

Tracs Limited Glanmore

Inspection report

156 Holyhead Road
Wellington
Telford
TF1 2DL
Tel: 0333 240 7770
Website: www.tracscare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 27 January 2015 and was unannounced. At our last inspection in April 2014, we found the service was meeting the regulations we inspected.

Glanmore provides care and accommodation for up to seven people with a learning disability with or without mental health conditions. There were six people living in the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated an understanding of possible factors that could contribute to a Deprivation of Liberty and had received training.

Summary of findings

People told us they liked living at Glanmore and were very positive about the care and support they received. They were involved in planning and reviewing their care and considered staff knew them well and understood their individual needs and preferences.

Staff knew how to protect people from the risk of harm or potential abuse. The home had sufficient numbers of staff on duty to provide personalised care. People's health and well-being was regularly monitored. The service worked closely with healthcare professionals to make sure there was continuity to meeting people's needs.

Staff were kind and caring. Staff had developed positive working relationships with the people they supported. People were offered choices about their care and support

and were involved in decisions about their care routines and what was happening in the home. Staff were supported to carry out their roles effectively and had the knowledge and skills to meet people's needs.

People were encouraged and supported to be involved in a range of activities which were influenced by their hobbies, interests and lifestyle preferences. They were supported to maintain relationships with their family and friends. People knew who to speak with if they wanted to raise a concern.

People were positive about how the service was managed. There was an open and transparent culture in the home with effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm or potential abuse by staff who had received training and were aware of their responsibilities to report abuse. There were enough staff to meet people's needs and to ensure they had their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff received training to keep people safe and to meet their specific needs. They worked closely with health and social care professionals to provide continuity of care that met people's needs.

Good



Is the service caring?

The service was caring.

Staff were kind and caring. People were involved in planning and reviewing their care. Staff respected people's preferences, treated people as individuals and gave them the care and support that they wanted.

Good



Is the service responsive?

The service was responsive.

People were part of the local community and their needs were kept under review to ensure they were receiving the right level of care and support.

People were listened to and encouraged to raise any complaints or concerns.

Good



Is the service well-led?

The service was well-led

Systems were in place to effectively monitor and review people's experiences and to continually monitor the quality of the service provided. Staff understood their roles and responsibilities.

Managers promoted a positive culture of openness and inclusion.

Good



Glanmore

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.

The inspection took place on 27 January 2015 and was unannounced.

The inspection team included 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. Their area of expertise was in mental health.

Prior to our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that that asked the provider to give us some key information about the home, what they do well and improvements they plan

to make. This was completed and returned by the registered manager within the requested timescale. We reviewed this information and used it to help focus our inspection.

We also reviewed the information we held about Glanmore and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from health and social care professionals who had an involvement with the service. We used this information to help us plan our inspection of the home.

On the day of our inspection we met all six people who lived at the home to gain their views on the care and support they received. We also spoke with the registered manager, deputy manager and three support staff. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to two people's care. We also looked at medicine records, complaints, staff training, staff recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living at Glanmore. One person told us, “I always feel safe here”. Another person said, “I very much feel safe here. It's a really good home. The staff are amazing and they really do respect me”. The deputy manager told us, “Clients safety is our priority”.

Staff confirmed they had received training in reducing the risk of harm and abuse to people who lived at the home. They were able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Both staff and managers knew the procedure to speak out if they observed any poor care practice. They knew what to do in the event of an allegation of abuse to keep people living at the home safe. One member of staff told us, “I definitely feel people are safe here. The care and attention that staff give is fantastic. I'd have no issues about reporting bad practice”.

Where allegations had been made we saw managers had referred these appropriately. The local authority take responsibility for investigating concerns about alleged abuse. Records we hold showed the provider had notified us about safeguarding incidents as required.

Strategies and systems were in place that enabled people to take informed risks. We found the ethos of the home promoted person centred approaches and positive risk taking. The manager told us in their Provider Information Return (PIR) that staff were expected to follow relevant risk assessments and their knowledge was checked at staff meetings, supervisions and appraisals. Staff we spoke with confirmed this. We saw various individual risk assessments had been completed and regularly reviewed for the people whose care we looked at in detail. Measures had been drawn up that ensured staff managed any identified risks in a safe and consistent manner. For people who smoked, there was a designated smoking shelter outside in the garden away from other people who shared the home.

