

Green Light PBS Limited

# Comprigney Veau

## Inspection report

Comprigney Hill  
Truro  
Cornwall  
TR1 3EF

Tel: 01637416444

Website: [www.switchedoncare.com](http://www.switchedoncare.com)

Date of inspection visit:  
02 December 2017

Date of publication:  
21 December 2017

## Ratings

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

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 2 December 2017. The last inspection took place on 3 October 2015 when the service were meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service remains Good.

Comprigney Vean is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Comprigney Vean is a large detached bungalow and is registered to accommodate two people. At the time of the inspection one person was living at the service. It is part of Green Light PBS Limited, an organisation providing support and care for people with autism living in Cornwall.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

We met the person living at Comprigney Vean and spent some time talking with them and staff. Staff were respectful and caring in their approach. They knew the person well and had an understanding of their needs and preferences. Staff shared similar interests to the person and were able to support them to take part in a range of meaningful activities.

Identified risks to the person's safety and well-being were clearly identified and well managed. Staff used risk assessments to enable the person to take part in activities which could be perceived as high risk such as surfing and climbing. Staff were confident about providing support at any time including any period when the person was distressed.

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

Sequence strips using pictures to indicate the next task or activity, social stories and easy read information were used to support effective communication. The care plan identified the person's communication needs and this was shared with other agencies when necessary.

Staff understood the Mental Capacity Act and associated Deprivation of Liberty safeguards. Any restrictive practices in place to keep people safe were regularly reviewed to ensure they remained the least restrictive option. The person living at Comprigney Vean was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager took an active role within the home. Staff told us they were approachable and available for advice and support. There were clear lines of accountability and responsibility within the staff team.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly both within the service and at organisational level.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# Comprigney Vean

## **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 2 December and was announced. We gave the service 3 days' notice of the inspection site visit because it is small and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed care practices. We spoke with the person living at the service, the registered manager and three members of staff. We also contacted a relative and two external healthcare professionals as part of the inspection process.

## Is the service safe?

### Our findings

We spent some time with the person who lived at Comprigney Vean and saw they were comfortable and relaxed with staff. They did not demonstrate any signs of anxiety or worry about their personal safety. A relative told us they believed their family member was safe.

We spoke with staff about the action they would take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to the registered manager or senior management team and were confident their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team. The contact details for the local safeguarding team were clearly displayed in the office.

There was an appropriate and up-to-date safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly.

Staff told us they had never had concerns about colleagues working practices. They were a close team and regularly discussed working practices and how to support the person safely. Sometimes the person acted in a way which could put themselves, or others, at risk. Staff had received training on how to support the person at these times and were confident about their ability to keep them safe. Restraint was only used as a last resort and when it was necessary to keep everyone safe.

Personal property and monies were kept safely. There were robust systems in place to manage personal monies and ensure these were kept separately from money for household costs and staff expenditures. The amount of money held was checked daily against the records. A relative told us staff looked after, and were respectful of, the person's personal property.

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

There was a positive approach to identifying and managing risks. The person enjoyed a range of outdoor activities and they were supported to take part in these. For example, they enjoyed surfing, climbing and sailing. Risk assessments were in place so staff were aware of the risks involved and had clear guidance on how to support the person safely. Risk assessments were regularly reviewed and updated as necessary. One

member of staff had stated in a staff survey form; "We have adapted and come up with the best possible strategies that keeps [person's name] safe but also allows him to be able to access the community and lead the most fulfilling, empowering life possible."

Any untoward events were recorded to enable the registered manager to identify any patterns or trends. The records included descriptions of the setting and circumstances preceding the incident, any possible triggers and the event itself. Following any event staff had a debriefing with the registered manager. This gave them an opportunity to reflect on the situation and learn from it. One member of staff told us; "We always reflect back on incidents."

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

The bungalow was clean and well maintained. Cleaning schedules were in place and these had been completed. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed food hygiene training and this was regularly refreshed. Suitable procedures were in place to ensure food preparation and storage met national guidance. For example, refrigerated food was dated on opening so staff would be aware when it was no longer safe to eat.

Fire checks were completed regularly. Certificates were in place to show electrical equipment had been assessed as safe to use. A personal emergency evacuation plan (PEEP) had been developed so staff would know how to support the person out of the building in an emergency. The person took part in fire drills so they would be familiar with procedures in the event of a fire.

There were enough staff to support the person safely at all times. During the day three members of staff were on duty and two at night. Rotas showed staffing numbers were consistently met. Any unexpected staff absences were covered, usually by the registered manager or another member of the staff team. If necessary there was a relief staff team who were available to work at the service. The registered manager told us they only used relief staff who knew the person and was familiar with their needs. When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and following up suitable references.

