

Green Light PBS Limited

Wheal Gerry

Inspection report

33, 34 and 36 Wheal Gerry
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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

We carried out this announced inspection on 17 December 2017. The inspection was announced as this allowed the registered manager to prepare the people they supported at Wheal Gerry to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to be involved in the inspection process. At the last inspection, in November 2015, the service was rated Good. At this inspection we found the service remained Good.

Wheal Gerry has three houses in close proximity of each other. Each house accommodates one person with staff support at all times. At the time of the inspection two people were living in two of the houses. A third person was in the process of moving to Wheal Gerry and was involved in the furnishing of their new home. Wheal Gerry is part of Green Light PBS Limited, an organisation providing support and care for people with autism living in Cornwall.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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.

A new manager was appointed in September 2017 and had submitted their application to us to be the registered manager for the service. 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.

We met with one person who used the service as one person was not able to meet with us. There was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with the person in a caring and compassionate manner. The person said they were happy with the care they received. Comments from their relatives included, "This is the most settled [Person's name] has been. He is very happy there." Another relative said "I have faith in the staff. I know [person's name] is cared for by staff that really care."

Care and support was provided by a consistent staff team, who knew people well and understood their needs. Care documentation informed staff of the person's background and how they would like to receive support. It identified the person's communication needs and this was shared with other agencies when necessary. For example sequence strips and easy read information were used to support effective communication.

Care records were up to date, regularly reviewed and accurately reflected people's care and support needs. People, who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection. Relatives' commented that "Communication is so much better than

anywhere else [person's name] has been before."

Transition work that staff undertook with people who were coming to live at Wheal Gerry was individualised. The manager had met with the person, family members and other health and social care professionals to discuss how the person would best be supported with the transition from their current placement to Wheal Gerry. The person was also encouraged to take part in decorating their accommodation, choosing colours, furnishings and to bring personal items so that it could be decorated in line with their preferences and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. There were sufficient numbers of suitably qualified staff on duty. Staffing levels were adjusted to meet people's changing needs and wishes. With the planned admission of another person to the service the manager told us staffing levels would be increased to ensure they would be able to meet this person's needs.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. Staff knew how to recognise and report the signs of abuse. There were opportunities for staff to raise any concerns or ideas about how the service could be developed.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Guidance from dieticians regarding specific health conditions were gained and acted upon to ensure the person received the appropriate diet for them.

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 support this practice. A person had requested restrictions were put in place around accessing food. This was discussed with all relevant parties and an agreement in how this would be managed was agreed by all.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. People were supported to access the local community and take part in a range of activities of their choice. Staff supported people individually and in groups to attend activities of their choosing.

The environment was clean, well maintained. The person's own house was personalised to reflect people's individual tastes.

People and their families were given information about how to complain. The manager was visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the manager.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Wheal Gerry

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 announced inspection took place on 17 December 2017. The inspection was announced in advance as this allowed the manager to prepare the people they supported at Wheal Gerry to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to partake in the inspection process. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with one person living at the service, the manager, operational managing and two care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at two records relating to people's individual care. We also looked at staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. We saw feedback from a health and social care professionals about their experience of working with the service. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

We spent some time with one person who lived at Wheal Gerry and saw they were comfortable and relaxed with staff. They did not demonstrate any signs of anxiety or worry about their personal safety. Relatives told us they believed their family member was safe and they were cared for and supported by competent staff.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Personal property and monies were kept safely. There were robust systems in place to manage personal monies and ensure these were kept separately from money for household costs and staff expenditures. The amount of money held was checked daily against the records.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, people went out with staff support. The service regularly discussed with the person any potential risks they may face and agreed with them how they would be supported to ensure they were protected from harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to others. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and what calmed them if anxious. Staffs was clear about people's rights and ensured any necessary restrictions were the least restrictive.

New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Wheal Gerry. With the proposed new admission to the service the manager told us that staffing levels would be reviewed and increased. This would ensure that the care needs of all the people they supported were met.

There was an Equal Opportunities policy in place. Staff were required to read this as part of the induction process. In addition, the principles of the policy were discussed to help ensure staff knew how to protect people from discrimination and harassment. The provider worked to ensure staff were protected from discrimination at work as set out in the Equality Act.

Incidents and accidents were recorded and appropriate action had been taken to manage areas of increased risk.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as

prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Staff had attended appropriate medication training.

Sometimes people needed medicines prescribed 'as required' (PRN) to help them when they became distressed or anxious. There were clear protocols in place for staff to follow such as in what circumstances PRN should be administered, how and who to inform. This had been implemented with involvement of the person, their representatives and professionals involved with the person's care. This helped ensure a consistent approach to the use of PRN. Medicine reviews were held regularly to help ensure prescribed medicines were still necessary for the person's well-being.

