

Glenmore Trust

Glenmore Trust - Northumberland Street

Inspection report

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05 March 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Glenmore Trust – Northumberland Street is a domiciliary and supported living service. It provides personal care and support to people living in their own homes. There were 133 people using the service at the time of this inspection.

People's experience of using this service: The service was exceptional in its person-centred values and managers and staff were absolutely committed to these. The service provided exceptionally personalised support for each person and demonstrated a high level of responsiveness if people's needs changed.

The service had a strong local community ethos and staff were passionate about social inclusion for everyone in the community. The service worked extremely well with other health and social care service to provide new services for the benefit of anyone who might need safe, emergency support at some stage in their lives. The service provided compassionate and caring support for people at the end of their lives.

People said they received a good service from caring, helpful staff. People had small teams of staff who they were familiar with. Staff knew people's needs and preferences well. People said the staff were "amazing" and they had good relationships with them.

People were actively assisted by staff to maintain and manage their well-being. Staff made sure that people were treated with dignity and respect and in a way that was free from discrimination.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received regular training, supervision and appraisal. They worked closely with other health professionals to promote people's health and were good advocates of people's wellbeing.

The provider was proactive in working with other professionals and stakeholders. The provider was a member of many local forums to share information and examples of good practice. They helped to develop new services for the benefit of the local community.

The service was safe and any risks were well-managed. There were enough staff to support everyone with their agreed care package.

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

Rating at last inspection: Good (published September 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remains Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains Good.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains Good.

Details are in our Well-Led findings below.

Glenmore Trust - Northumberland Street

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The service is a domiciliary care service and supported living service. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 15 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. It provides a service to people with learning and physical disabilities, mental health needs and acquired brain injury.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 14 February 2019 and ended on 5 March 2019. We visited the office location on 14 February 2019 and 5 March 2019 to see the manager and office staff; and to review care records and policies and procedures. On 26 February we visited six people in shared houses being supported by staff. We made telephone calls to four people and five relatives.

What we did: Before the inspection we reviewed all the information we had about the service, including notifications and information in the Provider Information Return. This is key information that providers have to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked other care services for their views including the local authority, health care professionals and Healthwatch.

During the inspection we spoke with 10 people and five relatives. We also spoke with the registered manager, operations manager and a range of management, senior and support worker staff. We also received four phone messages from support staff. During and after the inspection we received feedback from three care professionals.

We looked at five people's care records and six people's medicines administration records; staff recruitment, training and meeting records. Also records of complaints, incidents and quality audits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff said this was a safe service.
- Staff were aware of their responsibility to report concerns. They were confident the management team would address any concerns. One staff member said, "I've reported some less than good practices in the past and it was listened to and sorted out."
- The registered manager and management team were open when reporting any concerns to the local authority and to CQC. They took appropriate action to keep people safe.

Using medicines safely

- If people needed support with their medicines this was safely managed. There were detailed plans about the medicines people were prescribed and what they were for. Medicines were safely stored and administered.
- Some people could manage their own medicines. They had signed the back of the medicines assessment record to show their agreement and involvement in this decision.
- The medicines assessments for some people who were supported were not signed by those people so didn't show how they had been involved in the decision. The registered manager said they would address this.
- There were some minor areas for improvement in the way medicines were recorded. Some plans about giving 'when required' medicines were not always clear enough. There were not always body maps to show staff where ointments and creams should be applied. The registered manager said they would address these points.

Assessing risk, safety monitoring and management

- The service promoted positive risk-taking and encouraged people's independence. Clear records showed how specific risks to individual people were managed in the least restrictive way.
- Easy read versions of Keeping Safe booklets were in support plans to help people understand responsible risk taking.
- The health and safety manager carried out fire risk assessments for each supported living house. They also liaised with landlords about any premises' risks.
- Staff understood and had training in how to support people who might put themselves or others at risk.

Learning lessons when things go wrong

- The provider took action to reduce accidents and incidents and learnt from these.
- The health and safety manager analysed accidents and incidents in a way that clearly showed any trends or areas for change. The actions taken as a result had led to a significant reduction in incidents.

Staffing and recruitment

- People, relatives and staff said people's agreed care hours were always met. There were enough staff to provide the individual hours that each person needed.
- Staff rotas showed planned staffing levels were being achieved and people were supported by staff with the necessary skills.
- Staff told us there was "good access to relief staff" to cover any short notice gaps in staffing levels.
- The provider used safe recruitment practices. This made sure all staff were suitable to work with the people who used this service.