Arrangements for the management of medicines were robust. Staff were aware of how the person preferred to take their medicines and arrangements had been made to support this. Medicine Administration Records (MAR) were completed appropriately. Any hand written entries were counter signed by a second member of staff to minimise the risk of errors. Information on medicines was available to staff and the person in easy read format. This outlined what medicines were for and any possible side effects.

Sometimes the person needed medicines prescribed 'as required' (PRN) to help them when they became distressed or anxious. There were clear protocols in place for staff to follow when administering this. Staff described to us what processes they would follow and this was in line with the protocols. This helped ensure

a consistent approach to the use of PRN. A member of staff told us the use of PRN was always the last option. They told us of strategies they would use beforehand such as breathing exercises and the use of a weighted blanket to give a sense of security. Medicine reviews were held regularly to help ensure prescribed medicines were still necessary for the person's well-being.

External contractors carried out regular checks as required. This included checks of electrical and heating systems.



## Is the service effective?

### Our findings

Before moving into the Comprigney Vean in 2015 there had been a robust pre-admission assessment. The person's needs had been holistically considered when assessing and planning care to help ensure their needs could be met. Delivery of care was regularly reviewed.

At the time of the move the service had worked closely with the existing provider to help ensure a successful transition between the two services. Green Light staff had worked at the previous service to observe how the person was supported. When the move to Comprigney Vean had taken place staff from the previous service had continued to work alongside Green Light staff for a period of two weeks. This meant the person was continually supported by staff who knew them well and understood their needs. A relative told us the move had been well managed.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation. This included shadowing more experienced members of staff. Shadowing continued until the employee and the registered manager felt confident that they were comfortable and competent to carry out their role. All staff who were new to care completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they first start work in the care sector.

Records showed staff received comprehensive training which enabled them to carry out their roles effectively. When staff training was due to be refreshed the registered manager ensured this was completed. Training covered a range of areas such as infection control, safeguarding and the mental capacity act. In addition training to meet the specific needs of people with autism was provided.

Staff told us they were well supported by the registered manager and the organisation. Supervision meetings were held regularly. These were an opportunity to raise any concerns or training needs.

The person living at Comprigney Vean chose their meals with the assistance of pictures and photographs. Staff supported them to eat a healthy and varied diet. Fresh fruit was available and the kitchen was well stocked. The person had their weight monitored as they were prone to losing weight at times. They were encouraged to eat high calorie options during these periods in order to maintain a healthy weight.

The person was supported to access external healthcare services as necessary and for regular check-ups. For example, they attended GP, dentist and optician appointments. When the person had gone through a particularly unsettled period arrangements had been made for them to visit the dentist in case they were

experiencing pain. There was a Health Action Plan in place which documented the person's health needs. This could be shared with other professionals if required, to give a comprehensive picture of the person's needs. At the time of the inspection the service were working with other professionals to improve and develop the way in which they delivered support. The registered manager told us a meeting with other agencies was scheduled for the near future.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was acting in accordance with the legislation. Mental capacity assessments and best interest meetings had been carried out as required. An external healthcare professional told us they had been involved in best interest discussions to help ensure least restrictive approaches were in place. Staff had received training in the Mental Capacity Act and displayed an understanding of the underlying principles of the Act.

The person was supported to make decisions about their day to day life. For example, when they got up and went to bed, what they ate and where they spent their time. Staff respected the person's choices. A member of staff told us; "Sometimes [person's name] wants their privacy." On their return from a trip out we saw the person chose to spend time on their own relaxing in the lounge with the door closed.

The premises were spacious, suited the person's needs and reflected their preferences. There was a large garden and staff told us the person enjoyed this space, particularly in the summer.

## Is the service caring?

### Our findings

Staff were clearly committed to their role and cared for the person they supported. They displayed a real concern for their well-being and happiness. They were positive about the person's attributes and keen to tell us how much they liked them and enjoyed working with them. Staff knew the person well and had an understanding of their background and personal history. They recognised the importance of building a positive relationship with the person at their pace. Comments included; "He's a very complex young person. It takes a while to build a relationship and trust" and "[Person's name] likes to figure people out before he will interact with them." A relative told us staff were caring and; "genuinely like [person's name]."

We observed staff talking with the person and noted they praised their skills and attributes. For example, the person enjoyed looking at maps and was able to show us routes they took when visiting family or going on trips to local beaches. A member of staff commented; "He knows the routes, he could be a logistics manager!" Another told us; "He's a fantastic swimmer."

