Glenholme Mental Healthcare Limited

Glenholme Mental Health Care Ltd

Inspection report

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Date of inspection visit: 8 September 2015
Date of publication: 21/10/2015

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

We inspected Glenholme Mental Healthcare Ltd on 8 September 2015.This was an unannounced inspection. At our previous inspection on 1 July 2013 we found that the provider was meeting the regulations we inspected.

Glenholme Mental Healthcare Ltd provides accommodation and care to up to 18 people with mental health needs. The home is made up of two adjoining houses Glenhome and Oakdean providing nine beds in each, with accessible office accommodation for staff on the ground floor. The care home is part of the Glenholme Health Care Group that provides the following range of services: Recovery and rehabilitation services for men with a history of Enduring mental illness, offending behaviour and substance misuse, and Recovery and rehabilitation for men and women with a history of Enduring mental illness, Learning disability, and Asperger's syndrome On the day of our visit there were 14 people living in the home.

Summary of findings

The service had a registered manager who had been in post since 2011. 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 and associated Regulations about how the service is run.

People told us they were very happy with the care and support they received.

People were well supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. Staff also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues and had been supported with promotion opportunities within the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager and deputy manager provided good leadership and people using the service and staff told us the manager promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

There were some issues with staffing levels, but we saw that the deputy manager was taking action to address this. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards

(DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs and some people regularly attended day centres and educational courses. On the day of our visit six people had gone away on holiday with staff support.

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?

Good

The service was safe. People were protected from avoidable harm and abuse and risks to individuals had been managed so they were supported and their rights protected.

Staff told us there were shortages of staff but we saw that the manager had taken action to address this. People told us that there were enough staff to meet their needs

There were robust recruitment procedures in place

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective. There were arrangements in place to ensure that people consented to the care provided to them in line with the Mental Capacity Act 2005.

Staff received regular supervision and appraisals and felt supported in their work. There were systems in place to provide staff with a range of relevant training. People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good

The service was caring. People were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

People were supported to maintain their independence as appropriate

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care wherever possible. Where people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People were supported to attend suitable, appropriate activities and access the community.

There was a clear complaints procedure that was understood by people who use the service

Is the service well-led?

Good

The service was well-led. People living at the home, relatives and staff were supported to contribute their views about the service and felt listened to.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

Summary of findings

There were good internal and external systems for monitoring the quality of the service and for promoting continuous improvement. This ensured people received a high quality of care and support.

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Glenholme Mental Health Care Ltd

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 checked 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.

We inspected Glenholme Mental Healthcare Limited on the 8 September 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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..

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority safeguarding team.

We spoke with seven people who use the service. We also spoke with two senior support staff and one support worker, and the deputy manager.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including ; six people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes of various meetings, resident surveys, staff training records, the accidents and incidents book and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home comments included ,"I am safe because of the staff" and "They (staff) make me feel better. They are always available."

The deputy manager told us they were the safeguarding lead at the service. We saw the service had a policy for safeguarding vulnerable adults from abuse.

We spoke with the deputy manager and four members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said, "it is all about protecting people from abuse and making sure they are safe. For example, we accompany some people to the bank and the post office as this can be a vulnerable time for them, when they have money." They described how they would report any concerns to the deputy manager as soon as possible. Another member of staff told us, "sometimes it is a case of ensuring service users are safe from each other," and told us how they make sure other members of staff are made aware of possible risks by, "talking about it in supervision and team meetings."

The deputy manager told us they and all staff had attended training on safeguarding adults from abuse. The staff training records we looked at confirmed this.

People we spoke with told us there were enough staff available to meet their needs. One person told us "They spend time with me."

Support workers told us there were not always enough staff around to fully meet people's needs. Staff said that this impacted on the flexibility of staff to engage in activities with those who used the service, for example, going shopping with an individual. One worker told us, "we are quite short at the moment, up until May, there used to be four staff per shift, now we are just three." They also said, "I believe people [who use the service] are quite safe; it is just an extra issue for staff to deal with." When we asked if staff had to work extra hours, we were told "it is not that we work extra hours, it is just that we have to fit so much in." Another support worker said, "at the moment we are short staffed. It can get quite hectic at times, but somehow, we manage." Staff we spoke with told us they were aware that there was a recruitment drive on, although one said "I see people come for interview, but they never seem to start [work]."

