

Garland Support

Garland Support

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection was announced and took place on 30 December 2015 and 5 January 2016. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by one inspector. This was the first inspection of the service since it was initially registered.

Garland Support provides personal care for younger adults who have physical or learning disabilities and live in their own homes. This type of service is often referred to as supported accommodation. At the time of this inspection there were two people with visual impairment who received a range of support including personal care. Our inspection focussed on the support given to these two people. The service also provided support to people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

There is 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.

People who used the service told us they had been fully involved in drawing up and agreeing a plan of their support needs. They held a copy of their support plan and told us they were certain the information was correct. The plans were comprehensive, well laid out and easy to read. They had been regularly reviewed with the person and were up-to-date. Any potential risks to the person's health or safety had been assessed and regularly reviewed. The support plans provided clear instructions to staff instructions on how each person wanted to be supported.

People received a reliable service. They received a rota in advance which gave them the names of the staff who would be visiting them and the day and the times of the visits. They told us they could rely on staff to arrive on time and stay for the agreed time. They also told us the service was flexible and could provide extra support, or support at a different time and at short notice if necessary.

The registered manager and staff told us one aspect of the service they were particularly proud of was their success in helping people to gain independence and to achieve their goals and aspirations. The service had links with many local resources including education services, social groups, sports and leisure facilities, and employment opportunities. They had consulted with the people who used the service to find out what they wanted to do, and if there were no suitable facilities available they organised their own, for example yoga sessions. People participated in a variety of social activities within the home and in the community. The service had good local links to promote people's involvement in the community.

People told us the staff were always caring and treated them with respect. Comments included "The staff have the right attitude." Staff always sought people's agreement and consent before carrying out any task.

One person told us "I feel I am really in control."

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff had received a range of training and information including safeguarding adults and they were confident they knew how to recognise and report potential abuse. People who used the service told us they felt safe. Comments included "Yes, I feel safe with the agency."

Staff were well supported. They told us they could contact a manager at any time for advice or support. One-to-one supervision had been mainly through ad hoc meetings and group meetings, but formal one-to-one supervision sessions had been planned for the coming year. Staff meetings were held regularly. Comments included "It's brilliant. We never let issues rumble on. If we need to discuss anything we will let (the registered manager) know and a meeting is set up." The staff we spoke with were positive and enthusiastic.

At the time of this inspection people were in full control of their own medicines, although they needed some support from staff to help them take their medicines out of the packaging. Safe systems were in place to record all medicines administered by staff. Staff had received training and information on safe administration of medicines.

Staff respected each person's right to make decisions about their lives, including matters relating to their health. Staff offered guidance and support to help people manage their own health and well-being. People could request support from staff to help them attend medical appointments. Where people requested support, staff liaised with health and social care professionals on their behalf, and with their full agreement.

People who used the service, staff and professionals told us the service was well-led. Comments included "Yes, the agency is well run. I think (the managers) have done a brilliant job since they started up the company."

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. People were asked to complete survey forms seeking their views on all aspects of the service.

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 abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

People received a reliable service from a small team of staff who knew them well and understood their needs.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure each person's needs were met fully.

People were supported to gain independence, achieve their goals and aspirations

People could request support to access specialist healthcare professionals if they wanted this.

Is the service caring?

Good ●

The service was caring.

Staff respected people's right to lead their lives as they wanted. People were treated with kindness, dignity and respect. Staff promoted people's independence, and always sought the person's agreement before providing any assistance or support.

People were encouraged to speak out about all matters important to them, with support from independent advocacy services if they wished. People were supported to maintain relationships with families and friends.

Is the service responsive?

Good ●

The service was responsive.

People were fully involved in the assessment and planning of their care.

Staff understood each person's needs and preferences.

The service had good links with the local community. People were supported to lead active and fulfilling lives.

People knew how to raise concerns and complaints and were confident these would be addressed satisfactorily.

