

Great Glens Facility Limited







Great Glens Facility

Inspection report

149-151 Midland Road,
Wellingborough,
Northamptonshire.
NN8 1NB
Tel: 01933 274570
Website: www.greatglens.co.uk

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

This inspection took place on 01 September 2015 and was unannounced.

Great Glens Facility provides rehabilitation and personal care for up to 22 people who have long-term mental health needs. The facilities include 18 single rooms in the main building with a pair of two bedroomed houses allowing care on different levels to suit each stage of rehabilitation. There were 20 people using the service when we visited.

The service had a registered manager. 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.

Risk management plans were not always in place for people who used the service, to promote and protect their safety.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Summary of findings

There were appropriate numbers of staff employed to meet people's needs and safe and effective recruitment practices were followed.

There were suitable arrangements in place for the safe management of medicines.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities, as well as the values and philosophy of the service. The staff had also completed training to make sure that the care provided to people living with mental health needs was safe and effective to meet their needs.

People's consent to care and treatment was sought in line with current legislation. Throughout our inspection we saw examples of good quality care that helped make the service a place where people felt included and consulted.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed. People and their families contributed to their care plans and they were updated regularly to ensure they were still accurate and relevant.

People were supported to take part in meaningful activities and pursue hobbies and interests.

Systems were in place to obtain people's view and opinions about their care. People were able to raise concerns or complaints with the service and felt that these would be acted upon.

The service had an open, positive and welcoming culture.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

The service had a registered manager in post. They were supportive of people and staff and worked alongside them to ensure people received the correct care.

There was a range of quality control and audit procedures in place to help maintain high standards of care and identify areas for development.

We identified that the provider was not meeting the regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

This service was not consistently safe

Risk management plans were not always in place to promote and protect people's safety.

Staff were knowledgeable about the principles and reporting requirements of safeguarding and were able to protect people from abuse.

Staffing levels were sufficient to meet people's needs. Staff were recruited following safe and robust procedures.

People were supported by staff to take their medicines safely.

Requires Improvement



Is the service effective?

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Consent to care was sought by staff and the principles of the Mental Capacity Act 2005 had been followed to support people.

People had a balanced and healthy diet.

People were supported to see health professionals both in the service and local community.

Good



Is the service caring?

This service was caring

There were positive relationships between people, their relatives and staff at the service.

Staff treated people with kindness and compassion.

People were treated people with dignity and respect and staff maintained people's privacy.

Good



Is the service responsive?

This service was responsive

The registered manager promoted the involvement of people living at the service.

People took part in meaningful activities, both within the service and in the local community.

Good



Summary of findings

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

This service was well-led.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

There was a positive, open and welcoming culture at the service.

There was a registered manager in place who knew people well and was a visible presence in the service.

There were quality control systems and audits in place to help develop the service and drive improvements.

Good



Great Glens Facility

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 01 September 2015 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about

important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We spoke with nine people and two relatives in order to gain their views about the quality of the service provided. We also spoke with five care staff, one staff responsible for administration and also the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to seven people who used the service and seven staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People did not always have risk assessments in place to protect them. In the care files we examined, we saw that where specific risks had been identified for people, there was no risk assessment or risk management plans in place. For example, we saw that four people had been assessed to be at risk of non-compliance with their medication. For two of these people the risk had been assessed as high. We were unable to find any risk management plans that detailed how to minimise the risk to each person and what actions staff should take. We also saw that two people had been assessed to be at risk of self-neglect. We were unable to find any risk assessments in place for these two people.

We discussed this with the registered manager who acknowledged that people's individual risk assessments were not in place for all areas of identified risk.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported to take some risks in relation to their rehabilitation. For example, people were encouraged to go shopping for their food, use local transport independently, self-administer their own medicines and cook their own meals. One person told us, "Yes, staff encourage me to go in to town by myself. I used to do it a lot, but I'm not so keen now. I usually go with a friend."

We saw that environmental risk assessments were in place that were detailed and comprehensive. We also saw newly completed risk assessments in relation to Infection Control.

Staff told us that safeguarding people and recognising signs of abuse was a key part of their role. One staff member told us, "The residents are very happy to communicate with us here; we would see changes in mood." However, one staff member was unsure about the procedures for reporting suspected or potential abuse. A second member of staff told us they would report suspected abuse to the registered manager or The Care Quality Commission (CQC). They told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the registered manager would listen and take action.

Staff training records demonstrated that from 14 care staff, three had not yet completed safeguarding training and nine staff required refresher training in this subject. The registered manager told us that some areas of safeguarding had been covered in Mental Capacity Act 2005 training undertaken by staff in 2015.

