

Green Light PBS Limited

The Pines

Inspection report

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TR16 5HS

Date of inspection visit:
31 August 2017

Date of publication:
12 October 2017

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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 was an unannounced inspection, carried out on 31 August 2017. The service was last inspected in August 2015 when it was rated as 'Good'. At this inspection we found the service remained 'Good'.

The Pines provides accommodation for up to three people with complex needs. There were three people living at the service at the time of our inspection.

We saw that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at The Pines. Comments included; "I like living here" and "I'm happy." Relatives of people who lived at The Pines told us, "My thoughts regarding the care my [relative] is that they are receiving very good care and I am entirely positive about the Pines. I believe staff are well trained and they have a competent team. My [relative] has thrived since moving to The Pines. I have no concerns with this placement at all."

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, "I love my job. I've come to this work from an entirely different sector and I get so much pleasure from working here. I get a great sense of achievement by supporting the people who live here to live happy lives."

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Professionals told us there was appropriate communication between the service and medical services. Comments included, "Communication was always good and staff were happy to listen and respond to any suggestions. I rate this service as excellent" and "I always found staff to be really helpful and skilled."

We saw clear guidance for staff about how they were to meet people's needs so that they worked in collaboration. Staff responded to people's changing health needs and sought the appropriate guidance and care from healthcare professionals when required.

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived

at the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People were supported 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.

People had a choice of how they spent their time and the activities they undertook. Meals, snacks and drinks were chosen by people, which we saw they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted on. Some people were actively involved in meal preparation.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors privately if they wanted to. Relatives of people who used the service commented, "I have nothing but praise for the service. My [relative] is very happy living there and I am made very welcome when I visit and receive regular and very full updates on what is going on for [Person's name]."

The service had clear complaint systems and people had regular opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns. One relative told us, "If I have any concerns at all I am comfortable raising them with any of the staff or management at The Pines. I feel it is better not to let things fester and in my experience they are open and quick to fix any issues that arise."

People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported. Relatives told us they were kept informed of changes to their relatives support plans and were regularly invited to review meetings. A professional commented, "I have been kept up to date with any changes to the care or intervention re the person I work with. I have been asked to comment on any changes to risk assessments. I have also been kept up to date with any changes to the management team at The Pines. I have been very satisfied with what I have seen and with the service provided."

Staff demonstrated they knew the people they were supporting, the choices they had made about their support and how they wished to live their lives. For example, staff understood the previous life experiences of people before they came to The Pines and this understanding of people's social histories helped staff develop positive relationships with people.

The service had comprehensive quality assurance processes which were regularly undertaken to ensure the service was aware of people's views of the service and could monitor auditing processes at the service. This ensured an open service culture that is both open to challenge and is learning from any issues affecting the quality of the service as they arise.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

The Pines

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 31 August 2017 and was unannounced. The inspection was undertaken by a single adult social care inspector, with learning disabilities experience.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time with two people who lived at The Pines. We also received feedback from three relatives and two external professionals who had experience of the service following the inspection. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four support staff, the registered manager and the Operations manager for the organisation. We looked at two records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative commented, "I am very happy with how the service supports my [relative]. I have had no reason to feel [Person's name] is unsafe. The staff have really taken to [Person's name] and [they] are really happy living there."

Arrangements for the management of people's medicines were robust. Medicines were stored securely in a locked cupboard. The Controlled Drugs (CD) requirements were being adhered to although there were no controlled drugs in use at the time of inspection. Temperature records demonstrated both the medicine room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for.

The service had a medicines policy which clearly laid out the procedure for the safe management of medicines. People received their medicines as intended and accurate records were kept on medicine administration records (MAR) when medicines were administered.

Staff had transcribed medicines for some people on to the MAR following advice from medical staff. Two handwritten entries had not been signed by a member of staff or witnessed by a second member of staff. This meant there was a potential risk of errors and people might not receive their medicines safely. Management confirmed they understood this requirement and would highlight the importance of this to all staff involved in medicines administration.

Staff had received updated medicines training. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed.

Staff had access to, and understood the service safeguarding and whistle blowing policies. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly. Staff had received updated safeguarding training. Staff said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate individualised risk assessments including environmental risk assessments, such as for the safe use of kitchen appliances. Assessments were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was highest and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been

considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks. For example, one person had a regular job in the community which they were supported to carry out. Staff had a behavioural support plan in place for the person. This supported the person to be independent and access the local community safely because the staff knew the person's potential risks, triggers for behaviour and de-escalation methods that supported the person, and responded appropriately.

Staffing levels were appropriate to support people who used the service and keep people safe. Staff commented, "We have enough staff on duty and if there is a shortage, say because of sickness, the manager will make sure we get cover." Relatives told us they felt there were enough staff to meet people's needs.

