Glenholme Healthcare (NGC) Limited

69 Saltdean Drive

Inspection report

69 Saltdean Drive
Saltdean
Brighton
BN2 8SD

Tel: 01753915956
Website: www.glenholmehealthcare.co.uk

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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:

69 Saltdean Drive provides supported living to five people in one adapted building supporting younger people with learning and physical disabilities. At the time of the inspection two people were receiving personal care. Not everyone living at 69 Saltdean Drive received regulated activity; CQC only inspects services being received by people provided with 'personal care, with tasks related to personal hygiene, medication and eating. Where they do, we also take into account any wider social care provided.

The service is situated in Saltdean. 69 Saltdean Drive consisted of one adapted building. The service had a large communal area for people to eat and come together to socialise, with a garden at the rear of the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People felt safe and told us they enjoyed living at the service. Risks to people had been assessed and staff followed guidance to keep people safe. There were enough staff to meet people's needs. Medicines were managed safely, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong and systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervision and an annual appraisal. People enjoyed the food and were able to choose what they had to eat and drink. People had access to a range of healthcare professionals and support. 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.

People and relatives told us that staff treated them with kindness and we observed friendly interactions throughout the day. People were encouraged to be involved in daily decisions about their care and support and were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised according to

people's preferences, interests and suggestions. People and relatives told us they felt comfortable to make a complaint and knew how to do this.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well managed. One relative told us, "We are very pleased with the service and just hope that it continues to succeed."

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

Rating at last inspection: This was the first inspection of 69 Saltdean Drive since it was registered by the Care Quality Commission (CQC) on 18 May 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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.

69 Saltdean Drive

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

69 Saltdean Drive provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. For example, people had their own en-suite bedrooms and shared communal areas. 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.

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:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection:

We reviewed information we had received about the service since it registered with the CQC on 18 May 2018.

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. We used all this information to plan our inspection.

During the inspection:

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

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

Good

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe. Systems were in place to ensure staff had the right guidance to keep people safe from harm and people had safeguarding information in easy read formats, to help them understand what keeping safe means.
•Staff understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures. One member of staff told us, "I offer people reassurance if they are not feeling safe. Look for signs and symptoms if the person is not their normal self. I would report immediately to the person in charge. If a crime had been committed or someone needed medical attention I would call the emergency services."
•A relative told us, "The service is very conscious of safety protocols and all staff seem aware of safety issues and the need for risk assessments."
•Staff had received safeguarding training as part of their essential training and this was refreshed regularly.

•Staff were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place.

Assessing risk, safety monitoring and management

•Risks to people were identified, monitored and managed to keep people safe. A risk assessment is a document that highlights potential risks, the level of risk and the steps that should be taken to minimise the risk to the person.
•People's care plans detailed specific risks and conditions and gave clear guidance to staff. For example, risks around mobility and the support required to reduce the risk of people falling when walking on uneven ground.
•Risks associated with the safety of the environment and equipment were identified and managed appropriately including equipment for fire safety.

•Staff received health and safety training and staff knew what action to take in the event of a fire.

Staffing and recruitment

•We observed enough numbers of staff to keep people safe and staffing rotas confirmed this.
•A dependency tool was used to determine levels of support for each person. People, relatives and staff told us they thought there was enough staff to respond to people's needs quickly.
•The registered manager used the same agency staff to cover staff shortages, such as annual leave and

sickness. This promoted continuity in the care for people.
•The registered manager used a value-based interview and recruitment process, to ensure the right staff were recruited to the service. People were involved in the interview process, asking questions and giving feedback to the interview panel about their views of the potential member of staff.
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. We found that staff recruitment folders included, employment history checks, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as, disclosure and barring Service (DBS).

Using medicines safely

•People received there medicines safely and on time. Staff carried out risk assessments to ensure people could manage their medication. People's medicines were stored in a locked cupboard in their bedrooms and they were supported to build their confidence around managing their medication.
•Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed.
•Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
•There were protocols and guidance for administering medicines 'as required' (PRN).
•People felt safe and told us they received their medication on time and as prescribed.

Preventing and controlling infection

•People were protected from the risk of infection.
•Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
•Hand hygiene was promoted in the kitchen area and communal bathrooms. For example, liquid soap and pictorial guidance on how to wash your hands.
•Staff followed cleaning schedules which ensured the home was clean and odour free. People were supported to clean their bedrooms and other areas of the service and were encouraged to follow good hygiene practice.
•Staff confirmed that they had infection control and food hygiene training.

Learning lessons when things go wrong

•Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
•Incidents were discussed as a team to see where improvements could be made. For example, staff used ABC charts to monitor people's behaviours and look at how people could be supported to reduce behaviours and to identify any patterns forming. ABC charts are used to record behavioural concerns.

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.

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 pre-assessment was carried out before people moved into their accommodation to help gain an understanding of people's background, needs and choices. This information was used to form people's care plans and was further developed as staff got to know people better.
•Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
•Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
•Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience

•People were supported by staff with the skills and knowledge to deliver effective care and support.
•Staff received training in a range of areas through face to face and through e-learning to support people. For example, positive behaviour support and autism. We reviewed training records that confirmed this.
•One relative told us, "There is always someone around who is skilled and experienced."
•Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
•New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers.
•Staff received regular supervision and appraisals. Staff told us, they received supervision and felt supported by the registered manager and team leaders.

