

Glenholme Specialist Healthcare (Northern Region) Ltd

Vincent Place

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vincent Place provides personal care to three people with a learning disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider and manager had a governance system in place, which included various audits and monitoring, however, actions were not always documented, and it was unclear if actions were completed.

People had risk assessments in place, however these did not always give clear details about how to manage a risk and needed further development. People received their medicines when they needed them, however medicine records did not always reflect an accurate description of when medicines should be given. Staff received training to help ensure they were sufficiently skilled.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Staff were led by what people wanted to do and encouraged people to make informed decisions, however, staff did not feel there had been a consistent leadership which caused the staff team to feel unsettled and not always listened. Staff felt this had started to improve and felt comfortable to speak to the manager. The manager did not have knowledge of the right support, right care, right culture guidance which meant staff were not knowledgeable in particular how to communicate in a respectful way.

People and relatives felt staff provided care that was safe, and systems were in place to report concerns. The staff team had been safely recruited. Systems were in place to report and respond to accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Due to management changes staff morale had been affected, however staff felt more supported by the manager. The manager had a good understanding of their responsibilities towards the people they supported and had passion in delivering person-centred care.

The manager had built positive relationships with professionals and was dedicated in making sure people got input from health professionals when needed. Professionals commented on the managers support and openness which had benefited the people they supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vincent Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live 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 did not have a manager registered with the Care Quality Commission. This means that the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, team leader and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place and highlighted potential risk, however they did not always give details as to how to manage these. For example, where people had strategies in place to help them when they were feeling low and at risk of harming themselves this was not clearly documented.
- Staff spoke about how they encouraged people to manage their own risks by keeping them informed of the potential outcomes. Professionals developed specific plans to support staff when people became upset and highlight clear guidance to support a positive approach. Staff were still familiarising themselves with these and did not always follow this guidance. The inconsistent approach in supporting people was also evidence by how the incident records were completed.

Using medicines safely

- The management team checked that medicine administration records were documented clearly and accurately. However, during these checks they had not identified an error in the administration record.
- People and relatives told us they were supported to administer their medicines when they needed them. However, staff did not always take into consideration people's preference on the time they wanted to take their medicines which resulted in people not wanting to take them at times.
- Staff received training to administer people's medicines safely. The manager undertook competency assessments once staff had completed their training to ensure safe practice.

Staffing and recruitment

- Overall, people and relatives felt they were being supported by a staff team who had the right skills to do their job. One relative said, "There are a few good staff there, although I am not sure what training they have done."
- The manager spoke about their challenges with recruitment of staff. However, they were proactive with looking at ways to improve this. The manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, making contact with applicants promptly in the hope this would drive staffing levels up.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- The manager made sure, there was a consistent approach to safeguarding matters, which included completing an investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they

would take to ensure people were safe. One staff member said, "I raised a safeguarding, I raised it with the team leader with an hour and it was dealt with really quickly. I knew it was the right thing to do."

- People and relatives told us the service provided care that felt safe. One relative said, "I am happy with [relative] living there and I think [relative] is safe."

Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of infections, this helped to keep people safe. This included specific guidance in managing COVID-19.

- Staff were aware of their responsibilities in maintaining good infection control. This was because they had completed training and competency assessment, as well as having regular communication from the management of any changes to guidance relating to infection prevention control.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and gave some guidance on how to prevent incidents reoccurring.

- Staff were kept informed about incidents and what changes were needed to improve the service. One staff member said, "We have lessons learnt. Everyone speaks about things openly and it's about sharing experiences with staff and clients. Everyone talking about how to handle a situation and I feel it is getting better because we are being listened."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments highlighted people's needs and their desired outcomes. These assessments detailed specific support needs such as any dietary needs, preferences with how people spent their time. Where needed, referrals to external agencies were made for support.
- Staff ensured they applied their learning when supporting people in line with best practice. For example, the management team spoke about how staff attended positive behaviour support training.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role. Where staff training had expired the manager was in the process of booking staff on refreshers. Staff received specific training to meet the people's individual needs. This included how to support them with health conditions that impacted the people's daily life.
- Staff said they received supported and guidance in how they complete their role through spot checks, competency assessment and observations.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team supported people to access external services. For example, when people needed access to health services such as GP and other health professionals'.

