

Glenroyd House Limited

Glenroyd House

Inspection report

26 High Road North
Laindon
Basildon
Essex
SS15 4DP

Date of inspection visit:
13 March 2018

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12 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At the last inspection in November 2015, the service was rated as 'Good'. At this inspection in March 2018 we rated the service as 'Requires improvement.' The inspection was unannounced.

Glenroyd House provides accommodation and personal care for up to eight people with a learning disability, on the autistic spectrum and with mental ill health. At the time of our inspection, eight people were receiving care and support at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people who used the service were unable to verbally tell us about what it was like living at Glenroyd House. We therefore used observation to help us understand people's experiences.

People were not always receiving care which was appropriate and responded to their needs and preferences in relation to accessing the community and following their social and leisure interests. Improvements were also needed to the management of the service. Some systems had not been reviewed in order for them to be improved such as the rota arrangements, communication with and involvement of staff and financial systems.

Procedures were in place to safeguarded people who used the service from the potential risk of abuse. Risks to people's health and wellbeing were managed well whilst maintaining their independence. These were reviewed to ensure people's needs were met effectively and safely.

There were sufficient numbers of staff to support people and safe recruitment practices were followed. The administration of medicines were managed safely to keep people well. Staff knew how to report any concerns and incidents were investigated.

People's needs and choices were assessed in line with current guidance. Appropriate training, supervision and appraisals were in place to enable staff to provide appropriate care to people. Staff had a range of skills, knowledge and experience to care for people effectively.

People were supported to eat and drink enough to meet their needs and to make informed choices about

what meals they had. People received regular and on-going health checks and support to attend appointments. Professionals worked together to support people with their mental and physical health and wellbeing.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005. Capacity to make specific decisions was recorded in people's care plans. 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.

Staff interacted with people in a caring and friendly way and treated them with dignity and respect. People's individual communication needs were recorded in their care files and information was provided in accessible formats. The premises were adapted and accessible to meet people's needs.

Care plans contained information about people's wishes and preferences. They were involved in reviews of their care arrangement. People were encouraged to pursue their interests and to maintain links within the community. There was an effective complaints procedure in place and people and their relatives knew how to make a complaint should they need to.

There was a management structure in place which provided clear lines of responsibility and accountability. The majority of quality assurance checks were carried out to ensure people received a quality service which met their needs and protected their rights.

We made two recommendations in the report. These related to the provider reminding staff about their responsibilities for protecting people's information and keeping it safe and confidential and acknowledging people's sexual orientation and their preferences.

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 was Effective.

An induction process and checks on the competency of staff were in place.

People's needs were holistically assessed and they had sufficient to eat and drink.

Staff teams and professionals worked together and people had access to healthcare services.

The premises were suitable for people's needs. People consented to their care and support and systems were in place to protect their rights.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not always able to follow their social and leisure interests.

Care plans were written in clear and accessible way but were not always person centred in relation to people's sexual orientation.

There was a complaints process in place.

People's end of life wishes had been discussed and recorded.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems to support and involve the staff in the development of the service needed review.

Quality assurance audits were in place but some needed improvement to ensure the best outcomes for people.

The service worked in partnership with other agencies for the benefit of people who used the service.

Glenroyd House

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 checked 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 the 13 March 2018 and was unannounced. The inspection was carried out by two inspectors. The inspection was planned as a comprehensive inspection but prompted in part by concerns which had been raised with CQC about the safeguarding of people at the service.

Before the inspection, we reviewed the information we held about the service including any concerns, complains and compliments. We looked at statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection, we spent time observing the interaction and communication between staff and people who used the service. We looked around the premises and observed care practices.

We talked directly with five people who used the service who could share their experiences with us. We spoke with the registered manager, the deputy manager and five care staff on duty.

We reviewed four people's care records including their medicines administration records. We looked at five staff files including recruitment, training and supervision. We looked at other records relating to the management of the service which included health and safety records and quality audits.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'

Concerns had been raised with CQC about the safeguarding of people at the service. These related to allegations about lack of staffing, a person being physically abused by another person who used the service and a person's finances. The service had raised safeguarding notifications to us and the local authority regarding the safety and freedom of people using the service. These concerns had been investigated at the time by the provider and the local authority and were concluded with lessons learnt and actions put in place for people's safety and protection.

Staff had received training in safeguarding people and were knowledgeable in identifying different types of abuse and what to do about it. The registered manager was aware of how to report to the local authority safeguarding teams. Whistleblowing procedures were in place for staff to use. Staff told us how they supported people to stay safe. One staff member said, "We all know the signs when [person] needs extra support and reassurance, its automatic now and we respond to make sure they don't hurt themselves."

