Cygnet Learning Disabilities Midlands Limited

Gledholt

Inspection report

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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
Gledholt is a care home providing care and support for people with learning disabilities and mental health needs, who may at times display behaviours that challenge others. The service is designed to offer transitional support while people are improving their skills to live more independently.

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 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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 9 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found
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. The provider was completing some decision specific mental capacity assessments and related best interest decisions for relevant aspects of people's care. We have made a recommendation for the provider to always complete these records and to consult relevant guidance and best practice in relation to the Mental Capacity Act 2005.

People told us the service provided safe care and people's feedback was positive about the support offered by staff. Risk assessments were in place to manage risks to people's care, and staff we spoke with felt safe supporting people with a wide range of needs. Medication was administered safely.

The provider completed person centred assessments and most care plans were updated when required. People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

People remained supported by staff who were caring and respectful. People and, where appropriate, relatives were involved in making decisions about the care people received.

People's independence was promoted and encouraged. People received care that met their needs. People had opportunities to take part in activities in the house and outings of their choice.

People and most staff shared positive feedback about the quality of care and the management of the service. There was an open culture within the service, where people, staff and healthcare professionals could approach the management team if they had concerns or suggestions.

There were systems in place to monitor and improve the quality of the service.

There was not a registered manager, however we found appropriate management arrangements were in place to ensure the service was well led. A new manager had recently been appointed and they told us about their plans and vision to develop the service.

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

Rating at last inspection
The last rating for this service was good (published 9 June 2017).

Why we inspected
This was a planned inspection based on a previous rating.

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.

Gledholt

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
Gledholt is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The service was being managed by an acting manager, who was not present during our inspection visits, and supported by a peripatetic manager, who was available during this inspection. A new manager had recently been appointed and were spoke with them during our visits.

Notice of inspection
We gave a short period notice of the inspection because some people using this service needed to be informed of our visit in advance as they could otherwise have found an unannounced inspection difficult to manage.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
During the inspection, we spoke with five people using the service and one relative of people using the service. We spent time observing care in the communal lounges.

We spoke with nine staff members; this included the peripatetic manager, newly appointed manager, team leader, care workers, activity coordinators and cook/domestic. We received written feedback from a healthcare professional who regularly works with the service. We looked at care records for two people using the service and samples of medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection
We continued to seek and received clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

● Medicines were managed safely at the service. Some people were able to self-administer all or some of their medication; there were clear systems in place to ensure this was monitored by staff. One person told us, "Staff check if I have taken it [my medication]".

● At our last inspection we found medicines were mostly well managed, however some areas were identified as requiring strengthening such as the management of boxed medication and the systems for checking in and returning medicines. During this inspection, we found improvements in these areas.

● Medicine administration records (MAR) showed people received their medicines as prescribed. Some people had been prescribed with medication to be administered as and when required; we saw appropriate protocols were in place to guide staff. The service had a system in place to handover and check in medication when people were going out with their relatives.

● The home was going through organisational changes that included team leaders taking the lead in administering medication, instead of nursing staff. We saw relevant training had been delivered to staff responsible for administering medication and their competency had been assessed. When errors or near misses happened, appropriate measures were promptly put in place to prevent it happening again. For example, all medication was witnessed by a second member of staff following a medication error.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person told us, "I do feel safe. They [staff] help me and prompt me to get a shower and have a shave. I go out with staff to town." Another person said, "I feel safe, I would speak with staff if I didn't feel safe."

● There were procedures in place to keep people safe. All staff had training in safeguarding and understood their role in identifying and reporting any concerns.

● Safeguarding concerns had been raised appropriately and clear records were maintained of actions taken.

Assessing risk, safety monitoring and management

● Risks related to people's care and health were managed safely. Risk assessments were completed by a multidisciplinary team and relevant control measures and actions put in place to manage and reduce the risks. The risk assessments covered areas such as choking and behaviours that may be challenging and during this inspection we observed staff were following these.

● Where required, comprehensive positive behaviour plans were in place to support people who could display behaviour considered challenging to themself and others. One healthcare professional told us, "Recently one service user experienced a rapid mental health deterioration. I found the staff at Gledholt responded rapidly and appropriately to the changing situation and increased risks to the service user and others. A positive approach to risk taking within a graduated approach has resulted in significant progress

being made by another service user."

● The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary. The peripatetic manager told us how they had made changes to one person's care plan after several incidents happening on return from social leave. They also told us regular reports about accidents and incidents were sent to regional managers and to the Board.

Staffing and recruitment

● Suitable staffing levels were in place to meet the needs of the people living at the home. We observed, and staffing rotas showed that planned staffing levels were being achieved.

● During our inspection visits, we observed staff having time to chat with people. Throughout the inspection staff responded promptly to people who needed support.

● The home's recruitment process was mostly safe. The employment history for one staff member had not been fully explored but from other staff files we sampled and our conversations with staff involved in the recruitment, we were reassured this was a one-off occurrence and the regular recruitment practice was safe.