Preventing and controlling infection

- Staff assisted people to have good hygiene in their homes.
- Staff used aprons and gloves, when they needed to, to protect people's health and reduce the potential for the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before the service decided if it could provide the right care.
- During the assessment any specialist needs were discussed with the service managers and the training manager to check if staff would need any additional training before providing the care. This was to make sure any support offered matched best practice guidance and that staff were skilled to do this.
- The service did not accept referrals if the risk of harm to others or staff would be unmanageable.

Staff support: induction, training, skills and experience

- Staff were trained and supported in their roles. All staff completed regular essential training including safeguarding, moving and assisting and medicines management. Staff also completed training courses relevant to the specific needs of people who they supported.
- New staff had an eight-day induction training programme. Staff who were new to care then completed the Care Certificate which is a set of standards and good practice in care.
- Staff attended regular meetings with a supervisor to discuss their performance and development. Staff said they felt supported. Their comments included, "The team leaders and managers are very helpful. We can always get advice when we need it."

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

- People were fully involved in managing their own meals, including menu planning, shopping and cooking, with support where necessary.
- If people were at risk of not eating or drinking enough, staff asked for guidance from dietitians and speech and language services. For example, if people were losing weight staff helped them eat high calorie foods made with butter and cream.
- If people needed support with eating and drinking this was provided in a safe, personalised way and set out in support plans for staff to follow. For example, helping the person sit up straight and using adapted cups or cutlery.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had good support to access health care services when they needed to.
- Staff were passionate about making sure people had the right input and equipment from specialist health services to be able to live safely in their own homes.
- People were assisted to access community health service such as GPs and dentists. People had regular reviews of their health and medicines by their GP.

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes.

We checked whether the service was working within the principles of the MCA.

- People's consent was sought. Their agreement to their care was recorded in their care files.
- People were supported wherever possible to make their own decisions.
- When people could not make a decision for themselves, staff completed a mental capacity assessment and the best interest decision-making process was followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were caring and helpful. Their comments included, "Staff are very nice. I can have a good chat and laugh with them."
- Staff took time to explain things to people and supported them in a patient, unhurried way.
- People's individual communications skills were respected. Staff used a variety of methods to help people express themselves. Some people used electronic tablets, pictorial information and light readers to communicate with others.
- People's diversity was respected and care plans identified people's cultural and spiritual needs. Staff made sure that people were treated in a way that was free from discrimination.

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

- People who could express a view told us they made their own decisions.
- Staff encouraged people to make their own choices and people were involved in all aspects of their daily routines and lifestyles. Staff told us, "We're not here to tell people what to do, we're here to let them live their own lives."
- People had access to their staff rota so they could see who would be supporting them and could make plans around who would support them with various activities.
- Decision-making profiles recorded how people had made significant decisions, such as moving to a new house or going on holidays.
- People were supported to access advocacy services when they needed them.

Respecting and promoting people's privacy, dignity and independence

- People's independence was fully promoted by the service.
- People said staff enabled them to lead their own lives rather than doing tasks for them. Their comments included, "Staff are very helpful. They do things to help you, if you want them to, and have also helped me to do things for myself."
- People said they were treated with dignity and respect by the staff. They described how they had their own keys to their doors and how their choices about the gender of staff they wanted to support them were respected.
- External care professionals commented positively on the caring and professional attitude of staff. Their comments included, "The staff seem to genuinely care about the people they support. They show respect and dignity for the people they support."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was highly committed and creative in designing support for each person. Each person received a personalised and individual service that was tailor-made to meet their specific needs, goals and future plans. Support plans were written with the involvement of people wherever possible and regularly reviewed in meetings with people and keyworkers. People's comments included, "I talk to (staff) about my future plans and what I want to do. They are very supportive."
- The service was exceptional at responding to changes in people's needs. For example, one person's health had deteriorated rapidly. Their admission into a care home was avoided because staff challenged that and worked with family to provide specialist adaptations so they could stay in their own home.
- Staff were passionate about making sure people could live the life they wanted. Staff said, "We would do anything for them and refuse to let them be without anything they need."
- The service was extremely flexible and prepared for any emergency. Staff supported a person who was awaiting an organ transplant. Staff had used an easy read booklet to frequently explain all about their condition and the hoped-for operation, so the person could be prepared for what would happen. Staff helped the person to keep their mobile phone attached to them at all times in case the call came from the hospital. Staff were ready to help the person at a moment's notice to get to hospital if the call came.
- Staff had designed individualised information for other people in a personalised format they could understand. For example, staff had worked with nursing services to design information specifically for individual people about their significant health conditions and treatment.
- People and relatives said staff were highly motivated and compassionate. Their comments included, "They are amazing support staff. I've been thinking about other places to live but I wouldn't go anywhere if I can't take Glenmore Trust staff with me."
- Staff were very aware of people's individual ways and could recognise any changes in their emotional or physical well-being. Small staff teams worked almost exclusively with individual people so they provided excellent continuity of care.
- The service provided personalised support for people with very complex needs and worked with health agencies to make sure people could remain in their own home. External care professionals described Glenmore Trust as having a "can-do attitude to delivery of a new service" and being "at the heart of multi-disciplinary discussions and offering advice to others."
- People's communication needs were understood by staff. Each person had a communication support plan that set out how people expressed themselves. This information was also summarised in information for other health agencies, for example in hospital passports, so that others involved in the person's care would understand them. This approach helped to ensure people's communication needs were met in line with the Accessible Information Standard (AIS).
- People and relatives said the service helped people to live "an active, fulfilling life" and prevented social