We spoke with the deputy manager about staffing levels. She acknowledged that there had been staff shortages over recent months, but was able to demonstrate to us that there had been a concerted effort to recruit new staff. She told us how "not everyone we interview is suitable to work here. I will not take just anyone on in order to fill a gap." She told us how she often worked alongside staff on shift, "when I know we are short." This was confirmed by all staff with whom we spoke.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Staff showed an understanding of the risks people faced. We found risk assessments had been done, specific to the individual, amongst which were medication; smoking; kitchen risks; risk to self and risk to others. We saw how these were actively reviewed every six months by team leaders, or more frequently if the need arose. A support worker told us how any changes to risk assessments were carried out by team leaders and these changes were communicated to all staff by the manager.

Medicines were administered safely. We looked at the medicines folders which were clearly set out and easy to follow. They included individual medication, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Staff we spoke with could describe how to administer medicines safely, and we saw on their training records that they had done the appropriate training.

We looked at the providers medication policy which included safe administration of medication; homely medication and 'as required' [PRN] medication. Where

Good

Is the service safe?

people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was sufficient information for staff about the circumstances when these medicines were to be used.

The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacy. We checked the balances of medicines stored

in the cabinets against the MAR [Medicine Administration Record] for three people and found these records were up to date and accurate, indicating people were receiving their medicines as prescribed by health care professionals. We saw where the pharmacy had insufficient supplies of a controlled drug; a member of staff had ensured this was followed up rigorously in order that the person's dose was not interrupted. Other medication such as creams, were kept in a locked fridge at the recommended temperature, which was recorded daily.

Medicines, including controlled drugs, were stored securely in a locked cabinet. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. We saw a controlled drugs record book. This had been signed by two members of staff each time a controlled medicine had been administered to people using the service. They also signed the MAR. We saw how the balance of stock of the controlled drug was recorded after each dose and this correlated with what remained of the drug in the cabinet. We looked at the drugs return book and saw this was completed accurately and those drugs for return were stored appropriately until collected by the pharmacy.

The deputy manager showed us their most recent audits of the previous three months. The overall quality of medication administration was represented as a total per cent. We saw how there had been a steady improvement in the overall total each month. The prescribing pharmacist had carried out a medicines audit in May 2015 but this audit had not been sent to the provider at the time of our inspection.

Appropriate checks were undertaken before people began work. We reviewed staff files. All files contained a completed application form and supporting documents to demonstrate training. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to do the job.

Personnel files contained copies of photo identity, evidence of the person's right to work and a criminal record check prior to starting work. Staff files also contained evidence of checks from the Disclosure and Barring Service. This meant staff were considered safe to work with people who used the service.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. For example, all new staff worked alongside experienced senior care staff for a period of time, depending on experience. New staff completed a comprehensive induction and one member of staff spoke highly of the support, training and guidance given to them. They said their induction was "very in-depth." Staff told us they were actively encouraged to pursue additional qualifications and were supported to do this by "being given time during work to access the computer."

Staff told us that they felt supported by the management team and had regular formal and informal supervision with the deputy manager or one of the senior staff. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service. We observed a detailed verbal staff shift handover in which each person living at the service was discussed

We spoke with three members of staff about training, supervision and annual appraisals. They all told us they had completed an induction when they started work. They also said they received regular supervision and had an annual appraisal of their work performance. A member of staff told us, "I believe I have grown in the job since my last appraisal." The deputy manager told us "I try to ensure that staff has supervision six times per year." However, it was apparent from the four supervision records we looked at that this was not the case. The last recorded supervision on each was four months prior to our inspection. The deputy manager told us that some staff also received clinical supervision from a qualified councillor to assist them with working with people with drug and alcohol addiction but not all the supervision notes were up to date.

We looked at the training records of four members of staff and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medication, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA). In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health matters and drugs and alcohol. One member of staff told us, "we always talk about training needs in supervision and I am reminded of any training I need to refresh."

The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A DoLS application is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests. There was no one subject to a DoLS at the time of our inspection. A member of staff told us of a time when they made a referral to a psychiatrist when a person was consistently refusing their medication because "I thought they were very unwell and I had concerns about their ability to make the choice to refuse their medication at that time."