People who used the service were involved in discussions about their safety. Agreements had been made between people about the sharing of communal space and access to certain areas of the service. People were reminded and supported by the staff to follow the arrangements put in place to enable them to live safely at the service. One person said, "I am safe now as we have an arrangement which sorts things out." Another said, "The staff support me to be safe else I would be all over the place."

We looked at the systems in place for protecting people. Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. These included access to the kitchen, swimming, the destruction of property, excessive eating and verbal threats and abuse. The risk assessments were person centred, up to date and accurate.

People care plans were securely stored. However, the daily notes were not kept confidential as, when we arrived, these were on a table in the dining room, accessible to everyone. One staff member said, "They are usually locked away but it's just easier if they are kept there."

We recommend that the provider look at good practice guidance and remind staff about their responsibilities for protecting people's information and keeping it safe and confidential.

The service reviewed people's risk assessments and updated them when there was a change in their circumstances. We saw that where people's needs had changed and the service was no longer able to support a person, discussions took place with them, their families and professionals to look for more suitable alternative accommodation.

Regular and relevant checks had been completed in relation to health and safety of the premises. These

included gas fire, equipment and electrical safety systems. People had personal emergency evacuation plans in place which set out how they should be supported to exit the service in the event of an emergency. The service was monitored, checked and safe for people to live in.

There were enough staff to meet people's needs safely. Regular agency staff were used, who knew people very well, and recruitment for permanent staff was underway. Staff were visible throughout the day and their response to people's needs was quick and appropriate. Safety was discussed with staff in their supervision and disciplinary processes were followed where unsafe practices were found.

Staff recruitment procedures were in place. Recruitment was completed centrally by the provider's human resources department and all information was processed and retained by them and then approved by the registered manager. Records showed that all the required checks had been done which included the completion of an application form with employment history, identification, two references and a Disclosure and Barring Service (DBS) check. These checks helped employers make safer recruitment decisions and prevent unsuitable people from working in a care worker role.

Systems were in place that showed people's medicines were managed consistently and safely. Medicines were being obtained, administered, and disposed of appropriately and were kept stored securely in their rooms. We also saw that their medicine administration record was completed correctly which detailed how and when they took their medicines.

Where people had been prescribed medicines as and when required, such as for pain relief, plans were in place instructing staff what signs and symptoms to look for. The service was proactive in liaising with professionals where specialist medicines were required by people.

Medicine audits were carried out by the registered manager to check that all was in place. However, we noted that two cabinet temperature charts had not been completed on a regular basis and we passed our findings onto the registered manager for their attention and action.

The service was clean throughout and there were sufficient arrangements in place to help ensure the cleanliness of the service. Staff had received training in infection control and we observed them following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. The service had a cleaning rota in place which informed us that all areas of the home were cleaned daily. A rating of 5 had been awarded by Environmental Health at their last visit.

There were systems in place to record, review and investigate issues and concerns. We saw that information, agreed decisions, lessons learnt and actions taken were recorded to ensure that staff and professionals were working together in the best interests and safety of people using the service.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

Staff provided effective support to people as they were skilled and trained in their job role. We looked at staff records and found they provided evidence that staff were supported to develop the necessary competencies and skills for their role.

Staff induction records were seen for new staff which included familiarising themselves with the building and the provider's policies and procedures as well as shadowing experienced members of staff. This included completing the Care Certificate, which represents a set of quality standards care staff should apply in their daily practice. Mandatory training was provided via e-learning and then observations of staff's practices were undertaken.

All staff completed a range of training including health and safety, safeguarding, mental capacity, food hygiene and first aid. Specialist training such as epilepsy and conflict management was provided to support staff in understanding people's needs and how to support them.

Permanent staff received regular supervision and an annual appraisal. These sessions gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service. There was evidence that checks were in place to show that staff undertook their roles effectively, for example, written records on the administration of medicines were seen.

We saw from the care plans and from our observations that people had a balanced diet and their nutritional needs were assessed and met. People went out with staff to do the food shopping twice a week. There was fresh fruit and vegetables available and the individual menus showed a varied healthy diet for those who needed assistance with planning and preparing their meals. One person said, "I love going shopping, I love food." Two people had their own devised menus as they preferred different foods to eat. People helped prepare and cook their meals where they could. One person said, "I am eating healthy now and losing weight."

Most people's weight was monitored and recorded. Professional input from the dietician had been requested for one person due to their weight increase and advice on a gluten free diet. We discussed the reasons for the increase with the registered manager as we could not see any relevant information recorded about this on their weight chart. The registered manager assured us that they were monitoring the person's health and that actions would be appropriately recorded once the dietician had visited.

Staff and organisations worked together to deliver effective physical, emotional and psychological health care support and treatment to people who used the service. Although people had complex health needs they were supported to live their life to the full, manage their condition and that information about them was shared appropriately with other agencies.

