

Glenroyd House Limited

Glenroyd House

Inspection report

26 High Road North
Laindon
Basildon
Essex
SS15 4DP

Date of inspection visit:
09 April 2019

Date of publication:
07 May 2019

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: Glenroyd House is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Glenroyd House accommodates up to eight people who may have a learning disability, in one adapted building. At the time of our inspection, seven people were using the service.

People's experience of using this service:

- 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.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.
- People felt safe using the service and under the new management team reported various improvements.
- People felt listened to and found the new registered manager approachable and friendly.
- The safe recruitment of new staff meant improvements had been made in how people could spend their time. There were now more drivers available to support people to access the community when they chose and enjoy a range of activities.
- Previously concerns had been raised about how people's finances were managed but this issue had been addressed and a robust system for monitoring people's money was in place.
- There were systems in place to safeguard people from the risk of harm. Risks to people were very well managed with one exception which placed a person at risk of harm.

We made a recommendation about risk recording.

- The local authority had previously found that the service was not pro-active in supporting people to manage their own medicines. This had been addressed and the service was actively supporting people to take on these responsibilities if they chose and were able. We did find several errors relating to administration of medicines which were addressed at the time of inspection.

We made a recommendation about medicine management.

- Staff had training in food hygiene and infection control and followed good practice to prevent contamination and the spread of infection.
- People had choice around mealtimes and were involved in shopping and meal preparation.
- Staff received training and monitoring to ensure they were competent in their role.
- Staff enjoyed working at the company and felt well supported.
- A new registered manager and deputy had recently been recruited. Both were valued by people and staff.
- People were supported to be independent and exercise choice and control in their daily lives and could

access a range of activities and interests of their choosing.

- Information was provided to people in easy read formats to help people's understanding, including how to make a complaint or raise concerns.
- Systems and processes were in place to monitor safety and quality and drive improvements.
- Peoples information was protected and confidentiality maintained.
- People and staff were included in the running of the service and were provided with opportunities to share their ideas and give feedback.

Rating at last inspection: Requires improvement. (Last report published 12 June 2018). At the last inspection people were not always receiving care which responded to their needs and preferences in relation to accessing the community and following their interests. Improvements were also needed to the management of the service. Some systems had not been reviewed and improved such as the rota arrangements, communication with and involvement of staff and financial systems. As a result the service was in breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made two recommendations about keeping people's information safe and acknowledging people's sexual orientation and their preferences.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when as to evidence the improvement in the quality of the service. At this inspection, we looked to see whether the provider had implemented the action plan. We found the required improvements had been made to improve the service since our last inspection.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Glenroyd House

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 was made up of two inspectors.

Service and service type: Glenroyd House is residential home which provides personal care and accommodation to people with a learning disability.

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 was an unannounced inspection.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered and deputy manager 4 members of staff. We spoke with 3 people who used the service. We looked at 7 people's care records including their medication records and health plans. We looked at 4 staff files. We reviewed training and supervision records and documents

relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

After the inspection we made further requests for information which was provided by the registered manager.

Is the service safe?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Glenroyd House. One person told us, "I sleep well and am not worried about anything." Another said, "I can now be alright living here and I might have moved but I didn't want to. It's all okay now, it's nice, no worries."
- Accidents and incidents were recorded and investigated appropriately with actions put in place to minimise the risk of re-occurrence. Body maps were kept to document when and where any injuries had occurred and track their progress.
- A range of safety checks were regularly completed to ensure the home environment was safe such as fire safety checks, electric and gas testing and legionella checks. Plans were in place in case of an emergency, for example, evacuation procedures in the event of a fire.
- Risks to people had been assessed and were specific to each person and very detailed. Staff were required to sign to say they had read each person's risk assessments. Risk assessments were of a high quality and included detailed guidance for staff in how to reduce and manage these risks. For example, one risk assessment recorded that a person used a paraffin-based cream. Staff were provided with guidance about what action to take in the event of a fire to ensure the person was kept safe. Another risk assessment provided a person with the freedom to choose their friends and sexual partners but with actions agreed with them and for staff to follow to safeguard them from exploitation or abuse.
- We found one exception, where risk was not well managed and placed a person at risk of harm. This person had a food allergy and whilst this information was included in their care records it was not prominently displayed and a risk assessment had not been completed. Three out of four staff we spoke with were not aware that the person had a food allergy.

We shared our concerns with the registered manager who later confirmed in writing that all necessary actions had been taken to ensure all staff were aware of the risk and the information was displayed at the front of the person's care records.

We recommend the provider review their process for risk recording to ensure all risks to people are well documented and shared with staff.