Is the service well-led?

Good ●

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback

People were supported by a motivated and dedicated team of management and staff.

The provider had systems in place to monitor the quality of the service and make improvements where necessary.

Garland Support

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 30 December 2015 and 5 January 2016 and was announced. It was carried out by an adult social care inspector.

We received no notifications or enquiries before this inspection. We were assured during the inspection that no incidents, allegations of abuse or accidents had occurred since the service was first registered. (Providers are legally required to notify us about all serious incidents, accidents or allegations of abuse.)

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and four staff. We visited two people who received a personal care service. We looked at the care records held in their homes. We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

After our inspection we contacted three health and social care professionals to seek their views on the service.

Is the service safe?

Our findings

Two people who used the service told us the service was reliable. They received support from a small team of staff who knew them well and understood their needs. They could rely on staff to visit them at the times they expected, and stay for the correct amount of time. They told us this was important to them and made them feel safe. They received a rota in advance giving them the names of the staff and the times of the visits. If there were any unexpected changes, for example if a member of staff went off sick unexpectedly, they always received a phone call to let them know who would be visiting them instead. Comments included "Yes, I feel safe with the agency."

People told us the service was flexible, and they could ask for additional support, or a change of visit time and the agency would always try to meet their requests. One person said "I can ring someone in the agency at any time of the day, or any day of the week to ask for support. For example, if I need extra help on a Saturday." They also told us they could ask for support with appointments such as hospital or doctors' appointments even if these were at short notice.

The provider's recruitment policy stated applicants must provide two referees, one of which should include their current employer. They also carried out checks with the Disclosure and Barring Service (DBS) before new staff began working with vulnerable adults. DBS checks provide evidence that applicants have not been placed on a national barring list preventing them from working with vulnerable adults. We looked at the recruitment and employment records for six members of staff. DBS checks and at least two satisfactory references had been received for five applicants before they began working unsupervised with people. The recruitment record for one member of staff contained a DBS check and one reference. The registered manager told us they had explored the applicants' suitability through their interview process. They told us that in future recruitment checks will be strengthened to ensure they have sufficient evidence of applicants' suitability before they begin work.

The provider had policies and procedures relating to safeguarding people from abuse and whistle blowing. These were available for staff, people who used the service, relatives and members of the public to view on the provider's internet web pages. Information on safeguarding was also provided on the web site in video format which meant it was accessible to people who experienced difficulty reading text. When people began using the service they were given information on how to raise concerns in an easy to read format. Staff were given a staff handbook and service user guide at the start of their employment which contained information on safeguarding and protecting people from abuse. This included contact details of relevant authorities. Staff had received training on safeguarding and were confident about how to recognise possible abuse and how to report it. Comments from staff included "Safeguarding – the managers are really hot on this."

One person told us they could ring the registered manager at any time if they had concerns or were unhappy about a member of staff. They gave an example of how the registered manager had listened and taken action when they had requested a change in their support. This made them feel confident the registered manager would take similar action if any safeguarding concerns were raised.

Risks to people's health and safety had been identified and there was information in each care plan showing how people wanted to be supported to manage these risks. These included risks associated with visual impairment. One person wore a mask at night to help them sleep safely. Each member of staff had received training on how to assist the person with the mask. Printed instructions on the use of the mask had been laminated and staff knew where these were kept in the person's bedroom if they needed further information. The person told us they were confident every member of staff was competent in this task.

The provider had policies and procedures to ensure risks to people's health and safety were protected including medication and infection control. They provided information to people who used the service explaining why they carried out risk assessments and gave them the opportunity to be involved in planning them. The provider told us "We work with individuals we support to ensure risks do not stop people from making choices." Support plans contained risk assessments and information for staff on how to support people to minimise risks where possible.