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

•People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences.
•People were supported to prepare their meals and had choice over what they ate and drank.
•Staff understood people's dietary requirements, their preferences and were aware of special diets such as, those who were gluten free or vegetarian.
•Staff monitored people's food and drink intake and people's weight was monitored to ensure that people maintained a healthy weight.

Supporting people to live healthier lives, access healthcare services and support

•Staff were proactive in engaging with other agencies to provide people with timely care, supporting them to live healthy lives.
•People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. The registered manager gave an example, where they have worked with health professionals to reduce a person's hospital admissions over the last year.
•People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, social workers and opticians.

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

•People's needs were met by the design and adaptation of the building. We found that the decoration and physical environment of the service had been well thought out to meet people's needs and promote their independence.
•The service had a homely welcoming atmosphere with a garden for people to enjoy. People had communal areas to spend time together, be with family and friends or enjoy time alone in their bedroom.
•People's bedrooms were spacious and personalised to people's individual taste with their possessions. One person told us, "My bedroom feels like a safe space, and I chose how I wanted it to be painted."

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.

•The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
•Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond.

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.

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

•There was a strong, visible person-centred culture and people and relatives were complimentary about the staff. They told us, staff were friendly, kind, caring and respectful and this was evident in our observations throughout the day.
•We saw good interactions between staff and people, they knew each other well and had developed caring relationships. For example, on the day of inspection the service was hosting a farewell BBQ for a member of staff. Each of the supported living services were invited. It was a very social event where everyone was in good spirits, laughing together and enjoying one another's company.
•Staff adapted their approach to meet peoples' individualised needs and preferences.
•Staff treated people equally and recognised people's differences. One member of staff told us, "We don't let people feel they are any different to the staff. Everyone is treated equally."

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

•Staff supported people to make decisions about their care.
•People's views were sought though reviews and daily interactions. One person told us, "Staff listen to me and makes me feel important and that they know me well."
•Each person had a 'key worker'. A key worker is a person who has responsibility for working with certain individuals, so they can build up a relationship with them. This meant that people had a named person to liaise with if they had any concerns and support people with their goals and aspirations.
•Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
•We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

•People's privacy, dignity and independence was respected.
•People were encouraged to be as independent as possible. For example, with cooking, cleaning and personal care. One relative told us, how their son was very anxious about going out. Staff have supported him to be independent by giving him reassurance when out and about.

•People told us, that staff knocked on the door before entering, closed the doors and curtains to make sure their privacy and dignity was maintained.
•People were supported to maintain and develop relationships with those close to them. One relative told us, "The staff are welcoming and offer tea and coffee. Always friendly and chatty."

Good

Is the service responsive?

Our findings

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

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

•People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One person told us, "I like the staff they are kind and know me well." A staff member told us, "I help people to be the best version of themselves."
•From our conversations with staff, it was clear they knew people well. People were cared for according to the information recorded in their care plans.
•People, their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
•Changes in people's health or care needs were quickly communicated and updated in their care plans.

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.
•People's communication needs were identified, recorded and highlighted in people's care plans. For example, some people used picture cards to support their communication and express clearly their wishes and preferences.

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

•People were supported to maintain relationships with those important to them. The service had Wi-Fi and people had access to mobile phones and tablets.
•Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer.
•People were supported to pursue their hobbies and interests, such as swimming and computer games. One member of staff gave an example, where one person wanted to buy an expensive item. Staff discussed with them different options and ideas to save and raise money such as, doing a 'car boot' and budgeting so that the person could save up.

Improving care quality in response to complaints or concerns

•People and their relatives knew who to contact if they needed to raise a concern or make a complaint and told us they would be comfortable to do so if necessary. One relative told us, "We have raised concerns in the past which have very much been listened to and acted upon."
•There was an easy read complaints policy in place which people were given a copy of and we found complaints information on noticeboards.
•The registered manager responded to complaints promptly and told us they had not received any complaints since the service registered.

End of life care and support

•At the time of inspection no one who was at the end of their life.
•The registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements.

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.

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 registered manager had created an open and positive culture that delivered high-quality person-centred care. A relative told us, "There is a good relationship between the registered manager and staff. Constructive ethos and good communication."
•People received an excellent standard of care by staff who really understood how people wished to be supported to achieve good outcomes. For example, one member of staff told us, "A year ago one person would not have stayed in a room with lots of other people. Staff have supported them to increase their confidence. It's a great achievement."

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

•The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
•One relative told us, "They will tell me if an incident has occurred and I am kept updated."
•Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

•The registered manager promoted an open and honest service and led by example. People and staff told us they were accessible and supportive. The registered manager told us, "I have created a positive culture by leading by example and making sure that staff understand that we work as a team." One member of staff told us, "The management is open and supportive, and I have no problems as they are always there for us."
•Staff understood their roles and responsibilities and what is expected of them. One member of staff told us, "The service is run by very caring and kind people, and we have people's interest at heart."
•Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service experienced any kind of discrimination
•The registered manager understood the regulatory responsibilities of their role and notified CQC

appropriately, if there were any incidents or events that took place at the service.

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

•People, relatives and visiting professionals were engaged and given opportunities to be involved, through daily feedback with staff, meetings and regular care reviews. This helped the registered manager to drive improvement.
•There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us they felt listened to and valued.

Continuous learning and improving care

•The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
•Systems were in place to continuously learn, improve, innovate and ensure sustainability.
•The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
•We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

•Staff worked in partnership with other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations.
•The provider's three supported living services worked closely together and often shared resources, such as activities and events.
• The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE) and government initiatives.