

Great Glens Facility Limited

Great Glens Facility

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

Great Glens Facility is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Great Glens Facility provides a rehabilitation and personal care service for up to 22 people who have long-term mental health needs. The home is located in a residential area of Wellingborough near to the town centre. There were 19 people using the service when we inspected.

At our last inspection in February 2017, the service was rated overall as requires improvement. At this inspection, improvements had been made and sustained and the service is rated overall good.

There was a registered manager in post. 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 service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them and their mental health needs were monitored so they received the timely support they needed. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

People were 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.

Staff were friendly, kind and compassionate. They had insight into people's capabilities and aspirations as well as their dependencies and need for support. They respected people's diverse individual preferences for the way they liked to receive their care.

People's physical and mental healthcare needs were met. They had access to community based healthcare professionals, such as GP's and psychiatrists, and had regular check-ups. They received timely medical attention when needed. Medicines were safely managed. People were supported to have a balanced diet and they had enough to eat and drink.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

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.

People felt safe at the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that were competent to provide safe care.

People consistently received the support they needed in a timely way.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care and treatment was monitored by the quality assurance systems the provider had in place and timely action was taken to make improvements when necessary.

People benefited from receiving care and treatment from a staff team that was appropriately managed and provided with the on-going support they needed to do their job.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 and 30 April 2018 and was the first visit was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events, which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted Healthwatch, which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with five people about their experience of using the service and observed the interaction between people and the staff in the communal areas. We also spoke with the registered manager, deputy manager, and three other staff.

We viewed the accommodation and communal facilities within the home and looked at where medicines and food were stored. We took into account the precautions put in place to protect people against the risk of fire and other emergencies.

We looked at four people's care records and four records in relation to staff recruitment and training. We also looked at other records related to the running of the home and the quality of the service provided. This

included the provider quality assurance audits, maintenance and cleaning schedules, training information for staff, and arrangements for managing complaints.

Is the service safe?

Our findings

When we inspected in February 2017, we found that improvements were required under 'safe' because of people had not always been protected against the risks associated with unsafe or unsuitable premises and equipment. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

People said they felt safe living at Great Glens Facility. One person said, "They [staff] 'keep an eye' on things, so I don't worry and I'm happy here."

People received care and support from staff in a way that maintained their safety. There were sufficient numbers of experienced and trained care staff on duty. Recruitment procedures ensured that only suitable staff worked at the service.

Risk was well managed by the staff. Staff understood their responsibility to identify new risks, for example if people's behaviours or health changed. Risk assessments had been developed with people's individual contribution as well as from other community based healthcare professionals.

People's care plans provided staff with guidance and information they needed to know about people's personal care. Staff were mindful of, and acted upon, specific risks associated with each person's mental health needs, such as agitated states of mind or episodes of psychotic behaviour. Regular checks and vigilance by staff, as well as getting to know each individual's behaviour, minimised this risk.

Care plans were reviewed with each person on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred.

Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

Staff received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. Staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

The premises were kept clean and staff had training in infection control and food hygiene. There were regular fire drills and staff knew what action they needed to take if there was an emergency.

Staff knew and acted upon their responsibility to raise concerns with the registered manager if there were issues that impacted upon people's safety. Lessons were learned and improvements made whenever things went wrong. The registered manager also used team meetings to enable staff to make suggestions for improvement whenever things had not gone as well as expected.

Is the service effective?

Our findings

At the previous inspection in February 2017 'effective' was rated as good. At this inspection 'effective' remained good.

People were supported by trained staff that had the skills they needed to care for people's diverse needs, including their physical and mental health. They had a good understanding of the individual care and support each person needed to maintain their mental health and enhance their quality of life. Staff received refresher training in a timely way so they were supported to keep up-to-date with best practice in supporting people with mental health needs.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and in caring for those who lacked capacity to make some decisions.

We checked whether the service was working within the principles of the MCA and we saw that they were. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff sought people's consent on a day-to-day basis before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare.

People's nutritional needs were met. People were supported to eat, drink and maintain a balanced diet that helped sustain good health.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services. Timely action had been taken by staff whenever, for example, there were concerns about a person's mental or physical health. The outcome of healthcare appointments were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

Staff confirmed they received regular supervision and appraisals of their performance. They also attended frequent staff meetings and this was confirmed by the records we looked at. We saw that staff had access to a regular training programme that enabled them to keep up to date with best practice.

Is the service caring?

Our findings

At the previous inspection in February 2017 'caring' was rated as good. At this inspection 'caring' remained good.

People were supported in a caring and inclusive way. One person said, "It's great here, they [staff] are always there for me, and that's a good thing." Another person said, "They [staff] have time for me when I'm not feeling so good. They listen." We saw staff engage with people and encourage them to converse and 'speak their mind'. Staff supported people to communicate their needs and respected their wishes.

People were involved in their care planning. People said they felt involved and supported in making decisions about their care and treatment. One person said, "If I think I want to try something, give it a go, they [staff] are always happy to talk about it, think it through with me. I like that."

People's personal care, whenever support was needed, was discreetly managed by staff so that people were treated with compassion and in a dignified way. People's privacy and dignity was respected.

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. When talking with people staff were friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. People's 'personal space' and privacy was respected by staff.

People had access to external advocacy services when required. The staff were able to source information for people should they wish to use an advocate and had supported people to access advocacy in the past. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Sensitive information about people's support needs was kept confidential with access on a 'need to know' basis. Personal information kept on computer was password protected and written records containing information about an individual were securely stored in lockable cabinets.

People were supported to maintain links with family and friends. Visitors were welcomed.

Is the service responsive?

Our findings

At the previous inspection in February 2017 'responsive' was rated as good. At this inspection 'responsive' remained good.

People's needs had been assessed prior to their admission to Great Glens Facility. Their care plans were regularly reviewed with their involvement. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities, including accessing the community, suited people's individual likes and dislikes and were tailored to their capabilities and motivation.

People received personalised care and support predominantly, but not exclusively, from the staff member assigned to be their 'key worker'. All staff were able to describe in detail the care and support they provided for people. People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There were regular meetings so that staff were able to make sure people were kept up-to-date with information about the running of the home, any planned events, and had an opportunity to ask questions and have their say.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People were provided with the verbal and written information they needed about what to do and who they could speak with, if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the registered manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made. There were no complaints being investigated when we inspected.

Is the service well-led?

Our findings

When we inspected in February 2017, we found that improvements were required under 'well-led' because we found there was a lack of management oversight of the environment and the potential risks to people caused by unsatisfactory maintenance of the premises. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

Since our last inspection the registered manager and provider had promptly attended to the shortcomings relating to safety matters. The registered manager also introduced a more rigorous quality assurance system so that regular checks were consistently carried out around the premises by all staff. The checks were recorded and audited by the registered manager and deputy manager to confirm that appropriate action was taken in a timely way whenever an issue with safety was identified.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to the day-to-day running and maintenance of the home were also accurate, up-to-date, and the action taken to make repairs around the home or replace furnishings was reflective of the home being appropriately managed.

Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received since we last inspected. Policies and procedures to guide care staff were in place and had been routinely updated when required. Records were securely stored when not in use to ensure confidentiality of information.

People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider.

The registered manager completed regular audits, which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice. Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

The staff team maintained good working relationships with external community healthcare professionals and service commissioners. They continued to support them to have appropriate access to the information they required about people's health and wellbeing and to use feedback from them to sustain a good quality service.

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the registered manager and deputy manager were supportive and approachable. Staff said that the effort and contribution each staff member made towards providing people with the care they needed was recognised

and valued by the senior staff and registered manager.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display.