At the time of this inspection the people supported by the agency were able to manage their own medicines, although one person required support to help them remove medicines from the packaging. Each person's support plan included detailed information on the medicines prescribed to each person and any risks associated with these. All staff had received training on administering medicines and their competence had been checked. Medicine administration records were in place and staff knew the procedures they must follow if they were required to administer medicines at any time in the future.

Is the service effective?

Our findings

People told us the service was effective. They were confident the staff were well trained, well supported, and fully understood all aspects of their needs. Staff turnover had been low and this meant people were supported by a consistent group of staff who knew them well, understood their needs, and provided a reliable and effective service.

Staff told us they were well supported by the management team. Comments included "There is always support available. I can always ring for advice whenever I need it, no matter how small the query. They never make me feel my questions are silly. They are really approachable." Other staff told us they frequently met with managers either by visiting the office, by telephone or by managers visiting people during support visits. Another member of staff said "Our communication is really good. I feel I am growing with Garland. I feel a part of the organisation. It is really lovely." The registered manager told us they placed a high priority on supporting the staff team. In the information they gave us before the inspection they said "We have a great relationship with our staff and have created a culture where staff feel safe and able to discuss issues and concerns."

On the first day of our inspection there were no records to show staff had received regular supervision sessions. Instead the registered manager said they had many unplanned meetings and discussions with staff. They had also met with staff frequently through team meetings. However, supervision could not be evidenced by records of meetings with staff. By the second day of our inspection the registered manager had addressed this by recording dates of future supervision sessions for each member of staff. They had put in place a recording system to record the topics covered in the supervision sessions and this would be used to monitor staff development. Staff confirmed they had been given the dates of their next supervision sessions. They also told us staff meetings were effective. Comments included "It's brilliant. We never let issues rumble on. If we need to discuss anything we will let (the registered manager) know and a meeting is set up."

Staff told us they had received a range of training since they began working for the agency. The registered manager gave us a copy of their staff training matrix which showed the dates staff had completed each topic and when further training and updates were needed. Topics covered included health and safety, basic life support, infection prevention and safe handling of medicines. Additional topics relevant to the support needs of the people they support were also covered including duty of care, equality and inclusion, communication, person centred care and privacy and dignity.

Staff told us much of the training had been computer based with questions to test their understanding of the training. The results of the training had been closely monitored by the managers. Staff had also received training on supporting people with visual impairment. Comments by staff on the quality of the training included "It's good." A person who used the service told us they felt the staff were well trained. They told us they had also participated in the training for staff on visual impairment and they were confident staff fully understood their support needs.

The two people we met required support from staff to help them with shopping and meal preparation. They were able to make decisions about all aspects of their lives including the meals they wanted to cook. They described how staff supported them with tasks they could not do for themselves, while at the same time encouraging them to gain independence. A member of staff who was supporting a person during our visit told us "[The person] has a fantastic memory so knows exactly what foods she has in the cupboard and what she wants to eat."

The registered manager described how they supported individuals to promote healthy eating and general health needs especially if it had been established as a risk in their support plan. Staff were aware of healthy eating issues, and the importance of a balanced diet and the benefits of exercise.

Is the service caring?

Our findings

People told us the staff were always caring and treated them with respect. One person told us "The staff have the right attitude." They also said the staff were flexible and always willing to adjust the support they provided according to the person's wishes that day. One person said "I feel I am really in control." Another person told us "Yes, the staff are OK."

Staff described the approach of the management team as caring towards both staff and people who used the service. One staff member said "It's all about improving people's confidence. It is lovely." Another member of staff said "we always try to suit individual's needs."

During our visit we observed two members of staff supporting people. They sought people's consent before carrying out any task. For example, a member of staff asked the person if they were happy for them to complete a daily report at the end of the support visit to describe the activities they had supported the person with. They also sought the person's permission before they provided support with tasks such as making a drink.

