

Glenholme Specialist Healthcare (Southern
Region) Ltd

Glenholme Specialist Healthcare (Southern Region) Limited - 13 Manor Crescent

Inspection report

13 Manor Crescent
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Date of inspection visit:
23 November 2022

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13 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glenholme Specialist Healthcare (Southern Region) Limited - 13 Manor Crescent is a care home providing accommodation and personal care for up to 4 people with learning disabilities and/or autism. There were 4 people living at the home at the time of our inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

There were enough staff on each shift to keep people safe and meet their individual needs. Staffing levels had increased since our last inspection and the use of agency staff had reduced due to the recruitment of permanent staff. This had improved the consistency of care people received and increased opportunities for people to access their community.

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

Right care:

Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Staff were able to describe the potential signs of abuse and the action they would take if they observed these. The provider's recruitment procedures helped ensure only suitable staff were employed.

Medicines were managed safely. Risk assessments were in place to help keep people safe. Accidents and incidents were reviewed to identify learning, which was shared among the staff team. The home was clean and hygienic and staff understood how to minimise the risk of infection.

Right culture:

People were supported to express their views at meetings with their keyworkers and relatives told us their views were listened to and acted upon. Relatives said staff kept them up to date about their family members' wellbeing and involved them in the life of the home.

The management team maintained an effective oversight of the service. Quality checks and audits were completed regularly. Staff were well-supported by the management team and told us advice and support was available to them when they needed it. Staff shared and communicated important information effectively and worked well as a team to ensure people's needs were met.

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

Rating at last inspection

The last rating for the service was good, published on 10 November 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glenholme Specialist Healthcare (Southern Region) Limited - 13 Manor Crescent

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glenholme Specialist Healthcare (Southern Region) Limited - 13 Manor Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 23 November 2022 and ended on 29 November 2022. We visited the home on 23 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the team leader and 2 members of care staff. People who lived at the service were not able to tell us directly about the care and support they received. We therefore observed the interactions and engagement they had with staff. We spoke with 3 relatives to hear their views about the care and support their family members received.

We checked 2 people's care records, including their risk assessments and support plans, recruitment records for 4 staff, quality assurance checks and audits, the business continuity plan, meeting minutes, and the arrangements for managing medicines.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives were confident their family members were safe at the service and received support that met their needs. One relative told us, "They have put things in place to keep them safe." Another relative said, "[Family member] is always safe."
- Risks to people had been assessed and plans put in place to manage these. The plans contained guidance for staff about how they should support people to stay safe and achieve the outcomes detailed in their care plans. Risk assessments addressed areas including medicines, nutrition, physical and mental health, and emotional and behavioural needs.
- Staff who had recently joined the team told us their induction had helped them understand people's needs and how to support them safely. One member of staff told us, "We learned about the residents and the care plans, so we understand them. We did shadowing as well, so we know them better. It helped us to work with them."
- Staff received training in how to support people who communicated their needs through emotional reactions, which helped keep people safe. One member of staff told us, "We had training about how to manage behaviours, how to calm them down, how to remove yourself and to prevent any harm to them or ourselves."
- If incidents occurred, staff attended reflective practice sessions where lessons learned were identified and recorded. Incidents were also reviewed at staff meetings and any learning outcomes discussed.

Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. Permanent staff had been recruited since our last inspection, which had reduced the use of agency staff. This had improved the consistency of care people received. Where agency staff were used, they worked at the service regularly, which meant they knew people's needs well.
- The number of staff on each shift had increased since our last inspection, which had improved the support people received to stay safe and to access their community. A member of staff told us, "We went from 3 staff to 5 staff in the days and from 1 to 2 at night about a year ago. It has made a massive difference. It means all the guys are getting one-to-one [support]. Also, having another member of staff means we can take people out more because the extra member of staff means we can take people out two-to-one." Another member of staff said the introduction of one-to-one staff support had reduced the frequency of incidents in which people exhibited emotional or distressed behaviours.
- The deputy manager told us they oversaw the induction of new staff to ensure they had the knowledge and information they needed to provide effective support to people. The deputy manager said, "There have been a lot of new staff starting here. I like to show new staff myself how things are done. I know the residents really well because I have worked with them all. I give them a run-down of the individuals, what they can and

what they cannot do, and how to support them."

