

Caraston Hall Support Limited

Glenlyn

Inspection report

Old Dawlish Road
Exminster
Devon
EX6 8AT

Tel: 01392824635
Website: www.carastonthall.com

Date of inspection visit:
01 March 2019

Date of publication:
29 March 2019

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: Glenlyn provides a supported living service for adults with a learning disability, autistic spectrum disorders and/or mental health problems. Most people who use the service live in a shared house called Glenlyn which is situated in Exminster near Exeter.

People's experience of using this service:

- People told us they felt safe. A person said, "Yes I do feel safe. I feel very safe." People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe
- People were supported by a stable staff team who had been carefully recruited, trained and supervised. Staff knew people well and understood how to support people to remain safe and well. Staff were positive and enthusiastic about their jobs.
- People were supported by a caring staff team.
- Each person had a support plan in place which they had been involved in developing and consulted about. The plans provided good information about all aspects of people's health, personal care and social needs and their support network.
- People were consulted and involved in the service. Their views were sought and valued. People felt able to speak out and raise any concerns or complaints, confident these would be addressed satisfactorily.
- The service ran smoothly. People and staff praised the registered manager and provider for the good management of the service. There were systems in place to monitor the service and make improvements where necessary.

Rating at last inspection: The service was previously inspected on 12 October 2016 when it was rated as Good.

Why we inspected: This was a scheduled inspection which was planned according to the previous rating.

Follow up: We will continue to monitor the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section

with the people who use their service and the staff that work there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Glenlyn

Detailed findings

Background to this inspection

Start this section with the following sentence:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Glenlyn provides a supported living service for adults with a learning disability, autistic spectrum disorders and/or mental health problems, who live in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, one person was receiving personal care from Glenlyn staff. The service also provided support to people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

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 two days' notice of the inspection site visit because the person using the service may be out during the day and we wanted to be sure they would be at home and willing to speak with us.

What we did:

Before the inspection we reviewed the records we held on the service. This included notifications. Notifications are specific events that the provider is required to tell us by law. The Provider Information Return (PIR) had not yet been requested by the Commission. This information was provided during the inspection. The PIR tells us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection. During the inspection we spoke with one person who received the service, the registered manager and three staff.

We also looked at

- One person's care records
- Medicines administration records
- Staff recruitment, induction, supervision and training records.
- Staff rotas
- Records of accidents, incidents and complaints

After the inspection the registered manager sent us further information on the provider's quality assurance methods, including their training matrix, some of their policies and procedures and evidence of checks and audits of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A person told us, "Yes I do feel safe. I feel very safe." They knew how to raise a concern and said they would not hesitate to speak to a member of staff or the registered manager if they were worried about anything.
- Staff told us they had completed an online training course on safeguarding and had also attended a local authority classroom-based training session.
- Staff knew where to find information on recognising and reporting safeguarding including the provider's safeguarding policies and procedures. Staff told us the safeguarding policies had been recently updated. The registered manager made sure staff were aware of any changes or updates to the policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for most anticipated risks. For example, risk assessments were in place for activities that involved accessing the community, known health risks, and supporting a person to manage their anxiety. Staff had signed a form to confirm they had read and understood each risk assessment.
- A risk had been identified for a person using the kitchen. The risk assessment provided detailed information about the risks and how these could be reduced by ensuring the kitchen was kept locked when staff were not present. The person had consented to this, and was able to request a member of staff to accompany them in the kitchen promptly whenever necessary.
- Risks to people's health were recorded. Staff had received training and information on health risks to ensure people remain well.
- Staff knew people well and understood how people wanted to be supported to stay safe.

Staffing and recruitment

- There were sufficient staff employed to ensure people received the support they needed, at the times they needed support. Staff told us the staffing levels were good. A member of staff said, "We have good staff numbers. We are very rarely short staffed". Another member of staff told us staffing levels were "Wonderful! Perfect!"
- People were protected from harm or abuse by safe recruitment procedures. New staff were not allowed to work with people until checks had been carried out and references received. The registered manager had also assured themselves through an interview process that the applicant was suitable for the post.
- Two references had always been requested before new staff were appointed, but in some instances only one had been received. After the inspection the registered manager gave us evidence to show the provider's recruitment policy had been updated to address this issue.

- People who used the service were involved and consulted about the recruitment of new staff.
- There was a stable staff team and low staff turnover. Staff told us there was good teamwork and staff were always willing to do extra shifts to cover when colleagues were off sick or on leave. This meant people were supported by staff they knew and trusted at all times.

Using medicines safely

- People held their own medicines securely in their rooms and were supported to manage their medicines safely, according to their individual needs.
- Staff had received training on managing medicines safely, and their competence had been checked to ensure they followed safe practice.
- Records showed medicines were safely received, stored, administered and returned when they were no longer required.

Preventing and controlling infection

- People were supported by staff to keep their rooms and personal laundry clean and hygienic. A person told us they kept their own room vacuumed and clean.
- Staff had received training on infection control and followed safe practice to prevent the risk of infection.

Learning lessons when things go wrong

- Where issues had arisen, there was an ethos of speaking up and recognising a mistake had occurred, investigating what happened and learning from it.
- Accidents and incidents were reported and monitored by the registered manager and the provider to identify any trends. Monthly practice and senior management meetings were held in which individual incidents have been reviewed to identify risks, practice issues and training needs. We were given an example of how the service had supported the person to become more assertive and gain confidence when out with friends, and this resulted in them becoming less vulnerable to potential harm or abuse.