People told us they were fully involved in all aspects of their support planning and provision. Their support plans were written in text which presented them with difficulties due to their visual impairments. However, they told us they had been fully consulted when the plans were initially drawn up, and during three monthly reviews of the support plans when the documents had been read to them. They had signed the documents to confirm they had agreed the contents of the care plans. One person told us they used technology to help them read documents and this had enabled them to read their care plan. Another person said they were able to read Braille and they would find it helpful to have a copy of the plan drawn up in Braille. After the inspection the registered manager told us they planned to look into ways of producing documents including care plans for people in formats suitable to their individual needs, including Braille.

The registered manager explained how they encouraged people to be involved in the service, and how they responded to the things people told them about. They had met with people who used the service and asked people to tell them about the things they wanted to do, and how the agency could support them. The provider's website contained a range of information showing how people were involved, including a newsletter and a calendar of activities available in the local area. If an activity was not available locally they had considered ways of setting up activity sessions based at the agency office. They kept people informed about these in various ways including posters advertising forthcoming events.

The registered manager told us "We believe that when people feel cared for and do not feel like just 'another service user' they feel safe, happy and able to express their views about their service whilst feeling like they will be listened to. We have zero tolerance on discrimination of any kind. We promote this through our policies and our working practices." Staff received training on equality, diversity and inclusion. They also received information on prevention of discrimination in the service user guide and staff handbook. They planned to allocate 'experts' from the staff team in specific areas such as dignity and person-centred support.

The agency had developed links with a local organisation called Devon Link-Up which provides independent advocacy support for people who used services. They had discussed with the organisation future group sessions with people who use the service to support people to speak out about their support needs and things that are important to them.

Is the service responsive?

Our findings

Each person held a printed copy of their care plan setting out detailed information for staff on how they wanted to be supported. They also had access to a computer version of their plan if they wished. The plans had been drawn up with each person, and were written in their words. They set out the goals each person wanted to achieve, and how they wanted staff to help them achieve them. They contained information on the things each person could do for themselves, and the things they needed assistance with. People told us they were confident the information in their care plan was correct and up to date. The plans were reviewed and updated with each person at least every three months.

The registered manager told us "We re-iterate to our service users that their support plan is theirs, and is a live document that can be amended and changed at any time if they wish. We would not amend a service plan without the service user's acknowledgment."

Information about each person's support needs was held securely on the agency's computer system known as 'The Hub'. Staff had password protected access to the records and they told us they found this particularly helpful before they visited a person for the first time, or if they needed to check on any changes in people's support needs. This meant they had access to important information about each person's support needs at all times. One member of staff told us "All staff have access to The Hub. It works very well. For example, if we are accompanying a person to their GP we have access to information on their medicines before the appointment. This helps us to understand what their problems are."

The registered manager and staff gave us examples of people who had gained confidence and independence as a result of the support they had received. For example, one person had recently moved from a school into supported accommodation. The staff spoke with pride about the new skills the person had learnt and how the person had become much more independent in all aspects of their daily life.

Staff explained how they supported people to learn new skills, for example by using role play. They also offered people emotional support to help them overcome anxieties and they worked alongside people to help them find solutions to problems. They also arranged meetings with people to look at specific problems or support needs and help the person identify solutions.

The registered manager and staff told us one aspect of the service they were particularly proud of was their success in helping people to gain independence and to achieve their goals and aspirations. They had talked with people to find out what they enjoyed doing, and to gather ideas for any further activities they would like to participate in. Where activities or services were not available locally they had set these up, for example yoga sessions. They had recently appointed a member of staff with specific responsibility for making links with public and voluntary sector services. They would assist people to become more actively engaged in the community and would specialise in matters relating to employment, including supporting people with issues relating to employment funding and benefits.

People were supported to take part in a wide range of activities including outdoor pursuits such as walking,

gardening, picnics and archery. Garland Support had drawn up a calendar providing information on activities available in the local area including social clubs, sports clubs, arts and crafts, drama and music sessions. A member of staff met with each person at the start of the week to check their rota and agree their support needs for the coming week. The rota was adjusted according to the activities people wanted to participate in.