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. The deputy manager told us how people are provided with "breakfast and lunch. They get £25 [financial assistance] to buy food for supper." In addition, milk and 'dry' provisions such as rice and pasta and tins of tuna and beans were bought for everyone's use. We saw there was a very good supply of these 'dry' goods in the two kitchens, as well as a variety of items in the fridge to make a light lunch. The provider also provided culturally appropriate food when required for example we saw that soya milk was provided for one person who followed a kosher diet.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals such as a nurse specialist in epilepsy, dentist, and optician. The care files included records of people's appointments with health care professionals. The deputy manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

The premises were clean and well maintained. We saw that the provider had access to a maintenance person to attend to any repairs and they employed a cleaner for 35 hours per week.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the approach of staff. There was some very positive feedback such as, “Staff are very nice 9 out of 10, they do a very good job.’ And “they are always kind”

People’s preferences were recorded in their care plans. The staff had discussed people’s likes and dislikes with relatives so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity.

People had keys to their bedrooms and staff did not enter without their permission. One person told us “they always knock before coming in.” We observed staff interacting with people using the service throughout the day, we saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people’s different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service who was getting agitated because they were waiting to speak to us. Staff provided reassurance to ensure they felt valued and relaxed. There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, “They always listen to us, they ask us what we want to do.” We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported.

One member of staff told us caring was about “supporting and assisting and encouraging independence,” and another told us they knocked when entering a person’s room and they always explained what they were doing in the room, “for example, if I am putting their laundry away, I say that is what I am doing.” Staff also gave us examples of where they had promoted independence for people, for example they had encouraged and supported one person to be able to take their own medication and had accompanied another to a college course until they felt able to attend independently . On the day of our visit six people had been taken away on holiday with staff support.

Good

Is the service responsive?

Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People had participated in a range of different social activities individually and as a group and were supported to access local community activities . Activities included visits to parks, cafes and the cinema. They also participated in shopping for the home and their own needs and some people regularly attended individual activities that they enjoyed such as fishing, jewellery making and go-karting. On the day of our inspection six people had gone away on holiday together with staff support .Some people were also supported to go to college, day care centres and visits to family and friends. The deputy manager told us that the home normally employed 'a community builder' who had responsibility for organising group activities and building links with the local community. However this post was currently vacant and the home had recently advertised the post, but had not been able to find a suitable candidate.

Each person had their own 'community builder profile' we saw that this was individualised and contained information on occupational needs and education prospects as well as social interests

Satisfaction levels for activities were regularly monitored We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, and their preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to the person. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "We know about each person's life, it helps us to understand them."

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were well maintained, clean and personalised.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals

There was a clear complaints procedure . People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "yes I can complain and I can put it into writing." We saw that there had been one formal complaint made in the last 12 months and this had been addressed appropriately in line with the provider's policy.

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Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating. The register manager was not available on the day of our inspection. The deputy manager told us she was responsible for the day to day running of the service. People who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

The deputy manager told us that her vision for the service was “to support people on an individual basis, to improve their daily living skills and move on to independent living.”

It was clear from the feedback we received from people who used the service, and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as promoting independence, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service.

A senior staff member told us “we work in a very lively and challenging atmosphere but everyone is supportive, it’s a fantastic team.”

Staff were very complimentary about the deputy manager comments included “she is a brilliant manager, I have never had better” and “you can approach her at any time and she listens to you.”

We noted that most of the staff had worked in the home for over five years, one staff member told us “ they are a very good place to work for that’s why I have stayed” Another told us” I really love my job, it’s a good team and I get lots of training”

Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to be open and discuss any issues." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed. For example staff told us they had suggested at one meeting that rugs were put in the conservatory to stop the floor getting wet, we saw that this had been implemented. Staff also told us that they were supported to go for promotion and were given additional training or job shadowing opportunities when required.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident forums were held. One person told us “we have meetings to talk about things.” We saw the minutes of the last forum; we saw that health and safety, self-catering and activities had been discussed. Regular surveys were sent out to all the residents, relatives and staff. We saw that the last survey had been sent out in August 2015 and that the deputy manager was waiting for responses to come in so she could analyse these.

The deputy manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home and was very ‘hands on’ in his interactions with the people who used the service.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that they had access to a maintenance man and that there was no delay if repairs to the building were required.

The provider had achieved Investors in People accreditation (a national standard that recognises good people management and training)

The deputy manager told us she was supported by the provider with regular management meetings and one to one sessions and that she regularly accessed the training and support that was available from the local authority and had also recently completed an Open University course in Health and Social care.