

Glenholme Healthcare Limited

6 Crown Mews

Inspection report

6 Crown Mews
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Tel: 01733209146

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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

About the service

6 Crown Mews is a domiciliary care agency providing personal care in a supported living setting, to two younger people including a child aged between 13 to 18 years at the time of the inspection. The supported living set up currently consists of three terrace houses that have both individual and communal facilities for people to use. One of the houses, number six, also has an office from which the agency is run from.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

People felt reassured by having their care provided by staff at the service. Individualised risk assessments were in place to identify possible risks to people. Information was available for staff to refer to on how to reduce these risks to people. Staff worked in conjunction with guidance from external health care professionals across different organisations to help support people's well-being.

Staffing levels were looked at to make sure they met the needs of the people using the service, who required one-to-one support at the service and within the community. Medicines were safely managed by trained staff.

To develop their skills and knowledge, staff received training, competency checks, supervisions and appraisals. People were supported to maintain their independence where appropriate. Staff promoted people's food and drink intake.

Staff maintained people's privacy and dignity. Staff knew the people they supported well. People had developed good relationships with staff who had an understanding of their individual care and support needs and wishes.

People said staff were kind. People`s personal information was kept confidential in the services office. People where possible were involved in discussions about their care. Concerns or suggestions raised were listened to and the concern resolved where possible.

Staff felt well-supported. Audits were carried out to monitor the service and address any improvements required. The findings from the quality monitoring of the service were fed back to the organisations board. The registered manager notified the CQC of incidents that they were legally obliged to.

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 20 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC on 20 July 2018.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

6 Crown Mews

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, 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 had a manager registered with the Care Quality Commission. This means that they and 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2019 and ended on 24 July 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since it had registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us on 06 March 2019 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 two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervisions. 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 information sent to us on request from the registered manager.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's needs had been assessed to see if they were at risk and individual risk assessments were in place as guidance for staff to monitor these.
- Staff demonstrated a good knowledge of people's risks and how these risks could be minimised. However, one out of the two people's risk assessments did not reflect the person current needs. This recording issue was highlighted to the registered manager, who told us they would make the necessary improvements immediately.
- People had information in place for them and staff to follow in the event of an emergency, such as a fire.
- People currently living at the service were independent in their moving and handling support needs. There was clear expectation for staff to undertake a daily check on a person's equipment that supports them to walk safely was safe. Staff were also required to organise the regular servicing of this equipment with an external organisation when due.

Staffing and recruitment

- Staff told us when recruited, they had a series of checks carried out to make sure they were suitable to work with the people they supported. These checks included a Disclosure and Barring Service check [criminal records check], references from previous employers, and ID and address checks." However, one person was found to have a nine-year gap in their employment history that had not been explained. The registered manager told us the organisation had started using an external company to undertake their recruitment checks. This they told us, would improve the robustness of the checks on potential new staff going forward.
- There was enough staff to support people with one-to-one support whilst at home and in the local community.
- Staffing numbers was determined on people's care and support needs and risks assessments.
- People were supported by one staff member during the night on a 'waking night' shift.
- Staff worked between this service and another local care service the registered manager was also registered at. This meant staff could be used from both locations to make sure that there was a safe number of staff working.

Systems and processes to safeguard people from the risk of abuse

- Staff support gave people reassurance and helped them feel safe. A person said when asked if anything worried them, "I'm not [worried]." When asked if they felt safe living at the service they told us, "Yes I do because I have got the staff here," and, "It is what we have the police for to keep us safe." Another person said, "Staff speak nicely all the time...don't raise their voice."

- Staff told us they had training in protecting children and adults and knew how to identify and report incidents of harm and poor care.
- Staff said they understood their duty to whistle-blow if they had any concerns. One staff member confirmed they would whistle-blow as part of their duty of care. They said, "[If] it was something that was not done properly e.g a person being abused by a staff member."

Using medicines safely

- People's medicines were administered and stored safely by trained staff whose competency to do so was checked by senior staff.
- It was clear in people's care records that it was staff responsibility to order, store and administer people's medicines. This was because people had been assessed as requiring this support.
- A person told us, when asked if they had any concerns with their medicines support, "[I] have them when I need them."

Preventing and controlling infection

- Staff told us they had training in infection control and food hygiene to prevent the risk of cross contamination.
- Staff confirmed and we saw that Personal Protective Equipment (PPE) such as shoe protectors and gloves were used.

Learning lessons when things go wrong

- The registered manager talked through an example of learning. Actions were taken and shared with staff to aid staffs understanding.