Staff were not rushed, were focused and spent time on an individual basis with people. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. For example, staff new to the service spent time working alongside more senior staff on 'shadow' shifts to allow them time and space to become familiar with the people they would be supporting and their routines.

Safe recruitment practices were followed and there were detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS holds records of those that should not work with vulnerable adults and enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Is the service effective?

Our findings

People's needs were consistently met and people lived their lives in the way they chose to and were as independent and active as they wanted and were able to be. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively. A relative of a person living at The Pines told us, "My thoughts regarding the care my [relative] is that they are receiving very good care and I am entirely positive about the Pines. I believe staff are well trained and they have a competent team. My [relative] has thrived since moving to The Pines. I have no concerns with this placement at all."

Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation and felt well supported by management. Staff told us, "The [Registered Manager's name] is very approachable. If I have any concerns they are dealt with straight away. Also the deputy manager is working on shift a lot of the time and that is very good because you can model your work on them."

New staff completed a thorough two week training induction process in a classroom setting. Training covered understanding of autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

Once new staff had started working at the service they had a period of shadowing experienced staff on shift to ensure they were competent in their role. One new staff member commented, "You feel known and valued as an employee here. They definitely value staff. There are no 'stupid' questions and I've always felt supported to be inquisitive about my job and share my thoughts about how things could be made better."

The high standard of training was echoed by external professionals who were familiar with the service. Comments included, "I have consistently found staff to be professional and competent". A relative told us, "I have been more than happy with the level of staff training. Anything they are unsure of they will ask. The environment is safe and caring and I have no concerns. Overall I feel that the service offered by Green Light has been very good. My [relative] is happy, contented and well cared for and I can ask for nothing more."

Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. This is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector. Once successfully completed staff were encouraged and supported to undertake further Diploma level qualifications in Health and Social Care.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours. Supervision meetings took place every six to eight weeks where discussions included how the service provided support to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans. Annual appraisals gave an opportunity to review staff work performance

over the year. Records of these meetings were kept.

People accessed healthcare services as required and received ongoing healthcare support and reviews. People also had access to regular dental checks. We saw records of annual health reviews with GP services and people had regular appointments with Learning Disability services.

People and their relatives were invited to be involved in their healthcare decisions. A relative commented, "I feel very involved with the management of [Person's name] condition. I receive regular contact and if there are any decisions to be made, I am involved."

The service assessed each person's needs before they came to live at The Pines to ensure the placement would suit their needs and keep them safe. We looked at these assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about.

Management told us they worked closely with each person, their family and other professionals to ensure individualised services which were specific to the person. Relatives told us they were pleased with how the service supported people. A relative told us, "I have nothing but praise for the service. My [relative] has been very happy living there from the start and I am made very welcome when I visit and receive regular and very full updates on what is going on for [Person's name]."

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. Staff commented, "In my opinion, each person who lives here has flourished so much in their independence skills since coming to The Pines. For example, [Person's name] was very challenging when they first came here and it impacted so much on what they were able to do; but gradually by working closely with [them] and really getting to know [person's] needs and meeting them, they have settled very well and is much happier."

During the inspection we saw one person was supported to go on a trip to a local beach. Another person was supported to attend a medical appointment and then go for a walk. Another person spent the day attending a day placement. These were activities which had been identified with people as something they enjoyed.

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with staff and the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw

appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. Management were familiar and competent with the processes required and were able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

People were supported 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. We saw that staff consistently asked people for their consent to decisions, and made sure people were happy before undertaking a support action.

The design and layout of the individual living units met people's individual needs. Each person had their own separate flat and access to outside space. We saw that people's living areas were personalised with their colour scheme and personal effects around them.

Is the service caring?

Our findings

We observed and people told us they believed the service was caring. Two people said they liked living at The Pines and it was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries.

We saw that people were relaxed and approached the staff who supported them without hesitation. Everyone we spoke with were positive about the care people received at The Pines. A relative told us, "I couldn't be happier about the quality of care provided to [Person's name]. It is so clear that the staff genuinely like [Person's name] and there is so much fun and laughter in [person's] life. We are very happy with The Pines."

Staff relationships with people who used the service were strong, caring and supportive. The atmosphere at the service was relaxed and friendly. People were free to move around their living accommodation unimpeded and to have quiet time by themselves when they wanted it. When people wanted to access outside space at The Pines they were supported by staff to do so. We saw people moved around their homes at ease.

People who lived at The Pines were treated with patience and care and their dignity was respected. For example, we saw staff encourage one person to have a shower. The staff member encouraged the person gently and allowed time for them to come around to the idea rather than feel it was a task that needed to be done.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own decision about whether to interact with the inspector and asked people if they were happy for the inspector to visit with them.