The service worked with other professionals including health professionals to ensure people received the support they needed. A social worker told us the agency had supported a person who had moved from shared accommodation to live independently, and they said the agency was supporting the person well. They told us "I have only positive experiences of working with Garland. (The managers) respond quickly to any queries and have always been very helpful." A health professional told us the support their clients had received from the agency had been excellent. They told us the service was their first choice for younger adults with complex needs. They praised the agency for the range of activities people were supported to participate in. They told us "They are good communicators. They are very open and transparent." They said there was good communication between staff, people who used the service, their families and carers, and with professionals. This meant everyone was kept informed and involved.

People were given information on how to raise complaints and concerns in formats suitable to their individual needs. This included information on the agency's website. The registered manager told us they had not received any complaints or concerns so far from people who used the service or their families. They recognised that people may not feel comfortable to complain and they had given people details of external advocacy agencies they could contact for advice or help on making a complaint.

Is the service well-led?

Our findings

People told us the agency was efficient and well managed. There was a registered manager in post who had responsibility for the registered part of the service. Garland Support also provided support to people who did not require personal care. This part of the service is not regulated. There was a separate manager who had responsibility for the unregulated part of the service. Both managers worked together closely and supported each other. People who used the service and staff told us they were confident they could speak to either of the managers at any time and they were always helpful and supportive. A person who used the service told us "Yes, the agency is well run. I think (the managers) have done a brilliant job since they started up the company."

Comments from staff included "They are doing a really good job. We can see this because we are getting more and more people referred to us. Also people are applying for jobs. This shows we have a good reputation." A member of staff told us they felt the agency was well-run, saying "(The managers) are always there for us." Another member of staff told us the agency was much better organised than other care services they had worked for in the past, saying "It is really well-run."

Professionals we spoke with also praised the management of the service. One professional told us the agency was "Very, very successful. Really on the ball."

People who used the service, staff and external professionals had been consulted and involved. People had been asked to complete questionnaires, and their views had also been sought during reviews of their support needs, and through group meetings. The views of staff had been sought during staff meetings and through a staff survey. The results of the surveys and questionnaires had been mainly positive, but when a suggestion for improvement had been made they had acted upon this. For example, they had received a suggestion that communication could be improved. They met with staff to discuss communication and drew up an action plan to address this.

On the first day of our inspection some systems for monitoring the service were not fully effective. For example, staff supervision records were incomplete, and staff training records did not show how they reviewed staff training needs or planned future training. On the other hand some monitoring checks were effective, such as spot checks and reviews of each person's support needs. They were unable to show how they had used the information to help them improve the service.

However, by the second day of our inspection they had taken prompt actions to address this. A staff training matrix had been drawn up which showed the dates staff had completed each topic and when further training and updates were needed. Staff supervision records had been put in place and there were systems in place to make sure staff received regular one-to-one supervision. They had employed a person to take specific responsibility for carrying out a wide range of checks and audits on all areas of the service including policies and procedures. They had developed a quality assurance system to help them record and analyse all information gathered. These included checks on staff recruitment, induction, training and supervision. The registered manager explained how they would ensure that the company's policies and procedures were

being followed in future.

The agency had a system in place to monitor concerns, complaints and incidents to help them establish any trends.

Before the inspection the registered manager completed a Provider Information Return which gave information about the management of the agency. They told us about their visions and values for the service which included "Excellent communication is the foundation for our success and in turn determines how we lead our service. Without excellent communication with service users, family members, staff, outside agencies, and community partners we feel that the overall service would be compromised and our leadership would be in question. We are friendly, approachable, listen well and are responsive at all times with everyone." The registered manager also told us how they valued their staff team. They promoted a confident and positive staff team by offering support, encouragement, praise for good work, and by providing a range of benefits and rewards.