Peoples records showed what their health needs were and how they should be met. This ensured staff monitored and adhered to people's medical needs as required. Women's health issues were dealt with appropriately and sensitively such as breast screening, smear tests and the effects of the menopause. Support to access healthcare professionals and appointments was available and outcomes and actions recorded. There was evidence that advice was acted upon within people's care notes and reviews.

Staff liaised with relevant professionals such as GP's, opticians, dentists, mental health service and the behavioural team. Regular specialist input was provided for people when needed. For example, we saw recorded medicine reviews with a psychiatrist to monitor a person's fluctuating mental health.

People lived in a two storey house with an enclosed garden in Basildon. The environment was suitable for people in regards to safety and cleanliness. The service was in a good state of decoration and repair. The service had a maintenance book for highlighting any repairs needed. Bedrooms were personalised and people shared a lounge, kitchen and dining room. Bathrooms were suitably equipped to meet people's needs for example, a choice of a walk in shower and a bath were available. One person whose mobility was becoming limited was waiting on a bedroom downstairs which would be more accessible for them.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is 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, were being met.

Records showed that mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of people themselves, their families and relevant professionals. It was recorded if a person had an appointed person such as a family member or a body such as the Court of Protection to look after their welfare and finances. We saw that an application had been made to the supervisory body (local authority) for an individual to have their liberty deprived in their best interests.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

People told us that the staff were caring and helpful. One person said, "[Name of staff member] is fun, we get on great." Another said, "I like going out with [name of staff member] and we shop and look at things and have lunch and things."

Throughout the day of the inspection, we saw that people were treated with kindness, respect and compassion and were given practical and emotional support when needed. They were given support quickly and staff communicated with them appropriately and effectively. For example, reminding a person as to what they were doing before they got distracted and maintaining a person's routine so that they kept a sense of calm and did not get distressed. Staff also reminded each other about ways in which people's support was to be provided and worked well as a team.

The staff were aware of the ways in which people communicated by knowing their style of language and what words meant, their mannerisms and their body language. Information was provided in accessible formats so that people could understand their care plans. Pictures and photos were also used as communication tools and staff were aware of people's right to information in a way they understood. The service was meeting the requirements of the Accessible Information Standard.

Rotas were arranged so that staff had time to be with people in the service undertaking domestic and leisure tasks and the majority of the time going out with them into the community. Where assessed as needing it, some people had one to one support at the service and in the community. However, some people could not access the community if a staff member without specific training in administering Buccal Midazolam (an emergency rescue medicine for the control of seizures) was not on the rota. This meant that, on occasions, people were missing their activities.

It was clear from our observations that people were happy with the support staff provided them. Staff knew people's needs, they knew what made them happy and upset, what settled them and how to distract them when necessary. They did this in a sensitive and caring yet direct way. Staff were appropriately affectionate both physically and verbally with people which assured them and gave them warmth, comfort and reassurance.

People had access to advocates when they needed them which ensured their rights were protected. Advocates are people who represent the wishes of the person when making important decisions about their lives. In discussion with the registered manager, it was highlighted where advocacy could be of benefit for one person and they agreed to follow this up with them.

Staff told us that people and, where appropriate, their families were involved in their care planning and reviews. They explained how they were involved and how they made decisions on their behalf. There was detailed information in people's care records about how they liked to be supported and this was written in

an inclusive and sensitive way. Information about them, some of their history, interests and aspirations enabled staff to engage and reaffirm people's sense of identity and what was important to them.

People's personal privacy, dignity, and independence were supported and promoted and staff understood and respected these human rights. For example, staff spoke carefully to a person so as to maintain their confidentiality whilst in a shared room and made suggestions to another person about suitable clothing for going out on a cold afternoon.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, we have rated it as 'Requires improvement'.

People did not always receive personalised care which was responsive to their needs. They told us they were limited in their social and leisure interests because there were not enough staff who could drive and they could not or did not want to have to pay for taxi fares. There was one vehicle used by the service but, we were told, only two staff that could drive.

Staff were not able to respond appropriately to people's needs as not all staff had received specific training to enable them to support people in the community. One staff said, "I wish I could support [person] to go out more often if I was trained enough. It really restricts how often they can go out."

The care and support people received was not always appropriate and did not always meet their needs and preferences.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff responded to them in a gentle way, helped them when they needed it and trusted them to keep safe and to enjoy their life. One person said, "Staff know when I am unhappy and they help me to get through things." Another said, "I like going out a lot, I like cooking and [name of staff member] makes me laugh."

Care was assessed, reviewed and recorded and they and their families, where appropriate, were fully involved in this process. People's care plans included detailed assessments, which took into account their physical, mental, emotional, and social needs. We saw people's wishes, views, likes, dislikes, and preferences had been discussed. The daily notes, written in a sensitive and informative way, showed that people's needs were being met as agreed in their care plan with the exception of some activities.