Systems and processes to safeguard people from the risk of abuse

- At our previous inspection we identified issues with how people's money was managed which put them at risk of financial abuse. New systems were now in place to make sure people's money was safe and well managed.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and

how to report concerns.

- There were no open safeguarding's at the time of inspection. The registered manager understood their safeguarding responsibilities and had systems in place to report and investigate concerns appropriately if required.

Staffing and recruitment

- At our previous inspection we found there were not enough staff recruited who could drive which meant people's needs were not always met. At this inspection we found new staff had been recruited including drivers and there was sufficient staff available to meet people's needs and preferences. The service used staff numbers flexibly in response to people's changing needs.
- Rotas were in the process of being reorganised in collaboration with staff. Staff confirmed there were sufficient staff with the right skills and attitudes. A staff member told us, "Some staff like long days and some short, but the needs of people come first and foremost to ensure people have good lives. There needs to be flexibility that is truly personalised, that's my aim. If staff are happy and people are happy then everyone is happy."
- Safe recruitment processes were in place to make sure that staff recruited were suitable to work with vulnerable adults.

Using medicines safely

- Following a recommendation from the local authority quality improvement team, the service was now supporting people to manage their own medicines where possible. If people were unwilling or unable to do so, the necessary authorisations were in place.
- Only staff who were trained and assessed as competent administered medicines. Staff told us and records confirmed checks on their competency to administer medicines were regularly undertaken.
- Information about specific conditions and the purpose of the medicines was provided so staff understood the reasons the medicines had been prescribed. People's medicines prescribed on an 'as required' basis had instructions to show staff when these medicines should be offered to people.
- A stock count of people's loose boxed medicines was kept as a means of checking that people had received their medicines as prescribed. We checked the stock counts and found them to be accurate.
- People had medicine administration records (MAR) which had been signed by staff to evidence that people had been given their medicines. We found one example where a person's MAR had not been signed. This gap had not been identified by the medicine audit or by other staff and therefore not investigated. A stock count of the person's medicine confirmed it was a recording error rather than a missed dose.
- Weekly and monthly audits of medicines were undertaken to check people were receiving their medicines safely. However, the monthly audits were behind as had not been completed since January 2019. After the inspection we were advised that the monthly audit for March had now been completed.
- During our inspection we observed a staff member administering medicines and saw several practice errors. We shared our findings with the registered manager who took immediate action to remedy the situation. We were later advised that this staff member no longer had responsibility for giving people medicines.
- Some people's medicine folders were messy as had been over filled and were falling apart. The registered manager agreed to review everyone's file and ensure only relevant, up to date information and records were accessible and easy to complete by staff.

We recommend that the provider review their current systems and processes for medicine management to ensure safe and robust oversight of people's medicines.

Preventing and controlling infection

- Staff received training in infection control and we observed good infection control practices in place. Staff wore protective clothing such as gloves and aprons when appropriate to prevent the spread of infection.
- The kitchen had a five star food rating and staff had received training in food hygiene. Food was kept stored safely in the fridge labelled with opening dates.

Learning lessons when things go wrong

- The system for managing medicines had been adapted in response to past failings. People were being supported to manage their own medicines where possible. Weekly audits had been introduced and changes in the way support was provided for people self-medicating. For example, it was identified that a person struggled to complete the MAR accurately. In response, the design of MAR was changed to help the person fill in the record more easily.
- Improvements had been made in how people's money was managed and a robust system for checking people's finances was now in place.

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

Good: 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 and their family members were fully involved in assessments and review to make sure staff had all the information they needed to meet people's needs.
- We saw that the service was keeping up to date with current standards and good practice guidance.

Staff support: induction, training, skills and experience

- When staff joined the service they received an induction based on the care certificate. This represents best practice when inducting new staff into the social care profession. Staff described their induction experience. One said, "The induction has been good, face to face and covered all subjects and about the company and ethos." Another said, "I have done the induction and been shadowing shifts. It's all been very easy, and all staff are supportive." They added, "It's been great getting to know everyone. We have the online stuff to do but we can do that over a period of time so we learn as we go."
- Training was provided which was a mixture of e-learning and face to face for the more practical aspects such as life support. A record of staff training showed that staff training was up to date or had been booked.
- The registered manager had identified and organised specific training required to meet the individual needs of people who used the service, for example, epilepsy training.
- Staff supervision had lapsed under the previous manager. The new registered manager was in the process of organising a new schedule for supervision which would include monthly supervisions that were a mix of one to one meetings and observations of staff practice. In the meantime the registered manager had met with each staff member informally to provide support and guidance. Team meetings had also been arranged which were used for group supervision.
- At the previous inspection we found staff morale was low as staff did not always feel well supported. At this inspection we found significant improvements. Staff told us they felt supported in their role. One staff member said, "The new manager is very open and available and I can go to them at any time. They are supportive of the staff and approachable as is the deputy."