Staff understood the person could become anxious at times and were keen to avoid this if possible. They knew the person well and were able to describe possible triggers and indicators they were becoming stressed. For example, a member of staff told us the person could be repetitive in their speech and this was normal for them. However, staff were able to tell when the repetitiveness was becoming heightened and indicated the person was becoming agitated. The registered manager told us they were working with external healthcare professionals on identifying successful techniques for supporting the person to end conversations and move on to other subjects.

There were systems in place to support the person to communicate effectively. Sequence strips made up of symbols and pictures, were used to inform the person of what was happening next. For example, the morning routine strip was made up from symbols depicting shower, breakfast, teeth brushing, laundry and relaxing. The registered manager told us it was important the person had a structure to the day without overloading them with information. There was a large stock of symbols and photographs available for staff to use with the sequence strip or to help the person to make meaningful choices. A member of staff commented; "He has a voice and will express his wants and choices."

Social stories can help people with autism to develop greater social understanding. Social stories had been used to prepare the person for specific situations. For example, following an injury the person had been away from their work placement for several weeks. They had indicated to staff they did not think they would be returning. A social story had been developed to help them understand that they would be attending the placement again.

Staff had recently supported the person on an activity holiday. They told us this had been a great success.

We saw a video staff had put together using music, video clips and photos of the holiday. The video had been shared with the person's parents. This demonstrated staff were creative when finding meaningful ways of recording memories and occasions.

The person was asked for their views on the service provided every other month. A member of staff used pictures and simple questions to gather their views on the premises, staff team and choice of activities. The registered manager told us this was always done by the same member of staff to help ensure consistency. This demonstrated there were systems in place to actively seek, listen and act on the person's views.

Staff supported the person to meet and chat with us. They told us how the person would like to greet us with a handshake as this was an important way for them to connect with people. As we were not used to the person's communication style it was not always easy to understand what they were saying. Staff facilitated our conversation without undermining the person's abilities or speaking for them. The person was treated respectfully at all times. We saw a feedback form which had been completed by a professional visiting the service, it read; "They [staff] never fail to impress me with their kind and caring attitude to their work."

## Is the service responsive?

### Our findings

There was a care plan in place which outlined the person's needs over a range of areas including their health and emotional well-being. The care plan was relevant and up to date. Relatives were involved in the development of the care plan and encouraged to contribute to regular reviews.

The care plan focused on the person's individual needs. There was information about the person's background and personal history. Morning and evening routines were described in detail so staff were able to follow these in line with the person's wishes.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Staff were made aware of any change in needs. Daily logs were completed to document what the person had done during the day and information about their mood and emotional well-being.

Three members of staff supported the person during the day and they took turns to be the 'lead' support worker. A 'support grid' was written to show who was acting as lead and at what time. Staff communicated with each other and the person throughout the day so that information was shared. One member of staff told us they had been on leave for three weeks. When they returned to work the support grid had been arranged so they did not immediately act as the lead support worker. This gave them an opportunity to catch up with any changes that may have occurred in their absence. If, at any time the person became anxious the lead support worker could be changed. Staff told us this could be an effective strategy for quickly de-escalating situations. One commented; "A different voice can sometimes break the cycle."

The person living at Comprigney Vean particularly enjoyed outdoor physical activities. They had access to a wide range of activities which were varied to minimise the risk of the person becoming bored. On the day of the inspection they were supported to go sailing. On their return from the trip staff told us how much the person had enjoyed the trip. One commented; "He seemed reluctant at first and we almost didn't do it. But as soon as he put his foot on the boat he had a great big smile!"

Staff told us it was important they were able to support the person to take part in physical activities. An external health care professional told us several members of the staff team were, "active and outdoorsy." They commented; "It has always struck me the range of activities that [person's name] undertakes."

The person enjoyed going on long walks and drives and had a selection of preferred routes. They could become anxious if they were prevented from taking their usual route. Where possible staff checked to make sure there were no road works in place or woodland or footpath maintenance being carried out which might affect their ability to complete a walk or drive without being diverted.

The person attended a voluntary work placement at an agricultural setting twice a week. Staff told us the person enjoyed this and was always keen to finish any task they started. They demonstrated a pride in the approach the person took to the work tasks they carried out. One commented; "He's very meticulous, he wants to finish the job." However, it could be difficult to motivate the person to go at times. Although they always enjoyed the experience they disliked early starts and did not always want to get up. The registered manager told us they occasionally had not attended but staff were usually able to encourage them to go. They said it was important to communicate effectively with the person and try and keep them motivated. They commented; "We can usually work through it." A feedback form completed by a visiting professional stated; "[Staff member's name] was doing a great job encouraging him to go to the farm (for work), although he was initially refusing it."

