

Glenmore Trust

Glenmore Trust - 40a Manor Road

Inspection report

40a Manor Road
Carlisle
Cumbria
CA2 4LJ

Tel: 01228522448

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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 unannounced inspection took place on 28 October 2016. We last inspected this service in January 2014. It was compliant with the regulations that were in force at the time.

The Glenmore Trust- 40a Manor Road is a care home that provides support for up to five people with a learning disability. The home is a modern adapted bungalow in a quiet residential area on the outskirts of Carlisle. At the time of the inspection there were two people living at The Glenmore Trust -40a Manor Road.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's needs. They were easy to read, based on assessment and reflected the preferences of people. Risk assessments were carried out and plans were in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to the people they supported. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.□

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of

poor practice identified in complaints.

The home was well led by a registered manager who had a clear idea about the future of the service. The registered manager and the registered provider were working hard to decommission the service whilst making sure people were cared for and supported appropriately. A quality assurance system was in place that was utilised to improve the service.

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.

There were sufficient staff to meet people's needs.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training which took into account people's different support needs.

The service worked in conjunction with other health and social care providers to try and ensure good outcomes for people who used the service.

People's nutrition and hydration needs were being met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and developed positive, caring relationships with them.

There were policies and procedures in place to ensure that people's privacy was protected and they people were not discriminated against.

Staff knew how to promote people's independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Support plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access the local community and pursue their interests.

Is the service well-led?

The service was well-led.

The registered manager and the provider were managing the process of decommissioning appropriately

Staff told us they felt supported by the registered manager.

There was an effective quality assurance system in place.

Good ●

Glenmore Trust - 40a Manor Road

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 the 28 October 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a 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 also reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with two people who used the service. We also spoke with five staff including the registered manager, care staff, an administrator and the chief executive officer (CEO).

We looked at two care plans and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

Is the service safe?

Our findings

People who used the service could not easily express their views. On the day of our inspection we observed that people were being supported by staff appropriately. When we spoke with people who used the service they appeared calm and happy.

We spoke with the registered manager and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on people who used the service receiving one to one care. Staff we spoke with confirmed this. This meant that there was two members of staff on duty at any one time which was sufficient to meet people's needs.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all been given training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns if they suspected abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Safe systems were used when new staff were recruited. The provider obtained a Disclosure and Barring Service disclosure for all new staff to check they were not barred from working with vulnerable people. The registered provider had obtained evidence of their good character and conduct in previous employment.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held pertinent information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. The registered provider had fitted a specialist hoist system for one person to ensure they and the staff supporting them were safe when they were being transferred for example from their bed to a wheelchair.

The service had contingency plans in place to deal with foreseeable emergencies such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager and senior staff were always available to talk to out of hours via telephone and would attend the home if necessary. In the event of a power cut the registered provider had access to an emergency generator.

Medicines were stored appropriately and administered by registered nurses or people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were support plans in place that outlined when to

administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We looked at how the service managed infection control. Staff were provided with adequate personal protective equipment (PPE). The use of PPE was underpinned by an infection control policy and the staff were given training appropriate to their role. There was a cleaning schedule in place that was implemented by staff. We noted that the service was clean and free from odour and observed staff utilising PPE when preparing food.

Is the service effective?

Our findings

People who used the service could not easily express their views. On the day of our inspection we observed that staff were carrying out their duties competently and confidently.

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own.

The registered provider had systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Staff we spoke with confirmed they had completed training courses and this was reflected in their personnel files. One member of staff told us, "Training is good, they are on the ball." Another added, "They focus training on people's needs."

The registered manager ensured that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us, "We feel well supported."

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.

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 application 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. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either

financial decisions or health and welfare decisions or both.

Each person had a nutrition and hydration assessment which identified the support people required. If additional support was required plans were put in place to guide staff on how to support people. We saw that the service attempted to encourage people to eat healthily while protecting their right to choose their own meals. People's nutritional and fluid intake was clearly documented by staff and people's weight was monitored. This meant that staff had the necessary information available to refer people to a dietician if appropriate.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included members of the community learning disabilities team and the community mental health team as well as GPs.

The registered provider told us that the building was due a significant refurbishment and plans were in place for this to happen. As part of this the registered provider was decommissioning the current service and were working closely with people who used the service, their families, the local authority and commissioners to ensure people's care was reviewed in order that they were appropriately placed in the future.

Is the service caring?

Our findings

People who used the service could not easily express their views. On the day of our inspection we observed staff interacting with people and saw that they had a caring and patient approach.

Staff told us they knew the people who used the service well and had developed positive, caring relationships with them. The registered provider ensured the two people who used the service were looked after by the same staff wherever possible. Staff were able to tell us about people's preferences, family relationships and social networks and what kind of support they required. This showed that staff worked to build good relationships with the people they supported in order to provide person centred care.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

We observed staff speaking with people in a respectful manner. The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends. We saw evidence of this process in people's care files.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people's care plans identified they required support when bathing. The care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example what activities they liked to participate in.

The service was able to offer end of life care if appropriate and in conjunction with other health and social care providers, such as GP's or district nursing teams.

Is the service responsive?

Our findings

People who used the service could not easily express their views. We observed staff adhering to support plans for people. For example when supporting someone during a period of anxiety the staff employed strategies outlined in their support plans to ensure this person felt safe and communicated with.

An assessment of people's needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to formulate care plans which we noted were clear, concise and easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The support plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

Staff made notes in relation to the support that had been delivered including details of personal care, food and drink consumed and what activities had taken place. These records were written respectfully and factually, ensuring that it was clear what support had been given to the person.

It was clear people who used the service had been involved in the planning of their care where possible. Support plans were regularly reviewed to ensure what staff delivered was in line with people's wishes and preferences.

We could see evidence within the support plans that people had exercised their choice whenever possible. We saw that the service actively supported people to follow their interests and take part in activities. On the day of our inspection both people left the home to engage in various activities including swimming and attending a local day centre. In addition the provider was developing a range of social events, such as café 'drop ins' to encourage people to engage with their local communities.

People or their relatives were aware of how to contact the provider if they had a comment, compliment or complaint about the support they received.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

People who used the service could not easily express their views. We noted that the registered manager knew each person who used the service. They demonstrated their depth of knowledge about people and the service throughout our inspection.

We spoke with staff during the inspection visit. They told us that there had been recent changes in the leadership of the service but felt the provider had managed this process well. They were complimentary about the leadership in the service.

The registered manager told us they were continuing to review the future of the service in conjunction with the local authority and commissioners. They were hopeful that people could be found placements appropriate to their needs.

There was a clear management structure in place for the service. Care staff reported to the registered manager who in turn reported to the registered providers management team.

We saw evidence that questionnaires were sent to people who used the service or their relatives. They were designed to seek the views of people and find out if they were satisfied with the service they received. The returned questionnaires were analysed and action plans created to address any issues highlighted. For example following feedback planning meetings were held for the proposed deregistration with relatives to address concerns and explain why deregistration was necessary and go through the stages of the action plan. Relatives present were able air any concerns they had to adult social care and the provider. In addition information was given to family members who had questions and wanted independent advice, for instance, involvement of advocacy and advice.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality.

During the inspection the registered manager and care staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager during our inspection. Staff told us that they felt they were listened to and could influence the delivery of the service in order to improve people's experience of care and support.