

Accomplish Group Limited

Glanmore

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

Glanmore provides accommodation and nursing or personal care for up to seven people. On the day of our inspection, six people were receiving services. Glanmore supports people who have a learning disability, autistic spectrum disorder or mental health conditions.

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 and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

People received safe support with their medicines by trained and competent staff members.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

We have made a recommendation regarding the identification and recording of end of life wishes.

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 at Glanmore supported this practice.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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 16 May 2017).

Why we inspected

This was a planned inspection based on the 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.

Glanmore

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

One inspector carried out this inspection.

Service and service type

Glanmore is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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. However, a new manager had also been appointed and was in the process of registering with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. In addition, we spoke with three members of staff including the newly appointed manager and three care staff members.

We reviewed a range of records. These included two people's care record. We also looked at records of medicines administration. We had sight of one staff member's file in relation to recruitment and supervision and a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at Glanmore. One person related their experiences of care and other placements with us. They said, "This is the first time I can say I truly feel safe. I am now able to look at the world differently as I feel they (staff) are looking out for me."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included going out in the local community, cooking, risk of substance misuse and potential exploitation.
- The staff members we spoke with could tell us about the individual risks to people and how they supported them to make positive choices in their life whilst minimising any potential risks to them.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team.
- Everyone we spoke with told us they received their medicines when they needed them. People who took responsibility for their own medicines told us they had been assessed and knew how to seek support if they needed.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including

the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. One person said, "I do my own cleaning and I have a set routine. They (staff) just keep an eye out for me to make sure I am doing it right."
- People and staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. One person told us they were supported to identify what support they needed and how staff could assist them.
- Staff members told us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. One person told us they decided whether or not they wished to follow a specific religion and staff supported their choice.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member said, "I have supervision sessions where we discuss what has gone well and also what can be done differently."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and basic food hygiene.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people going out for breakfast and another went out to buy some food which they wanted to prepare later in the day. This showed us people had choice and were supported to make decisions about what they wanted to eat.

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

- Staff members had effective and efficient communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Glanmore.

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

- People moved safely around Glanmore. The home was safe and well maintained. Signage within the home

was minimal which was in keeping with the ethos of a small residential establishment with a homely atmosphere.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, psychiatrists and dentists. When it was needed, people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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.

- The provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- People told us they were asked for their consent before staff members assisted.

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 has 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 told us they were treated with care by a helpful, considerate and friendly staff team. People described staff members as, "Good," "Competent," and "Very interactive." One person said, "I find all the staff to be supportive and they help me to make the right decisions and support me when things go a little wrong in life."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting openly with people in a relaxed and good-humoured environment.

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

- People said they were supported to make decisions about their care and they were involved in the development of their care and support plans. One person told us they had been fully involved in the completion of their care plan. They said, "I wouldn't accept anything in there if I didn't want it."
- Throughout this inspection we saw people were supported to make decisions. For example, one person was deciding what, if any, medical appointments they wished to attend. Staff discussed the options available and the person made a plan of what they wanted to do and when.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw one person started to display they were upset about something. This was responded to by staff members straight away and this person was supported to express themselves in a supportive way.
- People were encouraged to develop their independence. One person told us how they had started to cook for themselves and clean their own flat. They went on to say this was giving them the skills they thought they needed for when they move to more independent accommodation.

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

- People were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- Staff members could tell us about those they supported, in detail, indicating they knew people well. This included, people's individual circumstances, goals and aspirations in life and how they wished to be supported to achieve these.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- People told us they were encouraged to identify and take responsibility for maintaining their own social contacts and activities. For example, one person told us they received reminders to maintain contact with their family but ultimately it was up to them to do this. Another person told us they liked to go out shopping and their ambition was to return to education which they were being supported to achieve.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Glanmore was not supporting anyone at the end of their lives at this inspection. However, the care and support planning process encouraged people to identify the things which mattered to them including spirituality and religion.

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

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

- Glanmore had a registered manager in post but owing to recent changes they were not available at this inspection. A new manager had been appointed and they were going through the registration process with the support of the existing registered manager. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Glanmore and on their website.
- The management team and provider had systems in place to identify improvements and drive good care. For example, as part of the quality checks they identified actions had not been recorded following the identification of incorrect fridge temperatures. We saw actions were now recorded.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion.
- Staff members told us they found the management team supportive and their opinions were welcomed and valued. They took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and

provider should they ever need to raise such a concern.

Continuous learning and improving care

- The manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from the existing registered manager and attendance at manager meetings.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and mental health teams.