People told us that when they received care from the service, they felt safe and that staff worked to ensure their safety was maintained. One person told us, "Yes, the staff are extremely good here." Another person said, "Yes, I've lived here a long time and never had any troubles." A relative commented, "I know my [relative] is safe and in good hands. I have total confidence that [relative] is well looked after and kept safe from any harm."

The registered manager told us that safeguarding was taken seriously by all staff. They were able to show us how safeguarding incidents had been recorded and the actions that had been taken to safeguard individuals afterwards.

Some people were prescribed medicines on an 'as required' basis, for example, pain relief. We found the service had previously had individual protocols in place for the use of these medicines; however, they were not being used at the time of our visit. We were shown new, blank PRN protocol sheets which we were informed were due to be implemented. These would also include information about variable doses, for example, when to give one or two tablets.

People were supported to take their medicines by staff trained to administer medicines safely.

One person told us, "[Staff] encourage me to self-medicate, but I prefer it when they do it for me and they are ok with that." A relative told us, "There is never an issue with my [relatives] medication. It's the biggest thing that can go wrong, but it's very well managed. No problems at all."

A staff member told us, "I have had medication training." We observed a senior staff member administering medicines to people. They were supported by a second staff member. We saw that medicines were given to people appropriately and with people's consent. When a person did not want to take a dose of medicine, the dose was stored separately and clearly documented.

At the time of our inspection there was one person who self-administered their own medicines. They told us, "I look after my own medicines; I prefer to do my own." They

Is the service safe?

showed us where they kept their medicines and said if they had any problems with their medication; staff were always on hand to provide support. We saw that this person had been assessed to ensure they were able to administer their medicines safely.

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet.

We checked the medicines for all the people living at the service and found the number of medicines stored, tallied with the number recorded on the Medication Administration Records (MAR). Medicines were dispensed in monitored dose blister packs there was an audit trail of all medicines entering and leaving the service. We found the MAR sheets had been fully completed with no unexplained gaps.

We saw from the staff training records that staff had received up to date medication training. Regular medicines audits also took place which helped to ensure the systems used were effective.

There were sufficient numbers of staff to meet people's needs. One person told us, "It's pretty good; there is always someone available, 24 hours a day." Another person commented, "Yes there are enough staff. They don't keep me waiting long." A relative said, "I have never known there to be any problems with staffing."

We spoke with staff who told us that they felt there were enough staff to meet people's needs. One member of staff

told us, "We had a bit of a bad patch where we have had to use agency for the first time, but generally we are well staffed here." A second staff member said, "It's very good here, we are never short, we hardly ever have agency staff."

The registered manager confirmed that there was a minimum of two staff on at any time. They told us they did not use an assessment tool to determine what was a safe level in relation to the needs of people using the service.

We saw that people were responded to in a timely manner and people did not have to wait long for staff to attend to their needs. There was also an on call system in place if staff needed extra support. There was a continuous staff presence in the communal areas and we saw that in some cases hourly checks were made to people who wished to stay in their rooms.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, "Yes I had to wait for my checks to come through."

We saw evidence that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

Is the service effective?

Our findings

People told us they felt staff had the right skills and knowledge to meet their needs. They said that staff were knowledgeable and knew what they were doing when they provided them with care. One person said, “Yes, I do feel that staff are well trained. They know about my medicines and things I need.” Another person told us they had recently been through a difficult time but staff knew how to support them and were knowledgeable about their condition. A relative commented, “I have no doubts that the staff are well trained. They are very knowledgeable and have been very supportive of [relative] to make sure they stay well.”

Staff told us that they were supported closely by the registered manager and the management team. They explained that when they started working at the service, they completed an induction programme. This involved identifying training needs, whilst completing mandatory training courses, such as safeguarding and moving and handling. We were told that all new staff would shadow a more experienced staff member to begin with, as well as starting the care certificate immediately. One staff member told us, “I think the training we receive enables us to work safely here. We do a lot of training.”

We saw records in staff files to confirm that staff had completed an induction process at the start of their employment with the service.

We also spoke with staff about the on-going training that they received. Staff were all positive about the training that was available to them. One staff member said, “I think we are lucky, we get a lot of training and support.” Another said, “Training is really good. I feel confident and I know I am trained to do my job properly.” Staff explained that they completed regular and refresher training in mandatory areas that included, basic food hygiene, fire, health and safety and moving and handling. They also told us that they could apply for additional training courses if it was needed. This meant there was a range of skills and abilities within the staff team so lots of different needs could be met. Training records confirmed that staff received regular training in a wide range of areas.