Preventing and controlling infection

● Safe control measures were implemented. Staff had been trained in the provider's infection control policy and adhered to it. Personal protective equipment such as gloves and aprons were available in several areas of the home.

● People's bedrooms and communal areas were clean and free of odours.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected. One person said, "Staff ask us to go out, it is our choice and they take us."
- People were supported by staff who understood the principles of MCA. Staff had received training in this area and told us they would consult people's care plans if they needed to access relevant information about people's mental capacity assessments. Where people were being deprived of their liberty, applications had been submitted to the local authority. Staff were aware of who had a DOLS in place.
- When we reviewed people's care records, we noted some decision specific mental capacity assessments and related best interest decisions were being completed; but others were not. For example, relevant assessments and best interest decisions for one person who had been assessed as lacking capacity in relation to their food intake and choking risks had been completed. However, this same person did not have a written mental capacity assessment about decisions related with their medication. In our conversations with the peripatetic manager and staff, we were assured this was a recording issue and was not having an impact on how consent was being gained and care delivered. We have made a recommendation for the provider to review and apply relevant guidance in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had a comprehensive nursing assessment before admission to Gledholt, in line with current evidence-based guidance and standards to achieve effective outcomes. People were also supported to complete a self-assessment where important aspects of their needs were identified and written, from their point of view.
- Within care files people had a detailed section called "More about me"; this contained information

regarding what was important to the person, their preferences and how they expressed their emotions. This supported staff to know the best way to deliver care to a person.

● We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. One person who required support with developing their independence in cooking had a kitchen skills assessment conducted by an occupational therapist and clear recommendations made of reasonable adjustments to ensure this person had access and developed skills in this area. For example, their assessment stated, "To buy an alarm for [person's] cooking and for [person] to have an understanding of overseeing the processes and be aware of timing."

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

● People were supported to eat a varied and healthy diet. We saw that people were given a choice of what meals they would like.

● People's dietary requirements and preferences were well documented, known by staff and met.

● People told us they enjoyed the meals and told us they were able to prepare drinks and snacks between meals. One person said, "[Cook] does the cooking, I do ask for more food, it is nice and tasty, it is enough, you can have drinks and snacks anywhere when you want to."

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

● People were supported to live healthier lives through regular access to health care professionals such as their GP or psychologist. We received feedback from a healthcare professional who told us how staff had worked closely with them to avoid the admission into hospital of a person using the service.

● Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments, and it was followed. For example, one person had been identified as being at risk of choking. A speech and language therapist had been involved in assessing this person's needs and made recommendations that were incorporated in their support plan. All staff that we spoke with were aware of these specific recommendations and gave us examples of how they followed them.

Staff support: induction, training, skills and experience

● Staff were knowledgeable about people's needs and carried out their roles effectively. A relative told us, "They know [person] well."

● New staff completed an induction which included training and shadowing experienced members of the team. The provider had also recently introduced a buddying system to provide staff with additional support.

● Staff's knowledge was developed through an ongoing training development programme which included training in mental health, learning disabilities and choking awareness. These were delivered in a combination of online and classroom-based training.

● Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss about aspects that were relevant to their jobs.

Adapting service, design, decoration to meet people's needs

● The premises and environment were adapted to meet people's needs.

● The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had bought and that reflected their preferences. One person told us, "I could choose the decoration in my bedroom"; they also added that the "Christmas decorations are ok."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 were positive about the care they received. People's comments included, "I like it here" and "It is good here."
- All of the people we spoke with told us staff were kind and caring. One person said, "It is nice, the staff, they look after you, they take you out." One relative told us, "Staff are happy and make us feel welcome, they seem to have a good relationship with [person]."
- We observed staff talking to people in a polite and respectful manner. During the inspection, we observed and heard relaxed and joyful interactions between staff and people, which demonstrated that people were happy in the presence of staff and other residents. One staff member told us, "They [people living at Gledholt] are like one big family, there are there for each other, they come together, they do it for staff as well."
- Staff told us how they anticipated people's needs and recognised distress and discomfort at the earliest stage. Information in people's risk assessments and positive behaviour support plans corresponded to what staff said and what was being recorded in daily notes.

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

- People and, when relevant, relatives were involved in decisions about the care delivered by the provider. Records that we looked at confirmed regular reviews were taking place and involving relevant people. For example, we reviewed the minutes of a multidisciplinary meeting to review one person's care; notes stated "[Person] attended the meeting, said [they] did not like [their] medication, discussed about planning a trip to Barnsley." This person had also been supported to fill in an easy read document to help them prepare for the meeting. One person told us, "I have meetings with staff. I enjoy meetings with staff." One relative told us, "I have been to meetings, they always asked if we have any concerns and they give us the minutes, which is good."
- People had the opportunity to take part in residents' meetings where they could give their views about relevant aspects of the service such as menu planning and activities. For example, one person told us they had prompted the discussion about changing broadband supplier so people could have more tv channel options; this person added that this was now in place.
- One healthcare professional also shared positive feedback about people being involved in planning their care; they commented, "Service users are treated with respect and consulted about all their care plans. Over the last 6 months I have noted that the stability of the MDT [multidisciplinary team] has benefitted in improved rehab care planning for service users."

