

Glenholme Healthcare Limited

Glenholme Haddon House Ltd

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

Glenholme Haddon House Ltd is a residential care home providing personal care for up to 15 people who have a learning disability. Glenholme Haddon House accommodates people in one adapted building.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. 14 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People showed they were happy living at Glenholme Haddon House, and that they felt safe and comfortable with the staff team. One person said, "Its great here and the staff are always around."

Staff were kind and caring and knew each person well. Staff felt they received good support and enjoyed working at the service. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged people's independence.

Systems were in place to manage risks and keep people safe from avoidable harm. Medication was well managed. Staff followed good practice guidelines to prevent the spread of infection. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community. People were supported to be as active as possible.

Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Audits were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC on 20 July 2018.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Glenholme Haddon House Ltd

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.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used the information the provider sent us in the provider information return. 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.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, service manager, team leader and three care workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 abuse and staff were able to describe the process they would take to report concerns.
- Records showed that where issues had been raised they were appropriately reported to safeguarding authorities and investigated.
- People told us they felt safe, One person said when we asked if they felt safe, "Oh yes I do, there is always a member of staff to help me."

Assessing risk, safety monitoring and management

- The registered and service managers had assessed all potential risks to people and had put clear guidance in place so that staff knew how to manage these. The assessments were personalised and ensured that staff supported each person to take risks in a safe way. For example, one person had risk assessments in place for visiting the local community and riding a bike.
- Staff undertook regular checks of equipment in the service to ensure that it was safe to use. Staff had fire safety awareness training and knew how to keep the people and themselves safe.

Staffing and recruitment

- The registered manager monitored staffing levels to ensure people received support to meet their needs.
- Staff felt that staffing levels were appropriate, and they had time to provide safe and caring support.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. This included obtaining references and a Disclosure and Barring Service check.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as prescribed. Detailed protocols were in place for medicines given when required.
- Medicines were stored safely, and staff audited medicines weekly. Staff had an annual competency check to ensure they administered medicines in line with the prescribed instructions and the providers policy.

Preventing and controlling infection

- Staff received infection control training and had access to gloves and aprons.
- The premises were clean and tidy and we saw staff applying infection control principles, such as encouraging hand washing, during the inspection.

Learning lessons when things go wrong

- Records showed accidents and incidents were recorded in detail and appropriate action had been taken as a result of all incidents.
- The registered manager reviewed all accidents and incidents and made recommendations for future practice.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- A detailed assessment of people's support needs was carried out before they moved into the service. People, relatives and external professionals were involved in this to ensure appropriate support was available.
- Staff followed guidance and advice from external professionals to ensure people received appropriate support.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills to provide effective support and spoke positively about this. One member of staff told us, "Training is always happening. We can always ask for additional training to increase our confidence when dealing with challenging situations."
- The PIR stated that staff are encouraged to registered to undertake additional qualifications with the Northern Advisory Council for Further Education (NACFE). Eight staff are currently registered.
- Newly recruited staff completed an induction. This included observing experienced staff and completing Care Certificate training if they were new to the profession.
- Staff were supported with regular supervisions and annual appraisals. These monitored staff welfare, knowledge and skills.

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

- One member of staff told us how they supported one person to make healthy choices around their food.
- People's weight was monitored monthly to ensure they maintained a healthy weight.
- People received effective support with eating and drinking. People's dietary needs and preferences were clearly recorded and followed. One person told, "I enjoy my food. Staff help me to prepare it."
- Staff involved people in planning and preparing meals to help maintain and develop their independence.

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

- Staff worked closely with a number of other services so that people received effective care and support.
- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, as well as specialists relevant to people's health conditions.
- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans. Staff followed this advice well.

Adapting service, design, decoration to meet people's needs

- The service was divided into units. People's rooms were personalised to their own tastes, and people enjoyed showing us their bedrooms.
- The service was free from clutter and the living areas were of a good size which allowed for people to have visitors if they chose.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- Staff had an understanding of the principles of the MCA and how it applied to the care they provided for people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Glenholme Haddon House. Comments included, "I like it here" and "It's good here." Other people gave us signs and indications that they were happy.
- There was a warm, friendly atmosphere in the home and staff were kind and caring.
- Some people who lived at Glenholme Haddon House did not use words to communicate. We saw that they were happy and had good relationships with the staff. They felt comfortable with the staff and enjoyed their company.
- Staff treated people equally and without discrimination. In the PIR the provider told us that staff had received training in equality and diversity and that this topic is all part of the care certificate which all staff have to work towards when they commence employment at the service.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care and support. They met with their keyworker each month to make plans for what they wanted to do and to talk about what they enjoyed.
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported. One person said, "Staff understand me and know me well."
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was kept confidential in the office.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and meal preparation from time to time. One person told us they kept their own bedroom tidy and did their own laundry.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and provided transport for people to visit their relatives' homes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Each person had a person-centred support plan, which detailed their preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their support plan at least monthly.
- People invited their relatives to annual reviews of their care and support if this is what they chose to do. Support plans showed how each person had been involved in the plan.
- Staff had worked with people and their families to find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days.
- The registered manager gave us several examples of how the support provided by the staff had responded to people's needs. This included ensuring that senior staff received Positive Behaviour Training to support people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was given to people in an easy read format to help aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to be as active as possible, both within and outside the home. One person who lived at the service went out cycling. They told how much they enjoyed this activity.
- Staff supported people to do a range of activities. These included attending college and they have a room available for arts and crafts and board games. One person told us, "It's good here, I am able to do lots of things."
- People were encouraged and assisted to maintain and remember relationships that were important to them. For example, staying in touch with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. In the PIR the provider told us, "Individuals are encouraged to raise concerns and complaints whenever they feel there is a need to do so."

- People told us they had no complaints, but they were confident the registered manager would deal with anything they raised.

End of life care and support

- No one at the time of this inspection was receiving end of life care, however, people's end of life wishes had been recorded where people were happy to discuss this.
- All staff were provided with training and knowledge about end of life care.
- Staff said that people receiving end of life care could stay at the home if this was their wish and they were able to meet their needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and 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

- There was a clear ethos at the service to promote people's independence.
- Our conversations with the registered manager and the staff demonstrated they understood person-centred care and applied this in practice.
- The registered manager completed monthly audits across all areas of the service to monitor the quality of the service being delivered.
- Staff were positive about the management team and described them all as approachable and professional. Staff made comments that the training had much improved as the registered manager and service managers are both able to provide bespoke training to the staff in a variety of topics such as manual handling.

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

- Staff were well supported in their role. Regular staff meetings were held and staff were aware of how they contributed to the performance of the service.
- The registered manager showed a good understanding of legislation, requirements and their responsibilities within the governance role.
- Staff told us how they kept up to date with best practice and developments. For example, they attended training and were given reminders when training was due. Staff spoke of how they were supported to develop to the next level of training in care qualifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The PIR stated; 'The providers obtain regular feedback about our service from service users, relatives and other stakeholders through informal discussions, regular meetings and annual survey.'
- The service worked in partnership with health and social care professionals who were involved in people's care. We spoke to two visiting health professionals who both said that the service staff were keen to develop and work with their agency for the benefit of people living at the service.

Continuous learning and improving care

- The manager used audits and feedback to develop and improve the service and relayed this to their staff

team. The PIR stated; 'The management of risk and quality is reported weekly by managers to senior management at Glenholme and this is shared with the board at weekly meetings, to review compliance and any areas of risk that may impact on service users, staff and other stakeholders who may be affected.'

- The service used knowledge of the wider care industry to learn when things had gone wrong and evaluate how to avoid the same concerns at Glenholme Haddon House.