Ensuring consent to care and treatment in line with law and guidance

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gave examples of where people had choice and control over their lives and staff made all attempts to support people in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into

practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families told us the staff were kind and they had a good relationship with them. One relative said, "[Person] is doing really well, I think the staff and [person] get on really well."

Supporting people to express their views and be involved in making decisions about their care

- Staff listened and acted promptly when the people and relatives spoke about changes they wanted to make to the support.
- Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke about having a trusting relationship with staff. People felt they were supported in a way that respected their privacy.
- Staff gave examples, how they encouraged independence as well as understanding people's social and emotional wellbeing. One staff member said, "I will ask them what their plan is for the day, If they are not sure or they are having a low day I will suggest things they like and I will spend time talking things through."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed what was important to the person, what they wanted to achieve and how they wanted to be supported.
- Staff worked closely with people to ensure they received support in line with what they wanted. For example, one person was keen to start working again and was looking for a voluntary job. Staff were starting to support the person to look into finding the right job for them.
- Professionals we spoke with felt people received support that was person centred. "The support is done with integrity. [Staff] really do try and make sure [person] is at the centre doing what they want but keeping them safe. [Staff] have done really well and promoting [persons] independence."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had systems in place for accessible information and easy reads were produced for health intervention and how to report if they were unhappy. However, further consideration was required to ensure people had full access to all information about their care, in an accessible format.

We recommend the provider looks at ways to ensure the systems and information is accessible to people they support and consider ways to ensure people are able to understand all the information that is captured about them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager told us support was provided to follow people's interests and found ways for people to be involved in social events. Every day people got together to have a tea and a chat. One person said, "I go up to meet all of the people living here and we have a coffee I really enjoy that."
- People were in regular contact with their family. This was through the use of technology and face to face visits.

Improving care quality in response to complaints or concerns

- The manager explained that there had not been any complaints raised and that they have regular communication with staff, people and relatives where they had open discussion about any improvements

which they felt was a factor of not having any formal complaints raised.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager had quality assurance systems in place, however these systems were not always reliable and effective. For example, we found errors in documentation such as, medicines records and not all staff were signed off of their care certificate with their full competency checks being completed.
- The management team did not consistently capture actions to introduce improvements. These were either not identified or lacked detail as to if these had been completed. The manager acknowledged this and spoke about steps they were taking to improve the quality audits and action plans.
- The manager spoke about the need to develop their understanding on certain guidance relating to their role, such as right care, right support, right culture.
- The provider had regular contact with the manager and started to gain feedback from staff and people.
- The management team and staff understood their roles and respected the impact their roles had on people. The manager worked alongside the staff team routinely and assessed the delivery of care as part of their daily work.
- The manager told us they encouraged everyone to be open and honest in their feedback. A professional said, "The staff are committed, [Manager] is open and honest, and she will tell you what needs to be done and what has happened. She is always available."
- Staff reflected on a number of changes in management which they felt had caused some staff to feel unsettled, however felt that recently this had changed and there was more stability within the leadership team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the language used within the organisation did not always promote the right culture. For example, the provider used language such as there being, "Available beds" when talking about people's home and when staff were talking about people, they did not always use language the promoted inclusion and respect.
- Staff reported the morale of the staff team had fluctuated over the past months. This was due to management and staffing changes, however had seen improvements. One staff member said, "There has been a few changes with managed and they all work differently and ask for different things what has been difficult. It seems to be ok now and working out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had recently started meeting with people to gain their views on the support they received.
- Staff gave feedback through individual face to face meetings with the management team and surveys.

Working in partnership with others

- The manager gave examples of how they had regular input from other professions to achieve good outcomes for people.
- One professional felt that they had worked successfully with the manager and the staff team. "The manager has been exceptional."