The manager told us that regular checks were carried out to ensure people's safety. These included weekly fire checks, emergency lighting and other health and safety checks. Staff we spoke with confirmed this. This ensured that people lived in a safely maintained building. General risk assessments had been carried out to cover health and safety issues and were regularly reviewed. We saw risks to

individuals had been identified and assessed and behaviour support plans developed where required. These included actual and potential risks, triggers and measures to reduce risks to people.

People we spoke with told us they were always enough staff on duty to support them and meet their needs. One person said, “Sometimes there are too many staff, but staff are here to help everyone and some days I need a lot of help. If staff call in sick it's sorted out straight away”. We discussed staffing levels and the skill mix with the manager and the deputy manager. They explained that staffing levels were based on people's initial assessed needs and agreed funding and kept under review. We saw that managers worked alongside staff supporting people using the service. This meant they were able to ensure staffing levels were appropriate to people's individual needs. One health professional told us, “Communication from the team is good, and I feel they have a good understanding of how to work with [name of person] which is not an easy task”.

Two people told us they had been involved with interviewing prospective staff. We looked at the staff files held for two staff that had been recruited since our last inspection. We did this to ensure the recruitment procedure was effective, safe and reflective of what the manager had told us in their PIR. We found staff went through a comprehensive recruitment process. Both files we looked at contained evidence that all of the appropriate checks had been undertaken to ensure staff employed were suitable to work with people living at the home.

One person told us they were being supported to go to their doctors for a medicines review on the day of our inspection. We later saw them being accompanied to the doctors and on their return to the home they updated the manager of the outcome of their appointment. People told us they were happy with how their medicines were managed. People said they preferred staff to administer their medicines to ensure they took the right medicine at the right time. One person was able to recall the medicines they were currently prescribed and showed their medicines to us. They told us, “I don't self-administer my tablets through choice. If I have to take them myself I wouldn't bother. I'm happy for staff to look after them for me.” We observed people being given their medicine. People were supported with instruction and encouragement. For example, we saw one person initially refuse to take their

Is the service safe?

medicine, but after gentle persuasion from a member of staff, they changed their mind and agreed to take their medicine. The member of staff thanked them for their cooperation. We looked through the medicine records for the two people whose care we looked at in detail. It was

clear that medicines were administered and recorded correctly. We saw staff who were responsible for administering medicines had received training and their on-going competency was assessed.

Is the service effective?

Our findings

People told us staff had the knowledge and skills to do their jobs well. One person said, “They do a really good job, they are caring and very supportive. When I have a bad day, the staff know and support me really well”. People told us they were happy with the way the staff provided care and support. A professional told us, “This service manages difficult and complex clients and appears quite person centred. I think they do a good job”.

We spoke with a new member staff on duty. They told us, “I should have done care work years ago, I’m really enjoying it”. They confirmed they had received an introduction to their work. This included attending three days training held at the head office in addition to working alongside experienced staff for two weeks. Staff told us they felt supported in their roles and understood their responsibilities. The manager showed us a work booklet that a new member of staff had completed. We saw meetings had been held with them to check on their progress and outcome of meetings were recorded. We saw the skill mix of staff on duty was balanced with different grades of staff with designated roles and responsibilities. Staff were provided with opportunities for personal progression. For example, the deputy manager had recently returned to the home following a three-month acting manager secondment to another home managed by the provider. The deputy manager told us, “It was good to be given the experience and knowing the company had faith in me. The company is very good at promoting their own staff. We have a highly trained and experienced staff team”.

People were supported by an established and experienced staff team who knew them well. Staff told us they were provided with very good training opportunities. This included on-line, internal and external training. We saw this included essential training to keep people safe and training to equip staff with the knowledge to meet people’s specific needs. We saw staff had access to a debriefing and counselling helpline service should they require it. Staff told us they attended regular one-to-one meetings and team meetings which were recorded. These processes gave them an opportunity to discuss their performance and identify their training needs.