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

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

- Before people began to receive a service from Glenlyn, their needs were assessed jointly by the registered manager and a senior manager.. They checked to make sure the service was suitable and could provide the support the person needed.
- A support plan was drawn up and agreed with each person. People had signed their support plan to confirm they were happy with the content of the plan. The plans were regularly reviewed and updated.
- A person told us they were happy with the care they received. They told us the staff understood their needs and provided support as agreed in their support plan. The person told us, "Some staff are very experienced with people like me. As long as things are explained to me I am happy".

Staff support: induction, training, skills and experience

- New staff received training at the start of their employment to ensure they had the skills and knowledge they needed to meet people's needs. A member of staff told us they had received two full weeks of induction at the start of their employment.
- Staff received updates on important topics and ongoing training on subjects relevant to the needs of people who used the service.
- Staff were supported to gain relevant qualifications.
- Staff told us the training they received was good. Training was provided in a variety of ways including online computer courses and classroom based training. Most of the staff team were attending a training session on conflict management on the day of this inspection.
- Staff received regular supervision and told us they felt well supported. There were daily handover sessions between each shift, and regular formal staff meeting where staff were able to discuss any problems or concerns.

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

- People were supported to choose their own meals. People made their own breakfast and midday meals, with support and guidance from staff. People did their own food shopping.
- Each week people sat down together to choose the evening meals for the following week. People were supported by staff to prepare the evening meal if they wished and were able to do so. People usually sat together for the evening meal. If they did not like the meal that had been prepared they were able to choose an alternative.
- Support plans explained each person's dietary needs and preferences. Staff knew people well and understood each person's likes, dislikes, allergies and how their food should be prepared.
- People were supported to eat a balanced diet and to maintain a healthy weight. Where people's health

may be at risk due to poor food choices, staff gave people advice and encouragement to help them adjust their eating habits.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with social and healthcare professionals to ensure people received the treatment and advice they needed.
- Support plans contained evidence of hospital and GP appointments, and advice and treatment provided. Staff ensured advice from professionals was followed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training and understood the principles of The MCA 2005.
- Support plans contained information about each person's capacity to make choices and decisions.
- People were able to make choices about their lives. Staff understood the importance of giving people choices and respecting people's right to make decisions about their lives.

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

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 told us staff were always kind and caring. A person told us they liked all the staff.
- Staff knew people well, and understood their likes and dislikes and the things each person liked to do.
- Staff understood the things that might make people feel sad or anxious. Staff understood how to recognise signs of anxiety and how to give people the support and encouragement to overcome their anxiety.
- We heard examples of how staff had given people exceptional support to make positive changes in their lives. For example, staff had supported person to lose weight, become more active and to overcome health problems associated with poor diet and excess weight. The person had become much happier and more confident as a result.
- Staff told us they worked in caring environment where everyone, staff, people who used the service and their families and friends were treated with warmth, kindness and friendship. A member of staff described how they had been supported at a difficult time. They told us, "They were absolutely fabulous with me."
- There was an ethos of respecting each person as a valued individual. People and staff were treated equally and fairly, regardless of their gender, sexuality, beliefs, values, ethnic backgrounds or abilities.

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

- People were encouraged to speak out and express their views in various ways. Regular service user meetings had been offered but people had decided they did not want these. Instead the registered manager met with each person on a regular basis to ask their views on all aspects of the service.
- People were involved in regularly reviewing their support needs and agreeing any changes to their support plan.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity.
- A person told us how they chose the staff they liked and trusted to support them with personal care tasks. Their views and preferences were understood and respected.
- Support plans set out how staff must support people to help them maintain privacy and dignity, for example when using the toilet.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved and consulted in drawing up and reviewing their own support plans
- Support plans provided detailed and easy to read information on all aspects of each person's health, personal care and social needs. A member of staff told us the support plans gave them "All the information we could possibly want."
- People were given information in a format suited to their individual needs. The registered manager told us they provided information in various formats including picture formats. They also explained the information to ensure people understood the content.
- Staff understood each person's social needs and supported people to lead active and interesting lives. Staff accompanied people on holiday each year, and to go to places people wanted to go. People went out to places and activities of their choice, either individually or in a group. A person told us about some of the places they liked to go to and the activities they enjoyed, such as holidays abroad, watching television and playing snooker. The person described how staff always respected their right to make choices about their life.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and were confident any concerns they raised would be listened to, investigated and acted upon. A person told us they were confident they could speak with the registered manager or a member of staff if they had any concerns. The person told us that when they had problems in the past they spoke with the registered manager they had listened and taken action. They said "When [registered manager] says something the staff do it."
- The provider gave us evidence of how they had listened to a complaint, and how they had worked with the person and their family to achieve a positive outcome for the person

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and staff told us the service ran smoothly. A person told us, "Yes, it is pretty well managed under [registered manager] - she a great boss lady. You couldn't get a better boss lady than [registered manager]". They also told us senior members of the provider's management team visited regularly. A member of staff told us "Things run smoothly here".
- The registered manager and provider had systems in place to monitor the service and make sure people received a good service. They sought people's views on the service to help them identify areas where improvements were needed, and to take actions where needed.

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

- A member of staff told us they felt valued by the registered manager and provider. They said the registered manager always praised staff for good practice.
- Staff were positive about their roles and took a pride in providing the best possible support to people. There was good teamwork and close co-operation between staff and management. A member of staff told us "I love it. I genuinely love it. It's one of my favourite jobs".

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

- People were supported to have good links with the local community. For example, they had developed good links with the local police, ensuring the police and local members of the public supported and befriended people who used the service and helped to keep them safe when they were out in the local community.

Continuous learning and improving care

- The registered manager and staff team received regular training and updates to ensure they kept up with current best practice and legislation. The registered manager attended local meetings for registered managers of care services, and also received newsletters and magazines from relevant organisations.

Working in partnership with others

- The service worked closely with local health and social care professionals to ensure people received the right care and support.