The environment was clean. A maintenance record was kept of any repairs needed and when they were completed. We saw the maintenance requests and noted that the windows had been raised as they needed updating. The manager told us this was being addressed. There was a system of health and safety risk assessment and smoke detectors and fire extinguishers were fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Each person had their own Fire Emergency Evacuation Plan (PEEP). This was presented in a visual and written format so the person would benefit from understanding it in a more meaningful way. Fire evacuation procedures were tested regularly.

Records were kept electronically and stored securely in the main office. Records we inspected were up to date, and were accurate and complete. All care staff had access to care records so they could be aware of people's needs.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual's needs.

The manager told us about the transition work they were currently undertaking with a person who was coming to live at Wheal Gerry. The manager had met with the person, family members and other health and social care professionals to discuss how the person would best be supported with the transition from their current placement to Wheal Gerry. Decisions were made using the best interest process which included where the person would live and how the move to the service would be achieved. This was detailed and included planned visits to the service at different durations and times of day so that the person could experience the service at all times of the day. The person was also encouraged to take part in decorating their accommodation, choosing colours, furnishings and to bring personal items so that it could be decorated in line with their preferences and wishes. We saw that the person had purchased new furnishings with staff support and was involved in choosing the colour of their rooms.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. We spoke with a newly recruited member of staff who was very positive about the induction. They told us, "I wish I had come into this work sooner. It's great. The induction and support I have received has been great."

Staff told us they had good access to training and were encouraged to further their knowledge and skills. Training covered understanding of autism, safeguarding adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a Board Certified Behaviour Analyst.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. The manager also held an annual appraisal to review their work performance over the year. There were regular staff meetings which gave staff the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their

contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments. Relatives told us they were informed of any health appointments and the person or staff updated them as to how the appointment went.

People were supported to eat and drink enough and maintain a balanced diet. Guidance from dieticians regarding specific health conditions for people were gained and acted upon to ensure the person received the appropriate diet for them. The person's weight was monitored to ensure that the diet they received met their needs. This was clearly set out in a person's care plan so that staff had accurate guidance in how to support a person with their food choices.

Menu planning was done weekly in a way which combined healthy eating with the choices people made about their food. Staff prepared the main meals for people. Some people helped in the preparation of their meals and they were supported by staff to do this.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. For example a person had requested restrictions were put in place around accessing food. This was discussed with all relevant parties and an agreement in how this would be managed was agreed by all. The kitchen had just been refurbished and the person was involved in choosing the design. This included placing magnetic locks on all food cupboards but they could be deactivated if the person later requested this. We saw the person was supported to access the kitchen, and had access to food and drinks. This showed that the service worked with the person in the least restrictive way possible.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The premises were decorated and furnished to a good standard, suited the person's needs and reflected their preferences. There was a garden and staff told us this additional space was used by the person and their visitors in the summer.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed, calm and friendly atmosphere at the service. Staff supported the person to meet and chat with us. We observed the person had good relationships with staff and staff interacted with them in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relatives told us they felt staff were caring towards their family member and that "This is the most settled [Person's name] has been. He is very happy there." Another relative said "I have faith in the staff. I know [person's name] is cared for by staff that really care."

People were at the centre of the service and routines were led by the people living at Wheal Gerry. As one member of staff said, "We go by what the customer want, they came first." There were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service.

The staff group all shared genuine care and commitment to the people they supported. In our discussions with staff we found that all had the same understanding and approach in how they cared for the people they supported. We also heard from staff how proud they were of people's individual achievements. Staff comments included; "Greenlight are good at not only making sure that customers are Ok but also staff." Staff said they worked well together as a team and "Our priority is that customers receive high quality care and support at all times."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent individual time with them. However they also acknowledged and respected that when family members visited the person may want to spend time with their family members in private. Staff would distance themselves so that the visit could be in private.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff ask people their permission before undertaking any personal task and addressed people by their preferred name. This demonstrated that staff took time to listen to people.

People's support plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. On the day of the inspection staff supported a person with their food shopping. . This meant people were able to maintain independence in their daily living.

There were systems in place to support people to communicate effectively. Sequence strips were used to inform the person of what was happening next. For example, the afternoon routine strip was made up from a symbol showing that they were going to the Eden project in the afternoon. Staff were aware of the importance for the person to know what the next planned activity was as structure was important for the person. Care documentation identified the person's communication needs and this was shared with other agencies when necessary. For example sequence strips and easy read information were used to support

effective communication.

The registered manager considered the gender of staff on duty when developing the rota to ensure that it met the needs of the people they supported, for example to ensure that female staff were present at particular times of the day/ night to assist people with personal care tasks.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits to their families and regular telephone calls. Relatives had regular contact with people, either via visits, phone calls, skype or letter. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

People gave us permission to look around their home including their bedrooms. The communal areas had art work on display that people had completed. The bedrooms were personalised to reflect their taste and were painted in the colours of their choosing. This showed that people were fully involved in decisions around their surroundings as well as their care.

