Caraston Hall Support Limited

Glenlyn

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

About the service
Glenlyn is a supported living service providing personal care. The service provides support to people who have a learning disability or autistic spectrum disorder, and sensory impairments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection only one person was receiving the regulated activity of personal care.

Glenlyn is a detached building with its own garden, people have their own rooms and share communal facilities such as kitchen, dining, lounge and bathroom areas. Staff are available on site 24 hours a day.

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

We made a recommendation about recording mental capacity assessments.

Risks were assessed and care delivered in a way that ensured people's safety and wellbeing. Measures were taken to ensure people were safe from abuse and from infection. Staff were recruited in a way which meant it was safe for people receiving care.

People were supported to make choices about their lives. Staff were suitably trained and understood people's right to make their own decisions. People were supported with their dietary needs and made choices about food and drinks. One person told us they were happy with the care they received, "Yeah…it's lovely", and with the staff, saying "I've got certain favourites but overall, they're fine."

People were treated with dignity and respect by caring staff who knew them well and supported people to express their views. One person told us they knew how to raise a concern but "Don't really see the point because there's nothing I want to bring up."

People's care plans were personalised to reflect their individual needs and preferences. The way information was provided was adapted to meet the individual's communication requirements. People were supported to raise concerns if they weren't happy about something.

People were provided with high-quality person-centred care as a result of the leadership, management and governance of the service, which also promoted an open and fair culture.

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

Rating at last inspection and update
The last rating for this service was good (01 March 2019).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Glenlyn

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
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
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April 2022 and ended on 20 May 2022. We visited the location's service on 27 April 2022.

What we did before inspection

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

During the inspection
We spoke to five members of staff, which included the registered manager and the nominated individual, and three support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to one person, as they were the only one receiving personal care. During our visit we looked at a range of records, for example audits of supervision, incidents and accidents, as well as a person's care plans, risk assessments and mental capacity assessments. We also looked at two staff recruitment files. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. For example, staff received training about safeguarding, could explain what might constitute a safeguarding issue, and knew how and when to report any concerns, saying "It's important for client's wellbeing that it's reported."
- The provider ensured there were clear processes to facilitate staff and people in recognising and reporting concerns, telling us "It's an everyday practice, safeguarding is talked about in everyday situations."
- When asked if they felt safe one person told us "Yeah, of course, no-one bothers me." They knew how to raise a concern if they were worried about anything.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed.

For example, there were detailed risk assessments and care plans telling staff about the risks for the person around accessing the community, associated with their diet, and when using the kitchen.

- Staff knew people well and understood how they wanted and needed to be supported to remain safe. For example, they were aware of the risks associated with one person's behaviour near roads and what to do to mitigate risk.
- Care plans and risk assessments were reviewed frequently and were amended as soon as someone's needs changed.

Using medicines safely

- People were supported to take their medicines safely.
- Staff received training and were required to pass competency checks before they administered medication.
- The provider's systems ensured medications were safely received, stored, administered and returned when not needed.

Staffing and recruitment

- Staff recruitment was done safely.
- Checks were made on staff before they were employed for example, carrying out interviews, seeking references, and doing DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Sufficient staff were employed, and deployed on shift, for people to receive safe care. Systems were in place to ensure any short falls in staffing were covered by staff already known to people. One staff member

told us "All staff pulled together, and shifts were covered." On-call managerial support was available 24 hours a day.

Preventing and controlling infection

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was following current government guidance about COVID-19 infection prevention and control.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● There was a culture of being open and discussing concerns, finding out what had happened, and learning from things that had gone wrong.

● For example, when it was identified a number of medication administration errors were attributable to a particular cause, the provider investigated and supported staff until they were in a position to restart administering medication.

● Lessons learned in sister services were shared to maximise opportunities for services to improve.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they began to receive a service from Glenlyn to ensure the provision was appropriate to meet the person's needs.
- Care plans were written detailing how people's needs and preferences were to be met.
- Where possible, people were involved in creating and agreeing to their care plan. The provider had been creative in trying to encourage one person to be involved in their care plan, using a range of strategies, for example using a whiteboard, meeting with staff, and discussing care and support in an informal way.

Staff support: induction, training, skills and experience

- New staff underwent an induction process to ensure they had skills and knowledge necessary to meet people's needs.
- This included training, shadowing experienced members of staff, and observed practice.
- Ongoing training modules were added in response to people's changing needs.
- Staff were supported to do extra training. For example, working reduced hours whilst pursuing a relevant professional qualification, or being supported to complete level 3 of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff reported that moral was good, and they felt supported by the provider. They received regular supervision, felt listened to at staff meetings, and felt changes were made in response to staff suggestions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their needs.
- People could choose what, where and when to eat and could buy their own food.
- One person told us "I don't always have the same meals as everyone, …I have a choice."
- People's care plans explained their dietary needs, and staff knew people well, understanding their likes, dislikes, and requirements
- This meant people were safely supported to have as much choice as possible in relation to their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare service and live healthier lives.
- For example, being supported to attend regular health checks and access specialist health support where required.

● One person told us they had just had a blood test for a health condition and that staff would get help for them if they felt unwell.

Ensuring consent to care and treatment in line with law and guidance
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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People's care plans made comment about their mental capacity for different decisions.
● Peoples mental capacity had been assessed, for example, about decisions related to managing their health condition. However, some of the assessment outcomes hadn't been formally recorded, for example, if they did have capacity to make those decisions. There was no evidence of actual harm, but this could potentially lead to inconsistency in staff support.

We recommend the provider consider current MCA guidance and formally record the outcomes of all mental capacity assessments.