We looked at the Mental Capacity Act (2005) and how this was being implemented. This is a law that provides a

system of assessment and decision making to protect people who do not have capacity to give their consent. People said they were consulted about their care and support and staff asked for their consent before they received care and support. We were told people had the ability to make decisions at the time of our inspection. The manager told us in their PIR, ‘Decisions are made with the clients as much as possible. Consent to care is discussed and assessed when needed. External agencies such as advocates, the mental health teams and consultants are involved to ensure that decisions are made in the best interests of the clients’. Staff were aware of people’s rights to choose or refuse care. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people receiving care are looked after in a way that does not inappropriately restrict their freedom. We were told that a DoLS application in relation to one person who required continuous supervision in the community for their own safety had been made and the local authority was in the process of assessing this. Managers advised us that they were in the process of submitting applications for a further three people who also required continuous supervision in the community.

People told us they enjoyed the food provided by the home and had a choice of what and where to eat. One person said, “I help in the kitchen with staff support. If I don't like what's on the menu board, the staff ask what I prefer to eat instead”. Another person said, “I like the food here. We get fresh food every day. We get the vegetables from the market.” People said they were asked about their food preferences when completing the menu. We observed the lunchtime and evening meal and saw people were offered a choice of food. We saw people were offered a varied choice of diet in line with their individual preferences at all mealtimes. Staff were aware of people’s specific dietary needs for example, people with diabetes and told us how they ensured their nutritional needs were met.

People told us they had regular appointments with health and social care professionals. One person said, “Staff support me with attending my health appointments and I have meetings with my key worker, social worker and other members of the care team. I get to have my say”. During our inspection, staff telephoned the GP to obtain advice about a person's medication they had recently been prescribed. Staff were concerned about possible side effects the person was presenting with and therefore wanted some reassurances. The manager told us in their PIR, “Clients are

Is the service effective?

encouraged in making informed choices about their health. Staff support clients to follow medical advice and provide non-judgemental feedback so the clients can make a decision. Clients can choose to agree to treatment and their rights are respected at all times". This was reflected in discussions held with people using the service. Care records showed that staff were observant of changes in people's health and well-being and had documented outcomes of health appointments.

We saw evidence in people's care plans of staff working with multi-disciplinary teams (MDT) such as the GP, consultant psychiatrist, care managers and clinical psychologists. Prior to our inspection we contacted a range of professionals who had regular input with the people who lived at the home. We received feedback from one social care professional and two health professionals about

the quality of service provided. Comments included, "My client has been settled at Glanmore for sometime and although there are occasional incidents [name of person] receives a good service from the support team and managers at the home. [Name of person] has a regular daily presence in the community and their health and mobility needs are also addressed as far as they will allow. Glanmore has been the most settled and successful placement that [name of person] has been in". Another professional told us, "I have found the staff welcoming when I have visited. They are approachable and have shared information appropriately with the MDT. They inform us when incidents occur and have communicated well with myself to arrange appointments and support the service user to attend appointments. This is managers as well as support workers".

Is the service caring?

Our findings

People told us the staff were kind and friendly. One person told us, “The staff are caring and very supportive. They are amazing and respect me. They explain things to me in a way that I understand”. Another person said, “Staff are caring and approachable and really easy to talk to. I have lots of one-to-one time with staff and can talk to them about anything”. The manager told us in their PIR, “We do our utmost to employ people who have a genuine sympathy/empathy and a caring nature”. We saw staff were friendly and professional in their approach and interacted confidently with people and provided care and support sensitively and discreetly. One health professional told us, “I have found staff thoughtful, caring and responsive to service user needs and I have not had any cause for concern. I think they do a good job”. We found the atmosphere in the home was relaxing and people were comfortable with their peers, staff and managers.

We saw people were offered choices about their care and people told us they were involved in decisions about their care routines and preferences. For example, when they wanted to get up in the morning, go to bed and what activities they wanted to do. One person told us they had an advocate who they could see when they needed. Advocates are independent of the service and support people to communicate their wishes. We saw information displayed on the noticeboard in a communal area about people’s rights.