Staff also told us that they received regular supervision from the registered manager or a line manager. They told us the management team were always available and they

could approach them for support whenever they needed to. They used these sessions to discuss their performance and goals, people and their needs, as well as identify areas for learning and development. They could also be used to raise any concerns or issues either party may have. We saw records to show that staff had received regular supervision.

People’s consent was sought by staff. People told us that they were able to make their own choices and that staff asked them before providing them with care. One person told us, “Oh yes, the staff always discuss things with me before we do anything.” Another person said, “I revised my care plan recently, consent is always asked for alterations, and I sign for it.”

One member of staff told us, “I always check what people want before I do anything. You can’t just assume. For some people it’s different every day.”

During our inspection we observed a number of examples of staff seeking consent and empowering people to make their own decisions. For example, we saw that one person was supported to go shopping. We saw staff asking the person what they needed to buy, what support they required and how much money they would need.

We looked at people’s files and saw that staff regularly documented their discussions around people’s decisions and that these discussions focused on supporting the person to make their own choices. We also saw in people’s care records that consent had been sought and documented from each person or their representative.

Staff also had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the principles of each and how they affected the people they supported. One staff member explained that they used the MCA to help people make decisions and, where they couldn’t make their own decision, make that decision for the person, in their best interests.

The registered manager explained that they had one approved and several pending applications to the local authority to deprive people of their liberty under DoLS. They told us that they had worked with people, their families and the local authority to put these into place. We saw records to demonstrate that the MCA and DoLS were being used appropriately by the service and that people were put at the centre of any decision making process which they were involved in.

Is the service effective?

People told us they liked the food and always had a choice. One person said, “The food is very good. You always get two options. If you don’t like either, they will come up with something else for you instead.” A second person commented, “I like the food. If we prefer we can cook our own meals. Some people do.”

There was a main kitchen which provided people with a choice of two main meals or an alternative if they wished. There was also a small kitchen area on the first floor where people could be supported to cook their own meals. Staff also supported people who were living in the houses to prepare and cook their meals as part of their rehabilitation.

We saw that menus had been chosen by people who used the service at regular meetings about the food. Menus demonstrated that meals were healthy and nutritious. The registered manager told us that they worked to ensure that people had the food and drinks that they wanted. We saw that people had access to snacks and drinks throughout the day and each person was supported to make healthy choices.

We saw good guidance in care plans in relation to the support people needed to eat their meals and snacks safely. For example, we saw that for one person their condition meant they neglected to eat and drink sufficient amounts unless prompted by staff. Each day a staff member was designated to attend to this person on an hourly basis to encourage food and drink. Food and fluid

records were well maintained for this person. People were weighed regularly and then referred to health professionals if there was a substantial change in weight. This allowed staff to notice if people’s appetite declined.

There were systems in place to ensure that people had access to healthcare services if required. One person told us, “The staff helped me make appointments with a psychiatrist. They came with me as well, but I could have gone alone if I wanted to.” A relative commented, “I know my [relative] is safe hands. Staff always escort [relative] to their appointments. They always let me know when the appointments are so I can attend with my [relative].”

Staff told us that people’s health care appointments and health care needs were co-ordinated by themselves or people’s relatives. One staff member told us, “Sometimes people’s families arrange and go to appointments with their family members. Most of the time the staff will support people to attend healthcare appointments.” Staff told us they recorded these visits and the outcome of them to ensure people’s care was reflective of these visits.

Records confirmed that people’s health needs were frequently monitored and discussed with them. Any actions required were also recorded. Risk assessments were used to ensure that care plans accurately reflected and met people’s needs. This included areas such as mobility, physical and mental health and medicines.

Is the service caring?

Our findings

People told us that they were supported by staff that treated them with kindness and compassion. One person said, “Oh yes, the staff are lovely.” Another commented, “I like the staff. We get on well and I get on well with all of them.” A relative told us, “The staff are fantastic. They know my [relative] very well and are very caring and kind.”

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, “It’s very rewarding working here. You get to see people improve and some get better to the point they can move on.” Another member of staff said, “I love it here. I have gained a lot of experience and it’s a lovely atmosphere here.”

We observed staff communicating with people throughout our inspection. They always took time to ensure people had understood what was said and used eye contact and gentle touch to provide people with support. Staff worked to develop relationships with the people they supported. They told us that it was important to them to get to know people so that they could provide them with the care and support they needed, in the way that they wanted. The registered manager explained that, for each person, they spent time with them, discussing their needs and interests.

People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, “I was involved in

my care plan, we reviewed it recently.” Records showed that people had been consulted in the preparation of their care plans and that, once they were written, they had gone through them and signed to say that they agreed with the content of the plan.

