the local community. For example, attending horse riding and go-karting sessions, both of which they really enjoyed.

Care was taken to ensure staff were selected for the person to ensure shared values and attributes as much as possible. Staff were chosen to work with the individual because there was a 'fit' between them. For example, it was very important that staff at the service were able to walk long distances to support the person, as outdoor activities were something they enjoyed. Relatives told us, "The service has been very aware from the start about the kind of staff who would be best to work with (person)".

There was a mix of staff experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. The service supported staff on induction and ensured newer staff had an extended period of shadowing more experienced staff until they were comfortable and competent in their role.

The level of training and support provided to staff was extensive. New staff completed a thorough two week induction process in a classroom setting. Training covered understanding autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards as well as

other core training areas such as food safety and infection control. Once new staff had started working at the service they had a full house induction and a period of shadow shifts to ensure they were competent in their role. Staff confirmed they felt prepared and well supported by their induction and the on-going management support. Staff told us they felt they had benefitted greatly from the on-going training and support provided by management.

New employees who were also new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. The Care Certificate is an identified set of standards that new health and social care workers work to. It provides a benchmark of introductory skills, knowledge and behaviours to all staff starting their career in the health and social care sector. Once this had been successfully completed, staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care.

Staff attended regular meetings (called supervision) every six to eight weeks with their manager where they discussed how they provided the support that helped ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for staff members, any concerns about working practices or individuals using the service, and ideas for progressing the individual development of people who used the service. Staff told us supervisions were useful for their personal development, as well as helping ensure they were up to date with current working practices.

The service placed a particular emphasis on being familiar with all aspects of the life of the person they supported. A 'life story' document had been put together to help staff understand the person's life before they moved into the service, what was important to them and their likes and dislikes. Staff accessed support plans and other relevant documentation using a computer based site which was only accessed after appropriate permissions had been given by senior management. From discussion with staff it was clear they had an excellent knowledge and understanding about the people they supported. Staff described how people liked to spend their time and we saw this was respected.

Is the service effective?

Care records documented how the service maintained the person's good health. The person had access to healthcare services and received ongoing healthcare support. For example, they attended routine and specialist healthcare appointments and reviews. The person saw their GP and had other necessary appointments, such as the dentist, when they needed to. There was access to an annual health screening with the GP service which helped to maintain the person's health.

The person was supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of the person's food and drink intake to enable the service to monitor that they received a healthy, balanced diet. Menu planning was done in a way which combined healthy eating with personal choices made about food. We saw photographs of food were used to support food choices throughout the week.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental

capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of the person who was deemed to lack capacity to make the decisions themselves. We saw applications for Deprivation of Liberty Safeguards authorisations had subsequently been made. Management included discussions about how DoLS affected the support they provided in an accessible way. This was highlighted in team meeting discussions to ensure staff understanding.

The design, layout and decoration of the service met the person's needs. For example, the person could choose how personalised their home was and this ensured their personal space was very individual to them.

Is the service caring?

Our findings

Due to their healthcare needs it was not possible to speak with the person who lived at the service in any great detail about their experience of how caring the service was. However, we saw the care delivered was of a high standard and the person appeared to be happy.

Relatives of the person who lived at Comprigney Vean told us they felt the service was caring. It was clear by observing how staff interacted with the person they supported, how much they valued them as an individual and respected their boundaries. Staff relationships with the person who used the service and their relatives were strong, caring and supportive. Relatives told us how much they valued the service.

The atmosphere at the service was relaxed and friendly. Although the person required high levels of support, staff were available to support them inside and outside of the service. For example, an outing to a local town for an ice-cream took place on the day of inspection.

No one we spoke with raised any concerns about the quality of care. A relative of the person who lived at the service told us, "We are happy with the care shown to (person's name). It is nice not to have anything negative to say about the service".

Staff were highly motivated to provide the best and most suitable support for the person they worked with. Staff were not rushed, were focused and spent time on an individual basis with the person. The person was treated with care and dignity and was supported to live as independently as possible with the support of a highly focused, well trained staff team. For example, management ensured all staff understood how important it was to be consistent in their behaviour towards the supported person. Staff were trained to use a time sequencing tool to ensure the person always knew what was happening, and when and who they could expect to be with them. This was important because it helped the person to feel safe. Staff

had put thought into what they could do at the service to provide a safe and comforting environment for the person; we saw a tent with lots of sensory blankets and pillows had been purchased to allow the person to have a safe place where they could go to have some time apart but still be close to staff if they needed them.

We looked at the person's support plan. The plan was clear, detailed and written entirely from the perspective of the person it was about. The person who lived at the service enjoyed active, outdoor pursuits and their support plan recorded activities they enjoyed and others it was planned to offer, such as rock climbing. The service supported the person to express their views and be actively involved in making decisions about their daily care and support. If the person struggled to make choices, staff were trained to support them by offering different options in a suitable format, for example, by using pictures or symbols as necessary. The support plan was clear about potential challenges to communication and provided staff with clear guidance about how best to support the person. This guidance included training and support to help understand the person's communication patterns. The support plan was kept updated and current. The person and their relatives had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of the service. Aspects commented on included activities and food choices. Relatives of the person who lived at the service told us staff ensured they understood the person and gave them consistent space, time and opportunity to communicate their needs. The person's plan was full of personalised photographs, making the plan very clearly about the person. Plans were laminated and given to the person so they could be familiar with it.