- The provider's recruitment procedures helped ensure only suitable staff were employed. These procedures included carrying out pre-employment checks and obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training in their induction and regular refresher training. They understood their responsibilities in protecting people from abuse and said they would feel confident to speak up if they had concerns.
- Staff were able to describe the signs of potential abuse and the action they would take if they observed these. One member of staff told us, "I would make my resident safe first, that is my first priority, then I would talk to my senior and they would talk to the manager." Another member of staff said if they had safeguarding concerns, "I would go to [deputy manager], and she would escalate it to [registered manager]. If I needed to, I could go to the area manager, or the safeguarding team."
- When safeguarding concerns had been raised in the past, these had been investigated by the provider as requested by the local authority safeguarding team and action taken to address them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Staff attended training in medicines management and their practice was assessed before they were authorised to administer medicines. The deputy manager told us, "They have online training, then they have a face-to-face training as well before they are allowed to administer medicines. They watch us then we watch them to make sure they are doing everything correctly."
- Medicines administration records were checked daily and audited each month to ensure people had received their medicines as prescribed. The deputy manager was the medicines champion and was responsible for maintaining an oversight of medicines management, including stock checks, ordering and disposal. The medicines administration records we checked during our inspection contained no gaps or errors.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). People's medicines were reviewed regularly to make sure the medicines they were prescribed were still effective and necessary. Each person had a medicines profile, which contained guidance for the use of medicines prescribed 'as and when required' and homely remedies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.

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.

At our last inspection we rated this key question good. At this inspection, the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at the home were supported to express their views at meetings with their keyworkers. Relatives told us their views about their family members' care were listened to and acted upon. One relative said, "They do ask me for feedback, they ask me what I think. They are very open to listening to what I have got to say." Another relative told us, "I felt the food [family member] was being offered was not nutritious. I mentioned that to them and that has improved."
- Relatives said staff kept them informed about events at the home and about their family members' wellbeing. One relative told us, "They keep us informed. They send emails out to let you know what's going on. If something happens, they let me know." Another relative said, "They made a real effort with the Halloween party and they invited the families. They are trying to involve the families more."
- Staff told us they were supported well by the management team. They said the management team were available for advice when they needed it. One member of staff told us, "I get a lot of support from [deputy manager] and [team leader]." Another member of staff said, "The deputy [manager], the team leader, the manager, they are all supportive."
- Staff confirmed their views and suggestions were encouraged and listened to by the management team. One member of staff told us, "If I have suggestions, I can always talk to them and they will listen to what I have to say."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team of the home comprised the registered manager, the deputy manager and the team leader, who worked together well to maintain an effective oversight of the service. Audits of key aspects of the service, such as medicines management and IPC, were completed regularly.
- Staff communicated information about people's needs well, including any changes in the support they needed. Staff beginning their shift received a handover from staff completing the previous shift. There was a shift plan in place each day, which ensured accountability for the provision of people's care.
- Team meetings took place regularly, which staff said were valuable in sharing information and ensuring people received consistent support. One member of staff told us, "We have a good conversation about what is happening and if anything needs to be improved, if any of them need extra support or their care plans

need to change." Another member of staff said, "We talk about the residents, we talk about the behaviours, if there are any changes, the staff, who is doing what."

- The management team understood the importance of staff working effectively as a team to provide people's care and support. The team leader told us, "The team we have in here now is brilliant. The communication has really improved, everyone knows what they are doing." The deputy manager said, "The team work here is good. I try and get them to help each other. I try and support them." Staff confirmed they worked well as a team to ensure people's needs were met. One member of staff told us, "Positivity is the key of this team. We support each other."
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and honest way if concerns were raised. Notifiable incidents had been reported to relevant agencies, including the local authority and CQC, when necessary.

Working in partnership with others

- The service had established effective working relationships with other professionals and sought their input when needed. For example, staff had worked with the Positive Behaviour Support team to identify behavioural triggers and develop strategies for staff to use when supporting people. Positive Behaviour Support is a person-centred framework for providing long-term support to people with a learning disability, and/or autism. The approach helps understand the reasons for distressed behaviours so staff can better meet people's needs, enhance their quality of life and reduce the likelihood that behaviours will happen.'
- The registered manager told us they had met with the home's GP as the working relationship with the surgery had not been effective in the past. The registered manager said this had improved access to advice and input from the GP about people's health. The registered manager told us, "We have a weekly call with the GP now, or she will visit if she needs to."