Is the service responsive?

Our findings

Relatives spoke highly of the staff that supported their family members. Comments included "[Person's name] is really happy. He loves it on his own. His lifestyle is very good."

A health and social professional fed back to 'I would like to thank you and your team for the support you have provided for [person name] since his move to Cornwall. This could have potentially been a very difficult transition, but you have enabled [person's name] to settle into his new home and build on independence skills for his future. [Person's name] needs support from people who can explain consequences to him in a non-threatening way and support him when he has made unwise decisions. I have been encouraged by the approach your team have taken.'

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. The manager and staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Care documentation was held on an electronic system. The information in the electronic system was well organised and easy for staff to find. The care plans were regularly reviewed to help ensure they were accurate and up to date. Relatives told us they were involved in the development and review of their family members care plans. . Staff told us care plans were informative and gave them the guidance they needed to care for people.

Daily notes were consistently completed on the electronic system .This ensured that staff were all up to date with the persons health, social and care. Relatives told us they received copies of their family member's daily notes. They said this helped them when their family member phoned as it was a "conversation opener." This meant the relative could start the conversation as they knew what the person had been up to which encouraged the person who had difficulties initiating conversations to join in. This meant that phone contact was more meaningful for both the person and relative.

Each person was allocated a senior worker, who supported people to organise their daily living and update their support plan. They then have a core staff team who worked with the person regularly so that they got to know the person they were supporting well, and vice versa. At monthly care plan reviews people were encouraged to set goals and objectives. These goals and objectives were discussed with the person at each review to decide if these had been met, needed to be reviewed or were still in process.

People using the service had the same opportunities available to them as people with no disability and had the support to enjoy very active lifestyles. People were able to take part in activities of their choice and staff

supported people to access the local community. Each person had activities they took part in every day and these included going out to places of their choosing. On the day of the inspection we saw some people went out to do their food shopping, and visit a local attraction. Another person went out for a walk and was having family visiting them for tea. A relative commented that the level of activities their family member was involved in was "Great. He has at least two activities a day. He is very occupied and loves it."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time.

People and their families were given information about how to complain. Relatives told us that if they had any 'worries' they would talk to the manager or staff. They felt the manager and staff listened to them and would respond to their concerns.

Is the service well-led?

Our findings

A new manager was appointed in September 2017 and had submitted their application to us to be the registered manager for the service. 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.

There was a clear management structure at the service. Green Light, the organisation which runs Wheal Gerry, has a small number of management layers which support the delivery of the service. As well as a Manager, who had day to day management responsibility for the service, there was also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Green Light service is strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Green Light service to ensure services have appropriate support. This showed there was good communication between the managers of the organisation.

The organisation ran an on-call system to help ensure staff always had access to advice and support. This was a three tier system with three senior staff being on-call at any one time. This meant, if one on-call manager was required to cover a shift for any reason, there was still adequate cover. Staff told us they could not recall any occasion when they had not been able to access management support. The support ranged from giving advice on particular situations, authorising the use of PRN and covering shifts at the last minute.

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, managers from the organisation. This included seeing the managing director.

Staff told us there had been manager changes within the service over the last year. They were reassured that with the appointment of the new manager that she would "stay". They acknowledged that there was a period of "rocking the boat" but staff said that processes in the service needed to be amended and were pleased with the changes made. For example people's homes had been redecorated, and the introduction of the shift planners so that staff knew what tasks they had to do when on shift. The shift plan was completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to ensure that they meet the needs of the service during their shift.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided quality care to the people they supported. For example we saw audits in the areas of care plans, medicines, complaints and accident records. The manager worked alongside staff to monitor the quality of the care provided by staff. The manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to discuss each person's needs and support the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service. In addition senior management communicated with all staff using a variety of methods. For example, social media and newsletters.

Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that feedback was beneficial as the organisation encouraged the development of skills and provided appropriate training.

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

The service was transparent and open in the way it was run and this was clear from every aspect of the inspection evidence. For example relatives and commissioners were given copies of the person's daily notes and any events of concern so that they were fully aware of how their family member spent their time. A relative commented "Communication is so much better than anywhere else [person's name] has been before."

Staff said morale was good and staff worked well together as a team. Staff told us management were supportive and helpful. Comments included, "We have a good team here."

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way.

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Asperger's syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. Staff met with people they supported regularly to check they were satisfied with the support and care they receive, as were family members. We saw pictorial bi monthly surveys completed by people who used the service to show their level of satisfaction with the service provided at Wheal Gerry. The service also gave out questionnaires to people's families and health and social care professionals to ask for their views of the service. From this they analysed their responses. The most recent survey resulted in positive praise about the support staff at Wheal Gerry provided.