Advocacy services were available if required and the person and their relatives were aware of and were supported to have access to this service upon request. Advocacy services are able to support and speak on behalf of people if required.

Is the service responsive?

Our findings

The person's care and support was planned with their involvement. External professionals involved with the service said staff were focused on meeting the person's needs in a timely way. Relatives of the person who lived at Comprigney Vean told us staff understood their relative's needs, knew how to meet them and were proactive in suggesting additional ideas helpful to the person. A relative of the person who lived at the service told us, "(Person's name) has come on a lot since moving to Comprigney Vean. Staff work hard in providing a range of outdoorsy activities they know (person) will enjoy".

The person who used the service was encouraged and supported to engage with services and events outside of the home. For example, attending college and going out shopping and walking.

The person's relatives told us they were kept informed of changes to the person's needs and said they found the staff "very good at keeping us informed of what is going on for (person's name)". The service also used a computer link which relatives could access to see what activities the person had been doing. This was updated daily and included photographs of activities and records of how the person had been.

The service had a policy and procedure in place for dealing with complaints. Although unable to verbally express dissatisfaction, the person who lived at the service was able, through their behaviours, to let staff know if they were unhappy about aspects of their care. Staff told us they would raise with management any area they felt the person was unhappy with and attempt to make changes to make

the person happy. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and down to assist the person to share their views. Relatives were aware of how to make a complaint and said they would feel comfortable doing so.

The organisation had worked hard to make sure the person's move from their old service into Comprigney Vean as smooth as possible. The transition arrangements had been well thought out and worked to support to the person moving into the service. The person was supported by staff from Comprigney Vean before moving permanently into the service, to help the person to be familiar and comfortable with their new support. This meant care was properly planned in a way that met the person's individual preferences and needs.

We saw that routine care planning reviews took place. Records demonstrated that the person and their relatives did routinely discuss their support plans and this was confirmed with relatives. The person and their family were in agreement and gave consent to the support provided. Care records contained detailed information about the person's health and social care needs. The plans were individualised and relevant to the person.

Daily notes were consistently completed and allowed staff coming on duty to be aware of any changes in the person's needs and their general well-being. The person that used the service received care and support that was responsive to their needs because staff knew them well. This helped make sure there was a consistent approach between different staff and meant that the person's needs were always met in an agreed way.

Is the service well-led?

Our findings

Green Light, the organisation which runs Comprigney Vean, have a number of management layers which support the service. As well as a Registered Manager, who has day to day management responsibility for the service, there is also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Greenlight service is strategically managed by a Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Greenlight service to ensure appropriate support for services. It is of benefit to the service that the management structure is both local and works in such a way that it helps to promote clear lines of accountability and quick effective decision making.

Everyone we spoke with remarked that the service had a strong management base and was well led. Relatives of the person who lived at the service said, "I think it is well led. I can speak to the management and staff anytime I want. It is a strength that the manager who is taking over will also do some shifts as a support worker, so they really get to understand (person)".

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect at the forefront of their practice. Staff understood the key values of the service and were committed to them. Supervision and appraisal processes were in place to enable the management to account for actions, behaviours and the performance of staff. Staff told us they felt both supported and appreciated by management. The service had a strong emphasis on continually striving to improve and management recognised, promoted and implemented systems in order to provide a high quality service.

Staff told us the service had a culture of fairness and openness and an approach, which encouraged people and staff to question practice between them and directly to management, with the aim of being creative about the support they delivered. The service was transparent and open in the way it was run and this was clear from every

aspect of the inspection evidence. Management and staff were professional and friendly. We saw that the person was happy living at the service and had positive relationships with staff and management.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, accidents and safeguarding concerns, and where required, investigations were thorough. Safeguarding concerns were investigated in an open, transparent and objective way.

The organisation recognised the importance of having a competent, skilled staff group. New staff were provided with a range of training, much of it classroom based as well as through computer based learning. The service had taken on the requirements of the new Care Certificate and encouraged staff to professionally develop themselves in their career. Staff showed they had the confidence to report concerns about the care offered by colleagues, carers and other professionals and were encouraged to do so by the system of peer review used during supervision sessions. When this happened, staff were supported and their concerns were thoroughly investigated. Staff reported they were motivated and supported by the way the service was managed and led and that they were happy in their job.

The need to check how procedures were working and maintain the quality of the service was understood. The service had strong quality assurance processes in place including monthly audits for maintenance of the service's medicines management and monitoring of complaints. These processes acted as an audit system and were used to drive continuous improvement. Management were open to changing areas of the service which would improve how it operated. For example, minutes of staff meetings demonstrated that staff inputted their ideas and suggestions about the service and these were listened to and acted on if appropriate. Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service and communicated well with each other.

The service understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way.