We saw that people's culture, ethnicity and faith were recorded to ensure staff understood and met their needs. When we asked about the sexual orientation of people who used the service as this had not been recorded on their care plan, staff were unsure what it meant as one staff member replied that, "No-one can understand about their sexuality, they are not aware."

We recommend that the provider look at good practice guidance in relation to acknowledging people's sexual orientation and ways in which to support them in being themselves.

Strategies had been developed in order for staff to know how to respond appropriately to people when they expressed behaviour which may be challenging to themselves, others and the service. Staff were trained and had access to behavioural advisors in ensuring that they supported people in a positive way using skills and

tools which respected people and did not restrict their liberty. These included distraction techniques and positive reinforcement so that staff responded in an agreed and consistent way.

People were supported and encouraged to complete their domestic chores such as making their bed, cleaning their room with staff support and doing their laundry. People followed their interests and hobbies at home and in the community. These included going to college and doing a range of courses including cooking and gardening and one person told us they worked in the college shop. The most popular pastimes were eating out, going for coffee, shopping, boccia (similar to bowling) and clubbing.

Families and friends were able to visit when they wanted. Staff enabled people to maintain these important relationships so that it reduced people's isolation and loneliness.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life care, staff had had conversations with people and their families and the care files reflected people's wishes.

The service had a complaints process in place which was accessible and in an easy read format. Complaints had been received and responded to and we saw that responses had been sent with actions taken. People told us they knew who to complain to. One person told us that they had asked the registered manager on numerous occasions for a new bed as theirs was broken. They said they would have to go without going to their clubs so they could save up for a new one. We discussed this with the registered manager who said they had to apply through their head office before they were able to give the go ahead to purchase one for the person. They assured us this had been done and the person would be able to choose a new bed.

Is the service well-led?

Our findings

At the last inspection, Well led was 'Good.' At this inspection it was rated as 'Requires improvement'.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also responsible for another service so split their time between the services. They were supported by an area manager who provided a monitoring and management role across a number of services including Glenroyd House. A deputy manager, who was new in post, was finding their way round the management systems and the organisation and administration of the service. The staff team was made up of permanent staff but relied heavily on bank or agency staff from a company owned by the provider. This meant that all staff received the same training and worked to the values and requirements of the provider.

There was low morale at the service. The staff team were divided in their opinion of the management of the service. Some told us that the registered manager was not visible, did not engage with them or people who used the service and was never at the service. Others told us that they were supportive, knowledgeable and accessible.

People told us that they could not attend some of their leisure interests, church and clubs and groups as the service did not employ enough staff who had a driving licence. One person said, "I wish there were more drivers so we can go out more as I miss some of my clubs and I don't like that." Another person, said, "I get upset when I miss the pub." People had raised this issue at their meetings held in October 2017 and March 2018 which recorded that there was not enough staff who were drivers resulting in them missing out on their clubs, groups, and time in the community.

Staff also told us the rotas were not managed well in terms of skills of the staff team. This situation had resulted in some people being very unhappy that their routine had been changed on many occasions. Staff then had to deal with people's disappointments which disrupted everyone in the service.

The registered manager was aware of these difficulties and was actively recruiting for staff who were drivers. However, they had not made any alternative arrangements in the interim, such as paying for the use of taxi's if people could not access public transport, or utilising transport from the provider's other services to meet people's needs.

Staff told us that the system for managing people's finances was not working. They said there was a system in place but not all senior staff who dealt with people's money were following the process. This was resulting in errors and inconsistencies in the accounting of the money. We saw in the team meeting notes for January 2018 that dealing with petty cash had been raised as an issue and yet, on our inspection, it was still a

concern. The outcome of a previous safeguarding concern had resulted in the service putting in place a tighter system to ensure people's money was kept safe. However, we did not see evidence that staff were comfortable with managing the petty cash or that the system was being monitored and audited effectively.

A quality assurance system was in place. Audits had been completed which included medicines administration, infection control, care plans, health and safety, accidents and incidents. There was a robust data management system in place and a service development plan to manage the service. However, this did not include action taken on the concerns raised.

Staff had a positive and enthusiastic attitude about the people they supported, and knew what was expected of them in their role. They knew how to question practice and raise concerns but did not always feel listened to and involved in the development of the service. Whilst the registered manager acknowledged that there were some staffing issues, there were no plans in place to address the low morale and the dissatisfaction staff were feeling.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager worked very closely in partnership with other agencies including different local authority, behaviour and specialist advisors and the mental health team to support people to have joined up care. Information about people was recorded and shared appropriately so that everyone worked together for the benefit of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to provide a service which met people's needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to sufficiently and regularly assess, monitor, and improve the quality and safety of the service provided in the carrying on of the regulated activity.