

Glenroyd House Limited

Glenroyd House

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 

Overall summary

The inspection was completed on 13 November 2015 and there were eight people living in the service when we inspected.

Glenroyd House is one of several services owned by Caretech Community Services. The service provides accommodation and personal care for up to eight people who have a learning disability and/or who have a diagnosis of autism.

The service had 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.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in

Summary of findings

place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

Summary of findings

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.

There were enough staff to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

The provider had arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good



Is the service well-led?

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Good



Glenroyd House

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 inspection took place on 13 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with four people who used the service, two members of support staff, the manager and the deputy manager.

We reviewed four people's care plans and care records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. Two people told us that staff looked after them well and that they had no concerns.

We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff were confident that the manager and deputy manager would act appropriately on people's behalf. The manager and deputy manager were able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as accessing the community independently, ill-health as a result of a specific medical condition or utilising the kitchen to make drinks and/or to cook; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. In addition, we found that where appropriate, people were supported to take responsible risks as part of an independent lifestyle, for example, two people were assessed as capable of accessing the community independently and one person was able to self-medicate with minimal staff support. We found staff had acted appropriately to review risks following an incident whereby one person had experienced a fall. The staff learned from this incident and reviewed their practice to ensure there were appropriate risk management strategies in place to reduce further risks. Environmental risks, for example, those relating to the service's fire arrangements were in place.

People told us that there was always enough staff available to support them during the week and at weekends. They told us that they were able to go out and for those who did not want to go out there was always sufficient staff available to assist them at the service. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed since our last inspection in September 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for five people of the eight people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. Staff told us that both face-to-face and e-learning training was provided and that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One staff member told us, "The training provided is good and it has enabled me to do my job well."

The manager confirmed that newly employed staff received a comprehensive induction. This consisted of a five day corporate induction and four days at the service whereby they were given the opportunity to 'shadow' and work alongside more experienced members of staff. In addition and where appropriate staff had completed the 'Caretech Development Activity Work Book', which provided evidence towards achievement of Skills for Care 'Common Induction Standards' and 'Care Certificate'. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records confirmed this and there was evidence to show that staff's progress during the induction period was tracked and 'signed off' at regular intervals. The manager was also able to show that staff from an external agency utilised at the service had been subject to an 'orientation' induction.

Staff told us that they received regular supervision. They told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the manager. Records confirmed what staff had told us.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a basic knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability

to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs and participation in leisure activities.

Comments about the quality of the meals were positive. One person told us, "I can make my own drinks and staff help me. I also make my own lunch and staff helps me with that. Staff make dinner every day and these are nice." Another person told us, "We all have different things to eat at lunchtime. We can choose what we want and the staff always ask us. The meals are nice. Sometimes we go to the pub or have a take away."

Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet their individual nutritional needs, for example, people were provided with a lunchtime meal at a time of their own choice and choosing. Staff told us that people were assisted and encouraged to choose what they wanted to eat and drink based on staff's knowledge of their likes and dislikes and by being offered suitable choices. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected throughout the day. Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. In addition, each person was noted to have a 'Hospital Passport'. This document provides hospital staff with important information about the individual person which could prove useful if they were to visit the hospital for an appointment or during a hospital admission. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions, actions required and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were happy with the care and support they received. One person told us that the staff were nice and looked after them well. Another person told us, “The staff are very nice. They provide support for me when I need help.” Comments from relatives recorded within satisfaction surveys completed in 2015 recorded that the care and support provided for their member of family living at the service was either rated as ‘good’ or ‘excellent’.

We observed that staff interactions with individual people was positive. Staff demonstrated warmth and kindness for the people they supported. Staff understood people’s care needs and the things that were important to them in their lives, such as members of their family, key events, hobbies, personal interests and matters that were important to them. Staff had a good rapport with the people they supported and we observed much social banter and discussion which people enjoyed. We saw that staff communicated well with the people living at the service. For example, staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand.

People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. For example, the support plans for four people recorded that they

required minimal support to manage their own personal care. Records also showed that two people were able to access the community without staff support and one person managed their finances independently.

Our observations showed that staff respected people’s privacy and dignity. Staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth, for example, staff were aware that one person liked to wear jewellery and that this was important to them. Staff spoke to people respectfully and listened to what they had to say. In addition, staff respected people’s personal space and people’s wishes to spend time in their room.

People were supported to maintain relationships with others and to keep in contact with family and friends. People confirmed that their friends and family could visit at any time. Records detailed and people confirmed that they regularly had opportunities for ‘home leave’. Where some people did not have family or friends to support them, arrangements could be and had been made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs.

People's support plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The support plans were comprehensive and detailed. Information relating to people's interests and aspirations were recorded, for example, two people had expressed a wish to live in a supported living scheme in the future. This had been explored by staff and external social care agencies for one person, however there were clear requirements to this which had been expressed by the person concerned. It was clear that staff and the external social care agencies were listening to the person and taking into account their wishes and views. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff, reading people's care records and reading the service's communication book. This meant that staff had the information required so as to ensure that people would receive the care and support they needed.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This

provided staff with the opportunity for greater interaction with people, to explore the person's life and past memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines. People were able to attend adult education classes at college, day-centres, attend external social clubs at regular intervals and go out for a meal. On the day of inspection two people were supported to access the local community, one person played cards with a staff member and another person read a book and made some cakes. In addition, where appropriate and according to people's abilities and enthusiasm, people were supported to take part and complete activities of daily living, such as, personal laundry, cleaning their bedroom, making drinks and cooking.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection to the service in September 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

Is the service well-led?

Our findings

The service had a manager in post and they were formally registered with the Care Quality Commission. We were aware that the manager since April 2015 had been supporting a 'sister' home three days a week and was at Glenroyd House two days a week. It was apparent that this arrangement did not have a negative impact on the day-to-day running of the service and; to support the manager there was a competent deputy manager. The manager and deputy manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014 and the fundamental standards.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The manager monitored the quality of the service through the completion of a number of audits, for example, health and safety and medication were completed at regular intervals. There was evidence to show that the management team reviewed and signed off people's support plans and their individual risk assessments so as to assure themselves that these were appropriate, accurate and up-to-date. In addition, an internal review by a representative of the organisation was completed each month and this involved a review of the service in line with the Care Quality Commission's fundamental standards. Internal reviews for September 2015 and October 2015 were viewed and these showed that there was a good level of compliance and a rating of 'Good' achieved. This demonstrated how the manager and provider identified where improvements were needed and the actions to be taken to improve the service. No actions

for corrective action were required following the review of October 2015. This showed that there was managerial oversight of the service as a whole by both the manager and the provider.

People knew who the manager and deputy manager were. People received care from a confident and well supported staff team. Staff were clear about the manager's, deputy manager's and provider's expectations of them and staff told us they received appropriate support. The manager was able to demonstrate that different strengths in the staff team were recognised and tasks were delegated accordingly. In addition to regular staff meetings, staff were able to speak with the manager for advice and support. Staff told us that their views were always respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was good. This meant that the provider promoted a positive culture that was person centred, open and inclusive.

People and those acting on their behalf had completed an annual satisfaction survey earlier in 2015. The results of these suggested that they were happy and satisfied with the overall quality of the service provided. People who used the service confirmed that there were meetings whereby they could express their views and opinions. Records of these were available and included topics discussed and the actions to be taken.

Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as the provider's 'Employee of the month'. This recognises achievements by a member of staff. In addition, staff received a financial award through the provider's 'Refer a mate scheme'.