People told us they had contributed to the assessment and planning of their care and made choices about their lives and the support they needed. Staff were knowledgeable about the individual needs of the people whose care we looked at in detail. They spent time with people listening to them and supporting them appropriately. We saw people had free movement around the home and could choose where to sit and spend their recreational time. We observed people going to their bedrooms, sitting in different areas of the home, using the smoking shelter in the garden if desired and being supported to be independent.

People told us they had a key to their own room. We saw people were able to personalise their rooms as they wished. There were no restrictions placed on visiting people. One person said, Staff involve us with everything and ask us what we want to do”. People told us staff respected them as individuals and that their privacy and dignity was maintained most of the time. We did not see people’s privacy or dignity being compromised during our inspection and staff were able to share examples of good practice. However, two people told us that on occasions staff knocked on their door and did not wait before entering their room. One person said they did not mind this however, another person told us it, “annoyed” them. We shared these concerns with managers during our feedback. They told us they would raise this with the staff team. The manager told us a gender sensitive approach to personal care routines was used to ensure that people received an appropriate level of care.

Is the service responsive?

Our findings

People told us they felt listened to. One person said, “I do what I want. I can now go out without staff support”. People were supported to choose and take part in a range of activities and regularly went out in the local community, with support if required.

One person told us that staff had visited them in their previous placement to get to know them. They said they were provided with many opportunities to visit the home to make sure it was right place for them to live and also met other people who lived at the home. We saw people had their needs assessed before they moved into the home. This ensured the service was able to meet the needs of the people they admitted.

Two people shared their care records with us. They told us they could look at their care records when they wanted. We saw care plans were detailed and included information about the person. This included a pen portrait, their diagnosis, history and what mattered to the person and how best to support them. They were personalised and evidenced people’s involvement in planning and reviewing their care. We saw people were at the centre of their meetings. They were supported to prepare for their meetings and invited people who knew them well and who were involved in their care and support. Minutes of the meetings held were detailed and provided staff with information about any significant changes and actions to support the person in meeting their personal goals.

People also met with their designated key worker and co-ordinator on a monthly basis to review any significant changes in their care and support. These meetings ensured the person was receiving coordinated care that was responsive to their changing needs. We saw there were detailed actions in place to meet people’s lifestyle objectives and to support the person in meeting their personal goals. Care reviews took into account the view of the person and set future objectives about the things that were important to them. Action plans identified who was doing what, when and how progress would be checked. This showed people were involved in their care and their care and support was kept under review.

We saw people went out into the local community with support if needed. One person told us, “I’m independent now and go out on my own. I used to have staff support but

no longer need it. Staff involve us and let us do what we like”. Another person said, “I like to go to the local pub for a pint and a half”. One person told us they enjoyed having their hair braided at a particular salon. We saw a person who had an interest in trains had been supported to attend a train museum. Staff told us they had acquired a walking frame for one person to use in the community. This ensured the person was able to maintain as much independence as possible, while promoting their safety. We saw there were various activities displayed on the noticeboard in the communal area. People told us they had enjoyed special events that staff had organised with them. These included an Olympics event and a cooking competition. During our inspection we saw one person being supported to develop a recipe book. People told us about the activities they were involved in. These included art and crafts, board games, gardening and baking. We saw ideas for new activities had also been discussed at a recent residents’ meetings held.

People told us they were provided with opportunities to attend meetings with other people who lived at the home. One person said, “If we don’t want to go we fill in a form with what we think”. We saw meetings provided people with an opportunity to share what they liked and disliked, new activities and any concerns. We saw these meetings had been discussed at a recent staff meeting. People were supported and encouraged to develop and maintain relationships. One person said, “My family come to see me here and I go to visit them”. Managers told us how they had helped with locating a long lost relative of a person who lived at the home and shared the outcome of the meeting held. One person said that staff had accompanied them to attend a relative’s funeral and was very appreciative of the staff support provided.

