Glenmore Trust

Glenmore Trust - 2 Newton Road

Inspection report

2 Newton Road
Penrith
Cumbria
CA11 9FA

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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

2, Newton Road is a residential care home. It is registered to provide short-term respite care for up to three people who may have a learning disability. An outreach service is also provided with additional staff which was not looked at during this inspection.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodated three people at the time of the inspection. The accommodation is provided from a purpose-built bungalow and has suitable adaptations for people who may have limited mobility.

The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained good.

People told us they were safe and were well cared for. Staff knew about safeguarding vulnerable adults procedures. There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity.

The atmosphere in the service was lively and welcoming and the building was well-maintained with a good standard of hygiene.

There were opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

People were predominantly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, we have made a recommendation about mental capacity and best interest decision making for checks to be made if a deprivation of liberty was required for some people to keep them safe.

Staff knew the people they were supporting well. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff had developed good relationships with people and were caring in their approach. Care was provided with patience and kindness.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community.

Information was made available in a format that helped people to understand if they did not read. This included a complaints procedure. People we spoke with said they knew how to complain.

People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them. People received their medicines in a safe way.

Staff said the management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

The provider undertook a range of audits to check on the quality of care provided. People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. We discussed with the registered manager this could be extended to obtain people's views after each stay. Also to consider the formation of a forum, made up of representatives of people who used the service, to consult with them and involve them in the running of the service.

Further information is in the detailed findings below.

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 remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This comprehensive inspection took place on 31 October 2018 and was announced. We gave the provider 24 hours' notice to ensure some people would be available at the service as it was a small service.

It was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and one professional who provided support to some people who used the service.

During this inspection we carried out general observations.

During the inspection we spoke with two people who used the service at Newton Rd, the registered manager, the operations support manager, one team leader and four support workers. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, two people's medicines records, three staff records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed. After the site visit we telephoned three relatives.

Good

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. One person told us, "I feel safe here." A relative commented, "I do think [Name] is safe staying at the service. There are enough staff on duty."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to a senior member of staff. Records showed and staff confirmed they had completed safeguarding training. A record was kept of all notifiable events and these included safeguarding alerts which were reported to head office.

Risk assessments were in place that were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for distressed behaviour and choking. These assessments were part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear guidance for staff to reduce the chance of harm occurring and at the same time supporting people to take risks to help increase their independence. For example, bathing.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. Health and safety issues were discussed at all meetings to raise staff awareness of complying with standards and safe working practices.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Managers could be contacted outside of office hours should staff require advice or support.

Medicines were given as prescribed. Staff had completed medicines training and one staff member told us competency checks were carried out annually. Staff had access to policies and procedures to guide their practice.

There was a good standard of hygiene in the service. Staff received training in infection control and protective equipment was available for use as required.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were personal evacuation plans for each person in the event of an emergency.

The provider had robust recruitment processes which included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This helped to ensure

only suitable staff were recruited.

Good

Is the service effective?

Our findings

The staff training records showed staff were kept up-to-date with safe working practices. There was also a detailed on-going training programme in place to make sure staff had the skills and knowledge to support people. People received care from staff who had specific training in supporting people with learning disabilities.

Staff made positive comments about their team working approach and the support they received. Their comments included, "There's good team working. We all work well together" and "We have regular supervision with the manager or team leader." Staff told us they were supported by the management team. All staff members also had an annual appraisal of their performance with the registered manager.

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, safety, communication and other aspects of their daily lives. People enjoyed a varied diet. Their care plans provided guidance for staff about their specific dietary requirements which included food intolerances and any support they required with eating or drinking.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. 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. We found no DoLS were in place and we were told by the registered manager people did not go out without staff support as they would be vulnerable if they left the building and were unescorted in the community. We discussed with the registered manager that people may require a DoL if they were unable to go out alone and were restricted in order to keep them safe. They told us they had been advised by care managers they were not necessary. However, they would address it immediately and would contact the local authority and seek advice and assessments from the relevant person who carried out DoLS assessments.

We recommend the service refers to the Mental Capacity Act 2005 to ensure its principles with regard to DoLS and best interest decision making are consistently applied.

The service worked within other principles of the MCA and trained staff to understand the implications for

their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding.

People were supported by staff to have their healthcare needs met. People's care records showed that people had access to GPs and other health care professionals to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Relatives told us they were kept informed about their family member's health and the care they received. One relative told us, "Staff would let me know if [Name] was unwell."