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

- The registered manager gave us examples of how the physical, mental and social needs of people they supported were delivered in line with legislation and professional guidance.
- Before people used the service an assessment was undertaken to make sure that staff had the necessary skills to be able to provide effective care and support.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care. Staff, even if they had worked in care previously were also required to complete the Care certificate. This is a nationally recognised induction programme.
- Staff had training to understand how to support people with a learning disability and people who were on the autistic spectrum. Staff also had Positive Behaviour Support (PBS) training which gave staff information on learning disabilities and autism, including environments and different approaches to supporting people with autism and learning disabilities.
- Staffs knowledge to deliver safe and effective care was developed through a training programme, competency checks, supervisions and appraisals. A staff member said about supervisions, "I feel supported a lot."
- Staff told us they were supported to progress their skills and knowledge through further qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food and drink in line with their care plans and any risk assessments. For example, how to support a person safely who is at risk of choking when eating or drinking.
- People's body language and facial expressions told us they enjoyed the meal prepared for them. A person told us, "Food is cooked nicely."

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

- The staff at the service had received a compliment from a professional that thanked staff for making a person's transition from another care service to 6 Crown Mews, "Smooth."
- People currently using the service did not require assistive technology that would promote their safety and independence.
- Staff supported people to make and attend health appointments when needed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager told us there was only one person who was new to the service who may lack mental capacity. They said they had approached a social care professional to ask for a mental capacity assessment to be carried out. This assessment would determine whether the person did or did not lack mental capacity.
- Observations showed that people were given choices and that staff listened to and respected these choices.
- A staff member said when a person was struggling to make a decision, "We give choices and [people] will then choose from these choices."

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 had positive comments about the support and care provided by staff. One person said that they found it, "Better here," compared to their last care placement and staff, "Treat me properly." They also told us, "'It's nice living here it is lovely." Another person told us they were, "Happy here."
- Staff knew the people they supported well and assisted people in line with their individual wishes and in accordance with their individual care plans and risk assessments.
- A staff member had identified that a person spoke a certain dialect and had been able to match staff members to support this person with this. This meant that on the occasions they wished to communicate in this dialect, there were staff who could assist with this wish.

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

- People were encouraged to voice their views and wishes on how they would like staff to support them. A person when asked how staff got to know them replied, "They talk to me." They then went on to say with a smile that staff knew, "All sorts," about them.
- People were newly placed at the service and so had yet to be asked formally feedback on the service provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked hard and in creative ways to support people who had complex support needs with their dignity, privacy and independence.
- People`s personal information was kept confidential in the services office.

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

- People received personalised care, that met their care and support needs and that was in line with people's wishes.
- People had individual support needs that were known and monitored by staff. Staff gave this assistance, without the person losing choice and control of how they wished to be supported and spend their time.

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.

- Information was given to people in an easy read format to help aid their understanding.

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.

- Staff supported people to keep their interests whilst at home and in the wider community.
- Staff encouraged and helped people go shopping, go for walks and take part in activities both at home and in the local community to promote people's social inclusion.
- People were encouraged and assisted to maintain and remember relationships that were important to them. People were supported to stay in touch with friends and family.

Improving care quality in response to complaints or concerns

- The process of how to raise a complaint or concern was given to people in an easy read format.
- A complaint about a staff member had been raised by a health professional. We saw that the complaint had been looked into and actions taken to reduce the risk of recurrence.

End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- The registered manager told us they were looking at introducing new documentation that would record people's end of life wishes.
- The registered manager confirmed that they would work with health professionals to make sure people, who were at the end of their life, had a dignified death in line with their cultural and spiritual wishes.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had a good relationship with the registered manager and staff team. They said they felt communication was good. A person confirmed when asked how happy they were living at the service replied, "Yes, [staff] are better here [than previous care service]."
- Staff said they felt supported and listened to by the registered manager and deputy manager. Staff told us there was a clear expectation for them to deliver a good standard of care to people. A staff member said the values of the service were, "It gives people independence, a choice and their say regarding the service."
- During our visit, people, with support from staff, went out for walks in the local community. One person told us how staff supported their interest of 'watching buses' whilst out and about in the community. Another person when asked if they went out and about outside of their home smiled and said, "Sometimes I do."

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 registered manager gave us examples of learning when things had gone wrong and how they had tried to resolve it to reduce the risk of recurrence.
- There was organisational oversight of the service. The registered manager told us they were awaiting a review of the service from the providers newly recruited quality manager. They also confirmed they completed monthly reports and the findings were reviewed with the organisations board via their managers' report. The areas they reported on included infection control, health and safety and medicines.
- Audits were carried out to monitor the quality of the service provided. Medication administration audits undertaken showed that a staff member was not always signing to record that they had given a person their prescribed medicines. The deputy manager evidenced the actions taken to reduce the risk of recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents and events that they were legally obliged to.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations.

These included GPs to provide joined-up care and support. The local authority quality improvement team had also visited the service.