People's support plans were clear, detailed and written from the perspective of the person they were about. Support plans provided clear instruction to staff on how best to provide support while ensuring people were kept safe such as when going into the local community for activities. Support plans were updated and kept current.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. For example, key workers used different communication tools to support people to make choices about their daily food choices and activities they would like to take part in. If a person struggled to make choices, staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. Professionals familiar with the service commented, "I have been impressed with the range of tools and strategies they have put in place to assist people with their communication needs."

The service had put together comprehensive, picture led support plans and information for people about

their lives at The Pines. Each plan was full of personalised photographs, making the plan very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with and use it. These were reviewed monthly with the person.

People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and food choices. We saw those that needed it could use symbol sequencing strips to communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these.

People were supported to have access to advocacy services that are able to support and speak on behalf of people if required.

Is the service responsive?

Our findings

People who lived at The Pines received care, treatment and support that was personalised, putting them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. Comments included, "The staff showed an extremely caring attitude and demonstrated to me that they are motivated to provide person centred care, adapting their delivery of care according to the changing needs of the person they are supporting. They are prepared to go "above and beyond" when thinking of how to balance the sometimes conflicting issues of supporting the person safely while continuing to offer the person new and exciting experiences."

We found the service was flexible and responsive to people's individual needs and preferences and was consistently finding creative ways to enable people to live as full a life as possible. For example, by working with people, to enable them to develop meaningful employment and activities.

People who used the service were encouraged and supported to engage in a wide range of social activities and events outside of the home. For example, people took advantage of the rural aspect of the service, particularly walking on the local coastal paths and beaches. We saw extensive social calendars for each person outlining the activities they had planned each day. One person told us they enjoyed attending local discos and meeting new friends. A relative commented, "[Person's name] social needs are more than met. [Person's name] had a fabulous time on holiday and the staff phoned me to update on how the week was going. [Person's name] takes part in a good and varied range of activities." Another relative told us, "[Person's name] has a good quality of life at the Pines, lots of support for things [person] wants to do like holidays at Centre Parcs, Butlins, music concerts and festivals."

We saw records which evidenced that people and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Each month people who lived at The Pines would sit down with their key worker to share their feelings about the service. This was a time to suggest changes to menus and/or activities and provided a way to assess people's satisfaction with the service and demonstrate the service was able to implement changes for people's benefit when required.

Staff told us that when specific feedback on proposed changes to care and support from people or family members was received, in light of comments they had made they always tried to accommodate this if it was in the best interests of the person to do so. Relatives told us their ideas were listened to and they felt involved in how the service operated and developed.

Support plans were regularly shared with relatives and records evidenced on-going communication between the service and families about support plans. A relative told us, "I have been really impressed with the level of communication. I receive regular comprehensive updates about [Person's name] care. I phone [Person's name] regularly and the staff will always communicate what [Person's name] has been up to during the day. The activities are varied. "

Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to each person.

The service had a policy and procedure in place for dealing with complaints. Relatives told us they were aware of how to make a complaint and would feel comfortable doing so. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist people to share their feelings about their service and keyworkers worked closely with people to have a good awareness of any issues people might have.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There was a clear management structure at the service. Greenlight, the organisation which runs The Pines, has a small number of management layers which support the delivery of the service. As well as a Registered Manager, who has day to day management responsibility for the service, there is also a deputy manager and an Operations Manager who has regular contact with the service. The Operations Manager role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Greenlight service is strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Greenlight service to ensure services have appropriate support.

The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, managers from the organisation.

Relatives and external professionals all commented positively about the management of The Pines. Comments from professionals included, "In my view The Pines is well managed. Staff are professional, accommodating to any requests I have made and open to suggestions and ideas."

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

Staff told us management were supportive and helpful. Comments included, "Management are very good, approachable and helpful. I very much enjoy my job here" and "We have a strong and stable team here. We do get people moving on, sometimes to other roles within the organisation, but we also have a strong core team and we all support each other."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. There was a positive culture within the service that was person centred, inclusive and empowering. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

The service regularly shared and discussed events that took place as a staff group informally and in monthly staff meetings. Management and staff were professional and friendly. We saw that people appeared happy living at the service and were comfortable with the staff who supported them. We heard many interactions between people and staff as they went about their day and these were relaxed.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way.

The provider kept abreast of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas. The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a Board Certified Behaviour Analyst. Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice.

Management recognised the importance of investment into having a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. The service had embraced the requirements of the Care Certificate and encouraged staff to professionally develop themselves in their career.

Staff told us they would have the confidence to report any concerns about the care offered by colleagues, carers and other professionals, and were encouraged to be open and discuss any concerns with colleagues and management as they arose.

The need to assure quality was understood and there were clear quality assurance systems including monthly audit of the service's medicines system and monitoring of any concerns. These processes acted as an audit system and were used to drive continuous improvement. There were also use of regular quality assurance feedback opportunities and service meetings. Management were receptive to changing areas of the service whenever this would improve how it operated.

People were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service which we saw was positive.

The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.