People also told us that the service provided them with the information they needed regarding their care. They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. One person told us, “They gave me enough information.” We looked at people’s care plans and saw that this information was in place.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

People told us that they felt staff treated them with dignity and respect. They told us that staff spoke with them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person told us, “They treat me with respect. They are all quite nice and approachable.”

Staff confirmed that they respected people’s dignity and that privacy and people’s rights were important to them. Records showed that this approach was reflected in people’s care plans and that these areas had been covered in staff induction and on-going training.

Is the service responsive?

Our findings

People told us that staff promoted their independence and encouraged them to have their say about how the service operated and how their care was provided. People told us that staff spent time with them before they were admitted to the service to identify fully their care preferences and future wishes. One person told us, “Yes, they involved me in everything.” A relative said, “Right from the start communication has been good. They fully involved the family and my [relative]. We all have a say.”

Staff members told us they provided people with care and support, whilst encouraging them to maintain their independence. One person told us, “Yes, I go to work on a Thursday and to the gym on a Wednesday. The staff here helped to set that up for me.”

We saw that assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. One relative told us, “My [relative] has had several problems, but each time the staff have adapted how they support [relative] to make sure they are happy and get the care they need to keep them well.”

We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered. For example, records showed that people could take part in activities they wanted, could choose when to get up or go to bed and could choose what they wanted to have for their meals.

It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities either at the service or in the local community.

One of the values promoted by the service is that people need ‘proactive support in promotion of activities of daily living and meaningful occupation’. One person said, “I do the coffee mornings, outings to feed the horses, and pampering sessions on a Sunday.” A relative told us, “I know [relative] has a busy social life. I get told all about what they have been up to.”

We saw there were ample opportunities for people to follow their hobbies and interests. People were supported to go into town, take part in personal shopping trips, visits to the gym, film evenings and some people attended day care centres. We were made aware of The Endorphin Project that provides people at the service with opportunities to take part in activities that are useful to the local community. For example, we were told that some people were taking part in conservation work in the local area in collaboration with residents groups and the local authority.

People told us that they were able to complain if they felt they needed to. One person told us, “Yes, the manager would get back to me within three days. I’m confident that would happen. I know that I can have an advocate as well if I want.” Another person said, “I know I can make a complaint. The manager is very approachable and I feel happy they would take my concerns seriously.” One person explained that they had complained once, and the staff had listened to what they had to say and had taken action to resolve the issue straight away.

Staff explained how they would respond to complaints. Some of the staff told us that they would pass concerns to a senior member of staff. The senior staff told us that they would act straight away if the concern could be resolved quickly. A more complex or serious complaint would be reported to the manager and recorded in the service’s complaint log. We saw that there had not been any complaints received by the service for the last 12 months.

Is the service well-led?

Our findings

The service had an open culture and a welcoming atmosphere. On our arrival we were made to feel welcome by all the staff and we found that people were busy getting ready for their daily activities. Staff were supporting people with kindness and compassion and we saw that there were positive, casual interactions between people and members of staff.

The provider's values and philosophy were clearly explained to staff through their induction programme and training. There was a positive culture at the service and among the staff team where people and staff felt valued, included and consulted. One staff member said about the provider's values, "We [staff] always keep a positive outlook and believe that people need meaningful roles in society." This was echoed by other staff we spoke with. Staff also told us the service was a recovery focussed service and there was a clear focus on goals not problems. This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

There were established links with the local community, particularly with the Endorphin Project. This provided people with opportunities to experience different activities whilst providing a service for the local community.

The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decisions about their care and support, so the service was run to reflect their needs and preferences. Families were also supported by the service to ensure the care and support people received remained consistent. People and their relatives were encouraged to comment and make suggestions about the service, through reviews and on a one to one basis with staff.

There was effective communication between people who used the service, relatives, staff and the home's

management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service which was encouraged at supervision and staff meetings. One staff member said, "This is a very rewarding place to work. There is good team work and good support."

The service had a registered manager in post. The registered manager was able to demonstrate good management and leadership and there was a system of management support to staff at all levels. We saw that the registered manager was accessible to staff. They told us that if they felt they needed extra personal support or extra supervision then this would be facilitated. One staff member told us, "There is an open door policy. If we need extra help or support you know you will get it." Staff were aware they could use the service's whistleblowing policy to report any concerns to the organisation and we saw this had worked in practice.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, accidents, weights, the environment, nutrition and risk assessments. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. We found that risk assessments were not always in place for people, where areas of risk had been identified. We discussed this with the registered manager who told us this would be addressed swiftly. The registered manager and staff investigated and reviewed incidents and accidents at the service. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not protected people against the risk of unsafe care and treatment because there were inadequate systems in place to ensure timely and robust risk assessment were implemented.