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

- People's likes and dislikes around food and drink were known and respected. Weekly menus were organised and agreed with people. If a person did not like what was on the menu they could have something different.
- Mealtimes were flexible and people could eat when and where they liked. People had input into meal planning, including shopping for groceries and preparing and cooking meals.

- Where people had expressed a desire for support, the service supported people with weight management, including making healthy choices and supporting people to attend a weight management club. This had a positive impact on people's health and wellbeing. One person told us, "I am on a healthy eating plan and losing weight. I get weighed every week." Another said, "I like to buy new clothes now that I have lost weight, it feels better."

Staff working with other agencies to provide consistent, effective, timely care

- The service had made links with various agencies for the benefit of people who used the service. For example, the learning disability liaison at the local hospital. This meant people could access additional help if they went to A&E or had hospital appointments.
- Staff worked with speech and language therapy (SALT) to get support for people who had difficulty swallowing or with communication. One non-verbal person had a communication care plan and book written by SALT which guided staff on how to support them to express their needs and wishes. Staff added to the communication book as they got to know the person.

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

- Plans were in place to improve the garden and we saw that people had been involved in the planning and design.
- The building had been adapted to meet people's needs. People's bedrooms were decorated to reflect their personality, social life and interests. However, the building looked somewhat uncared for internally and externally and was in need of maintenance such as painting and decorating to give people a better quality of accommodation. A physical environment that is well cared for communicates that care is present. Equally, a shabby and neglected environment represents a barrier to dignified care as can send a message to people that they are not valued.

We discussed our concerns with the registered manager who advised that some work had already been completed internally such as new lighting and a request had been made for further refurbishment work to be carried out.

We recommend that the provider seek independent advice and guidance regarding the link between dignity and the physical environment.

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

- People had health plans in place which provided information on people's specific health needs and the support required.
- Hospital passports had been created which could be used to easily communicate people's needs when being admitted for treatment.
- People's records showed they had received regular input from a range of health professionals such as GP, optician, district nurse and speech and language therapists.
- All appointments and the outcomes of any consultations were recorded and changes made to the care plan as appropriate.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS applications had been made where required to ensure people were not being deprived of their liberty unlawfully.
- People's abilities to make specific decisions had been considered and was recorded in their care plans, which identified when help might be required and from whom.
- Staff had received training in the MCA and knew how to support people to make their own choices.

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

Good: 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 staff were kind and caring. One person told us, "It's nice living here, I don't want to move. Staff are lovely and I really love [staff member's name], they are fun and we get on well." Another said, "I can go out whenever I want. I don't mind who comes with me."
- We saw people were very relaxed in the company of staff. Staff used touch appropriately and used positive reinforcement to engage with the people they supported. We saw affection displayed between people that included smiles, friendly interactions and informal banter.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. One staff member said, "It's little steps with some people like [name of person] that you have to do, before they were not going out very often, but now going a bit further its building things up so they can manage it."
- People's important relationships with family and friends were nurtured and supported. Matching people's support needs with the right personalities of staff were discussed and recorded so that people had care of their choice and which met their emotional needs at any given time.
- Staff used a communication book to share information about people and their support needs. We saw an entry in the book which demonstrated the thoughtful and caring attitudes of staff. It read, 'I have put footstool in [named person's] room so they can elevate their feet; please tell [named person] ten minutes before dinner is ready to give them time to get to dining room; also please set up their foot spa so they can soak their feet.'

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

- People could express their needs and these were understood by staff. Information about people's body language, emotions, feelings and other ways of communicating were recorded such as "This morning I have felt happy and I showed this to staff by verbal communication, smiling and laughing."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Where needed, staff sought external professional help to support decision making for people such as advocacy. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person. People could decide on the gender of the staff

member they wanted to provide their care and this was respected.