● Staff had received training about the MCA and understood how it applied in their work with people.
● People made choices about their lives and staff understood their right to do so.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and make decisions about their care.
- One person told us they decided how they spent their time, "I work out my week the best I can do in the realms of possibilities, cinema, tea and cake, meal out." They also told us they were able to make choices, for example, having chosen new linen and furniture for their bedroom.
- External advocates had been accessed for people when needed.

Ensuring people are well treated and supported; respecting equality and diversity;
- People were well supported, and diversity was respected.
- For example, people's needs were assessed in line with protected characteristics under the Equality Act 2010 such as age, disability, sexual orientation. Therefore, people received the right care to meet their specific needs.
- One member of staff told us staff observed each other to ensure people were treated with dignity and respect and that "If we feel staff aren't taking a person's point of view into account we will talk to them [staff]."
- The provider told us "We work very hard to see [person's name] not [their condition], and not as a [person] who can't do things."
- One person told us they were allowed enough time when being supported for personal care, saying "I can take it at a modicum pace, it's not like I'm being rushed."

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity, independence was respected and promoted.
- For example, one person told us about staff "I think they respect the privacy, they leave me alone when I shut the door."
- The provider told us "Staff are really good at being hands off here, they won't do things for people if they can do it for themselves."
- Care plans indicated in which ways one person was independent, when they may need some assistance, and the amount of assistance required. This maximised the opportunity for the person to do as much for themselves as possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised in order to meet their individual needs and preferences in a way that ensured people had choice and control.
- For example, one person's care plans detailed the best way to support them when they were anxious.
- One person told us they were able to have a say in what happened in their life, saying "Do staff listen? I think so yes, they're quite good with that." They also told us they went out, doing activities they had chosen. For example, having lunch or afternoon tea in local establishments.
- An external professional told us "They have a good sense of [them] as a person and work hard to ensure [their] needs are met."

Supporting people to develop and maintain relationships to avoid social isolation;

- The provider had acted to support one person having contact with their family at their request. Also, in response to the person's wishes, that person was supported in their desire not to continue being in contact with their family.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had in the past provided easy read, braille and audio documents, and used sign, objects of reference and pictures to aid people's understanding.
- The provider ensured staff were trained appropriately to meet people's communication needs.
- Care plans provided information for staff about people's communication requirements to ensure their specific needs were met.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which was audited to identify trends. Action was taken to address concerns.
- People were aware of how to raise concerns or make a complaint. For example, one person told us if they were concerned about something they would take the following action, "I'd probably talk to the manager, or

a really nice member of staff that's high up [in the organisation]."

End of life care and support;
● At the time of inspection, the person receiving a regulated service was not in receipt of end of life care. However, if that changed, their needs would be fully assessed, and the person would be supported to make their own decisions about their care.

Good

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. The rating for this key question 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

- The provider had created a culture of openness, inclusivity, that was person centred and which achieved good outcomes for people.
- Service values were discussed at interview, mentioned during working hours, supervision and training, and appeared on the sides of mugs and staff ID badges to remind staff of the expectations upon them.
- The provider formally met with people every two months to hear people's views of their care. This information was collated and discussed amongst senior managers before feedback was provided to people about changes that might be made.
- Staff were encouraged to have individual conversations with people about what they liked/didn't like about their care and what could be done differently. People were also encouraged to speak to the provider if there was anything they wanted to discuss.

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; Working in partnership with others

- The provider understood their duty of candour and acted appropriately in response.
- Appropriate notifications were made to CQC and other statutory services when required, for example the local authority safeguarding team.
- The CQC rating was displayed at Glenlyn and on their website.
- The provider worked with other agencies to find individualised solutions to help people overcome barriers getting the right care. An external professional told us "They regularly update me and send relevant paperwork, raise safeguarding concerns when required and attend meetings at short-notice if required."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective.
- The provider conducted thorough audits of the service. This enabled them to notice trends, identify risk or areas needing improvement. This ensured people were provided with safe, appropriate care which protected their rights.
- Staff were helped to understand their role and were held to account by the supervision processes carried out by the provider.
- Two staff members told us they felt supported by the provider, saying Glenlyn was well managed, and that

when staff's personal circumstances had been difficult the provider acted to accommodate their needs. This all led to staff moral being good at the time of inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider had quarterly meetings with staff to discuss specific topics, for example, staff retention and pay. Open debate was encouraged, and a report produced after the meeting stating, this is what you told us, this is what we heard, and this is what we can do. Changes were made as a result of these meetings for example, altering the times of night shifts to enable staff to arrive at work on time even when using public transport.

● The views of friends and family were collated via surveys. All feedback was noted and changes considered.

● The provider took into consideration people's equality characteristics, making changes in systems to accommodate people's and staff's needs.

● One person told us they had received questionnaires about their views, saying "They ask me do you like the place, is there anything about the members of staff, that sort of thing, how many hours you like to go out."

Continuous learning and improving care

● The provider acted to learn from things that had gone wrong, and to improve the service, to ensure people were provided with safe and suitable care.

● The provider wanted to improve ways of giving feedback to people in order to give them a better service. They were planning a trial which would consider different methods of doing this, for example, texting instead of using pieces of paper.

● The provider's governance identified when errors had been made. They investigated and put measures in place to try and prevent similar errors happening again, for example, inaccuracies in medication administration.

● Actions were taken when the auditing process highlighted concerns. For example, it was discovered risk management plans weren't always being updated in response to reported incidents. Therefore, the provider added a prompt to incident forms to ensure staff made the necessary changes to risk management/care plans. This action had had a positive impact on reporting.