Staff and relatives said communication was effective. People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and care. They told us they were well looked after by staff. Their comments included, "I like coming here. Staff are kind", "I enjoy meeting people here" and "Staff listen to me." Relatives' comments included, "Staff are very caring and patient" and "Staff are kind and they do a good job." We saw several compliments had been received praising staff for their care and support to people. People were observed to be relaxed and comfortable with staff.

During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. Staff had a good relationship with people. Staff spent time chatting with people individually and supporting them to engage. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. People told us they were involved and they said they were listened to. People were encouraged to make choices about their day-to-day lives, whatever their level of need.

Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in records included, "I enjoy watching sport, I like watching wrestling", "I enjoy going for a coffee" and "[Name] will let staff know when they are ready to go to bed."

Detailed support plans were in place that gave information about people's levels of comprehension and communication and the support required to help them be involved in making a decision. Examples included, "I know what I want so please listen to me when I have a request", "If you ask me something I will touch my chin to agree" and "I have a good understanding of my needs so ask me questions." All support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

Detailed communication passports were developed for use if people attended hospital to ensure the necessary information was available if people were unable to communicate this themselves. This information was to ensure people's needs were met in the way the person wished and as individually as possible.

People's privacy and dignity were respected. Staff knocked on the door as they entered people's bedrooms. Staff respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Care records also showed people's privacy was respected.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included, "I enjoy baking" and "I like shopping." Relatives' comments included, "[Name] goes to day care three days of their stay and on the other days they get the opportunity to go with staff where they want", "We always get a written record about what [Name] has been doing during their stay" and "Staff take [Name] out for coffee."

The service did not provide permanent care to people. It provided short stay breaks for people who needed respite. An emergency placement was also provided. Staff told us people were matched for compatibility where possible to allow for friendships and to ensure more vulnerable people were protected. One person told us, "I like coming here and I can meet my friends staying here."

People had the opportunity to attend their regular day services if they wished, travelling distance permitting. They also had the chance to have a holiday from their regular routine whilst staying at the service and enjoy what the resource offered. Records showed people were supported individually with a range of activities and these included baking, walking, swimming, horse riding, bingo, arts and crafts, music, meals out and going to discos and clubs. Other sessions were held in house and included, independence skills development, baking, cooking, music, arts and crafts.

The registered manager told us about the organisation's social inclusion officer and a group of relative volunteers who organised events and sourced activities in the community for people such as pub visits, local social and luncheon clubs, horse riding, golf, bowling, trips to shows, discos, cookery, arts and crafts, family fun days and discos.

Care and support was personalised and responsive to people's individual needs and interests. The management team promoted a personalised service that enabled people to have a say about what they wanted to do on a daily basis whilst staying at the service. This involved making decisions about menus and activities.

Support plans were developed from assessments that were carried out when people came to stay at the service. Information was checked each time a person stayed in case any of their health or care needs had changed. They provided a description of the steps staff should take to meet the person's needs. Records were up-to-date with regular evaluation. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated regularly.

The service focused upon the person becoming as independent as possible, whatever the level of need. Some people were involved in household skills, supported by staff, such as for menu planning, cooking, baking other skills to help people be more independent and involved in their lives.

People and relatives said they knew how to complain. Relatives told us they knew who to speak with if they

needed to. A copy of the complaints procedure was displayed. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in November 2017.

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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to appropriate authorities and independent investigations were carried out.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. Staff were all open to working with us in a co-operative and transparent way.

We were told and observations showed that the registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. When staff started to work at the service they were made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The atmosphere in the service was relaxed and friendly. Staff and people we spoke with were positive about the management team and had respect for them. Staff said they felt well-supported. They said they could speak to the registered manager or team leader, if they had any issues or concerns.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly, quarterly and annual checks. The registered manager told us an annual external audit took place carried out by a representative from head office. We advised a more regular external audit should take place to ensure the care and safety of people who used the service and to check the manager's audits. The registered manager told us that this would be addressed.

Feedback was sought from people and relatives through meetings and annual surveys. One relative told us, "I fill in the forms I'm given to provide feedback." We advised more regular feedback could be obtained from people and relatives at the end of each stay. Although relative's meetings took place we advised a separate meeting should take place of people who used the service or representatives from people in order to hear their views about service provision and what was important to them. Straight after the inspection we were

informed of how these suggestions were being actioned to involve people more and to gather more regular feedback about service provision.