People knew how to raise concerns. One person told us, “If I have any concerns, I speak with the staff or [name of manager] and they quickly deal with it”. Another person said, “If I’m not happy I tell the manager. He’s on the ball and does something about it straight away. He’s always willing to talk to us.” A professional told us they had no cause for concern about the service. Staff explained the procedure to me when I came here and also gave me a booklet”. This was reflective of the information the manager told us in their PIR. They said, “Glanmore supports the clients in a safe and nurturing environment to ensure that clients feel that they can openly discuss any issues with staff or management in an open manner and

Is the service responsive?

that issues will be treated with respect and dignity. Newly admitted clients are explained their rights, the complaints and safeguarding procedures". Staff we spoke with knew how to support people to complain. Managers told us they had received one complaint since our last inspection. This

was recorded in the complaints log held at the home. We saw the complaint had been addressed to the complainant's satisfaction. We had not received any concerns or complaints about the home since our last inspection.

Is the service well-led?

Our findings

People told us they were pleased with the way the home was run. One person who lived at the home said, “The management are very good. The home runs perfectly”. Another person told us, “I get on great with [name of manager]. This home is the best home and I wouldn't change it for the world”. People told us the home was well led and they liked and felt well supported by the management and staff team. We were told managers were friendly, approachable and worked in a ‘hands-on’ way which ensured they were familiar with the service. Staff told us they felt well supported by the manager and the deputy manager who had worked at the home for a number of years. They said they were able to make suggestions for improvement. One member of staff told us, “I make suggestions and they are always acted on if they can be”. We observed there was open communication within the staff team and staff felt confident and comfortable with approaching the manager. One member of staff told us, “It's an open culture here. Managers are always asking how I'm getting on”. We saw there were arrangements in place to support the staff, such as regular one-to-one and team meetings. These meetings helped to ensure staff developed their practice and provided a forum to share information about the service.

We saw that key values were displayed in the office. These included a strong commitment to focus on people, positivity, empowerment, reflective practice, continuous development and high quality care. Managers and staff demonstrated a clear understanding of these values and were aware of their role and responsibilities. They knew the strengths of the service and considered the people were provided with quality care. The deputy manager told us, “I don't think we could do anything better. Our goal is to move people on and provide people with the best lives we can while they are in our care. We are really client focused and value people's opinions and respect their rights. We have unconditional respect for people”. The manager told us in their PIR, “Staff are informed of the company's ethos and I ensure that they are custodians of our culture and that they can report concerns or suggest reviews. Staff and clients are encouraged to question and review the culture and practices in the home, this is done through staff supervisions and client meetings”. This was reflective of our observations and discussions held with people who lived and worked at the home.

We saw quality audits were undertaken to check the systems in place at the home were being followed and actioned by staff. Audits included bi-monthly key performance audits completed by the area manager. These covered checks on staff training records, finances, supervisions, appraisal, care plans and health and safety checks. Audits were also in place for infection control, the environment and medicines. This helped to ensure that any shortcomings were identified promptly which were then followed up at the next audit. Unannounced visits to the home were also carried out by a director of the provider twice a year and included feedback gained from people who lived and worked at the home. The last visit reported that no one spoken with had any concerns about staff approaches or the culture in the home. Accidents and incidents were recorded and analysed. These ensured that patterns or areas requiring improvement could be identified and learning points documented and shared at staff meetings. People were able to discuss their care with their key worker during monthly meetings held. This meant people living at Glanmore were able to influence the running of the home, make comments and suggestions about any changes.

People told us they were asked their views of the service and had completed satisfaction questionnaires. They said staff listened to them and they felt their opinions mattered. We were provided with a copy of the annual quality report for 2014. This was compiled by the manager in conjunction with the quality administrative assistant and service compliance and development manager. We saw the report detailed actions from the previous report and included responses received from people who lived at Glanmore, staff and stakeholders. There were also comments made by the manager, aims and objectives of the service and an action plan to address issues raised in the report. All of the staff who had completed a questionnaire said they were proud of Glanmore and considered people received high quality care. Feedback gained from people who lived at the home was very positive. People were asked if they would change anything. One person said, “Nothing needs doing, everything we ask for gets done”. Another person said, “Nothing, I am happy with everything and the help I receive”. One professional stated, “Positive experience of the home, respect and dignity of residents. Good communication with staff, professional relationships between staff and residents observed. My client is settled and happy with the support he receives”.