When the person first moved into the service staff had worked with the previous provider to identify and understand the person's preferred communication style. There was a communication care plan in place which documented effective ways of interacting with the person. In addition a communication passport had been developed and a communication dictionary. These gave detailed descriptions of the person's preferred methods of communication. This included information about stock phrases which could be used to help calm the person when they were anxious. The registered manager was aware of the Accessible Information Standard, (guidance about providing information people can in a way which meets people's needs), and the need to identify, record, flag, share and meet people's individual needs. They showed us a template for a hospital passport which they were planning on completing. This would mean information about how best to communicate with the person could be shared with hospital staff if necessary.

A sequence strip was used to support the person to understand what was happening next. A relative told us this was an important tool for their family member but staff did not always ensure they had immediate access to it. They explained the person sometimes found moving from one task or activity to another difficult and the sequence strip; "Might help him to move on."

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. Information on how to make a complaint was available for people and their families. There were no on-going complaints at the time of the inspection.

## Is the service well-led?

### Our findings

The organisation ran an on-call system to help ensure staff always had access to advice and support. This was a three tier system with three senior staff being on-call at any one time. This meant, if one on-call manager was required to cover a shift for any reason, there was still adequate cover. Staff told us they could not recall any occasion when they had not been able to access management support. The support ranged from giving advice on particular situations, authorising the use of PRN and covering shifts at the last minute. The registered manager told us they were on call four or five times a month. They said they rarely were needed to cover shifts as staff teams were usually able to organise this within the team with the occasional use of relief staff.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment. One member of staff was dyslexic and they were given a specialist coloured screen to enable them to read any information provided. A member of staff told us Green Light provided a; "supportive environment." This demonstrated staff were valued and supported with the necessary equipment to carry out their role.

The service requires a registered manager and there was one in post at the time of the inspection. 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 told us they were well supported by the registered manager who was approachable and based at the service full time.

The registered manager told us they also were well supported by the senior management team. An operational manager was available for advice and support when needed. The organisation employed an externally approved and verified behavioural analyst who was able to provide professional support and guidance around Positive Behaviour Support (PBS) approaches. PBS is a theoretical and evidence based approach to supporting people whose behaviour can be challenging. They received supervision from outside the organisation. This helped ensure their practice remained up to date.

The registered manager received regular supervision and appraisal. They attended manager meetings which were an opportunity to discuss each service and share examples of good working practices and successful interventions. They told us it was important they were aware of each service as all registered managers were included on the on-call system.

Roles and responsibilities were clearly laid down within the service. The registered manager was supported

by a deputy manager and senior support workers. Key workers had clear oversight of the care plan and organisation of any appointments. There was a designated shift leader on each shift. They had responsibility for ensuring daily tasks and audits were completed.

Staff were highly motivated and demonstrated a shared set of values. All spoke of the importance of supporting the person safely and to allow them opportunities to access a range of new experiences. Comments included; "We are a good consistent team that work around [person's name]" and "We encourage and support him to have the life he wants to have." They told us they worked well together as a team and communicated effectively. One commented; "Even when we're sitting having a coffee we're talking about what is working and what we can do better."

Staff meetings were held on a regular basis. This gave staff an opportunity to discuss any concerns they had and make suggestions about how the service was run. A staff survey had recently been introduced to gather staff views. Results from this were positive. There were plans to carry out the survey every six months. One member of staff had stated; "I am hugely proud to be part of this most amazing team supporting [person's name]." The registered manager spoke highly of the staff team and said they had confidence in their abilities and enthusiasm for their roles. They commented; "The team are positive and motivate [person's name]. They have a "how do we do it" attitude."

There were effective quality assurance systems in place to help drive improvement in the service. Families were asked for their views on the support provided and encouraged to take part in care plan reviews. Robust auditing systems helped ensure any gaps were quickly identified and addressed. For example, there were regular audits of care plans, medicines, event reports and the premises.

Green Light's compliance manager carried out regular audits of the service which were in line with CQC's key lines of enquiry: Is the service safe, effective, caring, responsive and well-led? Any areas for improvement were highlighted and action taken to address them. The registered manager completed weekly and monthly summaries of daily notes for the operational manager, an external agency and family to give an overview of the care and support that was being delivered. They also completed a quarterly manager's report for Green Lights' senior management team.