- People were enabled to maintain and develop relationships with those close to them, social networks and the community. A staff member told us, "We are trying to reunite some family members together with [name of person]. They are excited about this."
- People were supported to focus on their independence in all areas of their lives. We observed and heard about many examples on the day of the inspection where people were encouraged to be independent. For example, setting the time on a watch themselves, making visitors drinks, answering the telephone, helping with chores around the house and we heard how one person was supported whilst out shopping to use their debit card and get the receipts.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff supported people to plan their care that met their personal needs. One person said, "We have times where we go through things. It's good to talk." A staff member said, "I really want to make the care plans stand out and be full of all the things people do so they are a good record of them."
- People's care and health plans were comprehensive and written in a personalised and sensitive way. They were being reviewed to ensure the content was up to date and easily accessible to the person and staff. One new member of staff said, "I have read the care plans but there is a lot to take in. I think it is better spending time with people and then going back to reading their care plan as then it makes a lot more sense when you have got to know them face to face."
- The acknowledgement of people's sexual orientation, along with their other personal characteristics was a recommendation at the last inspection. We discussed this with the registered and deputy manager. They told us that staff had received some training about sexual orientation in January 2019 to raise their awareness but best practice guidance had yet to be obtained. They assured us people's rights and protected characteristics would be part of the review of the care plans.
- People living at the service could choose what they wanted to do day to day and attended local places of interest to them individually. Some people attended clubs, groups and college, whilst others went shopping, to the cinema, swimming, local church and out to lunch.
- People chose where they went on holiday, two people the New Forest and another person the Dordogne. A staff member said, "[Name of person] really wanted a cruise but it had gone, so the next best place they wanted to go was France. It's going to be lovely for them."
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints. At the time of inspection there were no open complaints.
- A complaints policy was in place with an easy read version to support people to raise concerns if necessary.
- People were encouraged to share their views of the service through a one to one process with staff called "my time". This was an opportunity for people to talk about their needs and raise any concerns.

End of life care and support

- Nobody currently living at the service was being supported with end of life or palliative care needs.
- Staff had received training in end of life care should it become necessary.
- Where people had disclosed their wishes in relation to their end of life care and funeral arrangements these were recorded in their care plans.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was new to this service but was also manager of a sister service close by so split their time between the two. They told us that for the time being they were spending most of their time at Glenroyd House to support the new deputy and oversee the improvements required.
- The new registered manager had many years of experience managing this type of service and we saw their knowledge and expertise was beginning to have a positive impact on the service, particularly with regard to staff morale and promoting an open and listening culture.
- People and staff spoke positively about the service. One person said, "This is my home, I have been here a long time now and I love it" and, "Everything is really all okay with me". One staff member told us, "Staff morale has really improved, the new staff are really positive and we all work as a team and no one is isolated or moany." Another said, "Staff morale better and upbeat and positive and people are having good lives. There is lots of laughter and banter."
- People and staff were complimentary about the new registered manager and deputy. One person said, "I really like [name of registered manager] they come and talk to us all the time now." One staff member said, "[Name of registered manager] has made a difference because they respect people and spend time with them and have got to know the staff so we all have a say. Another said, "Good team work now, everyone gets on really well, it's great."

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

- The registered manager understood their responsibility to be open and honest and worked within the duty of candour principles. They met their regulatory requirements to send CQC notifications when required.
- A copy of the most recent CQC report was on display at the service and accessible through the provider's website. This meant the public could view the most recent report of the provider's performance.
- A management structure was in place with clear lines of accountability at manager and provider level and staff were aware of their duties and responsibilities. The registered manager was supported by a locality manager who completed their own audits of the service on a regular basis. This ensured oversight of the service by the provider.
- A range of quality assurance mechanisms were in place. The registered manager sent monthly reports to the provider on all aspects of the service such as safeguarding, complaints and accidents and incidents. This meant the provider could monitor the safety and quality of the service and identify where actions were

required to drive improvements.

- We did see that some of the routine safety checks were not quite up to date, for example, the medicine and infection control audit. The registered manager told us that due to changes within the organisation there were some gaps in the auditing process and they were working with the provider and the new deputy to implement new ways of working that would bring the service up to date.

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

- The service engaged with people who used the service to include them in how the service was run. Resident meetings were organised where people could give their views which were then actioned by the service. For example, where people had expressed an interest in developing the garden, new plant pots had been purchased.
- People provided input into the weekly menus and during one to one time they had the opportunity to talk to staff about activities or interests they would like support to explore.
- Staff were also included in the running of the service through regular staff meetings. Minutes of meetings showed these were used constructively to discuss best practice and staff roles and responsibilities.

Continuous learning and improving care

- The service had worked in partnership with the local authority who had provided them with an action plan of required improvements. We saw this action plan had been completed and all requirements met.
- The registered manager also had their own service improvement plan they were working through which detailed improvements required, who was responsible and target dates for completion of actions.
- The new deputy who had recently been recruited was being supported to develop professionally and had just completed a management development course.
- The registered manager told us they had opportunities for learning and development to improve care and quality. They attended quarterly managers meeting where all registered managers across the group came together for peer support and to talk about best practice. The registered manager also attended their local provider forum which was used to share ideas and good practice principles.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to promote people's health and wellbeing, for example, learning disability hospital liaison, the local authority quality improvement team, psychiatrists and therapy services.
- The registered manager had also forged links with local organisations such as colleges, church, clubs and day centres to support people to feel connected to their local community.