Respecting and promoting people's privacy, dignity and independence

● People told us they were treated with dignity and respect.

● People's independence, choice and control was promoted. People were also supported to maintain and develop their skills and competences. For example, a staff member told us how one person had developed their daily living skills and was now requiring less support from staff. One relative told us, "The treatment [person] now has is good, [person] is able to go out on [their] own and manage [themselves]."

● People's records were kept secured and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

● Staff had a good understanding of people's care and support needs and their personal preferences. This enabled people to be provided with personalised care tailored to their needs and wishes.

● People's care plans contained detailed information for staff on how best to support people. This included, for instance, information about people's personal care routine, eating and drinking preferences and medicines. We reviewed the care plans for one person and noted that some areas needed updating; for example, the level of support they required with their medication. The peripatetic manager explained us this person had a recent change in their needs and although all staff were aware of the support required, the care plans were still being updated.

● People's care plans also included detailed information about people's health needs and there were detailed positive behaviour plans which indicated support people required to prevent behavioural incidents, what were the main triggers and what specific support staff should provide to de-escalate a behavioural incident. Information about people's discharge from the home was also documented and relevant plans put in place.

● One healthcare professional praised the responsiveness of the team. They said, "A hospital admission was imminent but avoided due to close workings between Gledholt and community services."

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 service was working within the AIS. During this inspection, we saw several examples of how the service was making information available to people in different formats to facilitate communication. For example, writing people's self-assessments and positive behaviour plans in easy read formats, or relevant policies such as a complaint policy in the same format. We also observed staff adapting their communication when speaking with people who required it.

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

● People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. Every morning, there was a meeting between staff and people to plan activities and structure the day. One person said, "We go to the morning meeting and from there I know what I am doing."

● Records showed activities were available during all day and weekends as well, depending on people's

preferences and plans. One person told how they were being supported by staff to pursue their education and a staff member told us they had supported one resident to join in a national event on promoting gender identity rights.

Improving care quality in response to complaints or concerns

● People told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.

● The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate.

End of life care and support

● At the time of our inspection no one using the service required end of life support. The peripatetic manager told us the service was not designed to support people with these care requirements, but they would seek relevant support and advice if required.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was 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; Continuous learning and improving care

- The management team offered appropriate leadership and support. There was not a registered manager in place but alternative management arrangements were effective and a new manager had recently been appointed.
- People and staff shared positive feedback about the management team and were aware of the changes in management. People's comments included, "[Administrator's name] and [acting manager's name] are good at managing"; "[Acting manager's name] is great at her job" and "[Newly appointed manager's name], I know him, he is funny." A healthcare professional also shared positive feedback about the management; [Acting manager's] experience and knowledge is of great benefit to the staff team at Gledholt."
- The quality, safety and effectiveness of the service provided was monitored through regular audits and meetings to discuss people's care. Findings were analysed and actions were taken to drive continuous improvement. We saw examples of where findings from audits were explored further to ensure their effectiveness in identify risk and potential improvements to service delivery.
- The provider had informed the CQC when relevant events had happened at the service, as it is legally required.

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

- People and told us they were satisfied with service and we saw the positive impact it was having on their lives. We saw several examples of how people's independence and skills were being promoted, while maintaining a good balance between promoting choices and preserving safety.
- From our observations and conversations with people, staff and the management team it was clear that staff worked with the values of person-centred care and people using the service were at the centre of care delivered. Staff we spoke with talked about the satisfaction they gained from working at the service. One staff member commented, "I love it, it is a small group, like a family unit, nearly everybody gets on."

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

- There was a positive culture at the service. Most staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about incidents, providing reasonable support,

providing truthful information and an apology when things go wrong. The policies and policies in place, as well as the management of complaints and accidents and incidents showed the provider understood their responsibilities.

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

● There were systems in place for gathering the views of people using the service. This included regular forums and a survey. Forum were led by people using the service and ensured they were involved in making suggestions and changes to how the service was run. The results from the last survey had not been analysed yet, but we sampled some surveys and saw mainly positive feedback. The newly appointed manager told us about their plans to introduce new ways of involving people, for example, in the recruitment of staff.

● The systems in place promoted an effective communication with staff including handover meetings and staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.

Working in partnership with others

● The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. For example, during our inspection visits, an external pharmacist came to deliver additional training in medication management to staff. These extra training sessions had been put in place to support the organisational changes the home was going though, with shifts being run by team leaders instead of nursing staff.