isolation.

- The service had a very positive culture of supporting people with social, community and occupational inclusion. The service helped people find individualised, purposeful occupations including paid and voluntary work.
- Glenmore Trust had a significant role in the local community. Lunch clubs and social events were arranged for all the community, not just people who used the service. This brought people together and was extremely supportive in people's inclusion in society.

End of life care and support

- The service was very responsive in making sure people were able to set out their own preferences at the end stages of their lives.
- Staff were skilled and compassionate about helping people to explore and record their wishes about the care they wanted at the end of their life, and to plan how it would be met.
- Staff spoke with great sensitivity and passion about their role in helping people prepare for this. For example, when one person's health and capacity deteriorated very quickly, staff held a meeting to share their vast knowledge of the person's preferences. They involved family in discussions to start to plan for the person's last wishes including their favourite colours, music and a themed funeral.
- Staff were very well supported by a senior member of staff who was an 'end of life champion'. They were experienced in end of life care and provided bereavement support to people, family and staff.

Improving care quality in response to complaints or concerns

- People said they found it very easy to raise any issues with the service and were very happy with how these were listened to and acted on.
- The service made sure people had clear information about how to raise any complaints, had lots of opportunities to make comments and they were encouraged to do so.
 - Complaints were taken very seriously and thoroughly investigated by senior management. Complaints were recorded in a respectful, open way and responded to candidly including apologies where necessary.
- People were also helped to make complaints about other services. Staff worked closely with advocates to enable people do this.
- The provider kept a log of all issues raised and any lessons learnt were shared with the staff team to continuously improve the service for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The registered manager and some staff had worked at the service for many years. People knew the registered manager and senior managers and felt they could contact them at any time. They described them as "very helpful" and "approachable."
- Staff said the service was well-run and the management team continuously looked at new ways to keep developing and improving the service for people who used it.
- Staff said the service had a culture of promoting high quality care and that they were proud to work there. Their comments included, "The ethos of Glenmore Trust is excellent. It's very person-centred and always about the individual" and "I love working for them because I love their values and standards of care."
- The registered manager and senior managers were open and transparent. They were fully aware of their duty of candour, which sets out how providers should explain and apologise if things go wrong. A relative said, "I was very impressed with how they dealt with an accident a few years ago, they went above the duty of candour remit."

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

- Glenmore Trust was operated by a management committee. Senior managers reported to the committee. There was a clear management structure that meant all areas of the service were overseen by responsible personnel. Staff understood their responsibilities and the leadership structure.
- Care standards were monitored and improved using a range of quality assurance audits. Where issues were identified action was quickly taken to address them.
- The registered manager was clear about her responsibilities for reporting incidents and events to the CQC in line with regulatory requirements.

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

- People had previously been invited to give their views in surveys and the survey form was being revised. People could also discuss their views of the service at individual meetings with their staff team and at reviews.
- There was scope for people to become more involved in the running of the service. For example, one person said, "I would like to do more back for Glenmore, like interviews for new staff, but they've never asked me." The operations manager said they were looking at ways of involving people more, including attendance at board meetings.

- Staff said they were supported and felt valued. They were encouraged to raise issues and make comments at team and individual meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked very effectively with other groups and agencies to continuously improve the support people received in the community.
- The organisation was a leading member of several local provider forums for people with learning disabilities and mental health needs. Senior managers networked with other services to share learning and information about best practices.
- The service worked in partnership with the local branch of Mind, the NHS and Cumbria Police to set up a new emergency resource for people with mental health needs. The new service provided a calm, safe and comfortable place for people to visit when they are experiencing crisis, feeling unsafe or finding it hard to cope.
- Glenmore Trust was respected by other health and social care services. The service had been invited to become involved in a LeDeR review (learning from deaths of people with a learning disability). The health and safety manager was part of this multi-agency review team.