

Glenmore Trust

# Glenmore Trust - Northumberland Street

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 8, 11, 13 July 2016. We last inspected this service in January 2014.

The Glenmore Trust- Northumberland Street provides support for people with a learning disability or mental health issues in their own homes. They cover the Carlisle area, Penrith and Eden. Their main offices are located on Northumberland Street in Carlisle.

The service had 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.

The service had sufficient appropriately recruited staff available to support people. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

Staff were aware of how to identify and report abuse. There were policies in place that outlined what to do if staff had concerns about the practice of a colleague or any other person who came into contact with people who used the service.

The service took into account people's levels of capacity when supporting them to make a decision. They noted who had legal powers to help make decisions in people's best interests and had recently made improvements in the way it gathered and held this information.

People were encouraged to eat healthily and had their nutrition and hydration support needs regularly assessed.

The service was commissioned to provide support to some people with their medicines. Where this was the case we saw that medicines were managed appropriately.

Staff knew how to treat people with dignity and respect and were aware how to act appropriately in people's homes.

Support plans were based on thorough assessments which were subject to review. The service had started to keep both a written record of care and an electronic record.

There was a robust quality assurance system in place at the service that was undergoing further development.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet people's needs.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training which took into account people's different learning styles.

The service worked in conjunction with other health and social care providers to try and ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with dignity and respect.

There were policies and procedures in place to ensure that people's privacy was protected.

There were policies and procedures in place to ensure people were not discriminated against.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Support plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of

ways including formally via a complaints process.

People were supported to achieve goals they set for themselves, this included employment, education and social interaction.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had clear ideas about the standard she wanted the service to achieve.

Staff told us they felt supported by the registered manager and the senior management team. People told us that they saw the chief executive officer regularly.

There was an effective quality assurance system in place.

# Glenmore Trust - Northumberland Street

## **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 8, 11, 13 July 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with three people who used the service. We also spoke with eight staff including the registered manager, deputy operations manager and the chief executive officer (CEO).

We looked at six care plans and other policies and records that related to the service. We looked at five staff files which included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe while being cared for by staff. One person said, "If we were worried we would talk to staff."

We spoke with staff who told us there were sufficient staff to meet people's needs. We found no evidence of staff not arriving to support people or being significantly late. One person who used the service commented, "There's more staff generally."

We spoke with the registered manager and the deputy operations manager and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on the hours that they had been contracted to provide support for people. If people's needs changed the service was able to provide additional support if necessary while contracts were reviewed.

We saw that each person had assessments in place that identified risks that they faced and planned ways to reduce them. For example, some people required support if they had a crisis that related to their mental health. Plans were in place that outlined what staff had to do to correctly support people at these times.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all been given training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns if they suspected abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at recruitment procedures in the service. The registered manager and the deputy operations manager provided evidence that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. We looked at staff records that confirmed this.

We looked at how the service managed medicines. The people who used the service lived in their own homes and therefore stored their own medication. The service was commissioned to provide support to some people with their medicines. Where this was the case we saw that medicines were managed appropriately.

We looked at how the service managed infection control. Staff were provided with adequate personal protective equipment (PPE). The use of PPE was underpinned by an infection control policy and the staff were given training appropriate to their role.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person said, "They know what they are doing!"

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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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.

We examined how the service supported people to make their own decisions. The service noted when people lacked capacity to make some decisions and acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The service also checked to see if any family members had lasting powers of attorney. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both. At the time of our inspection the service was gathering copies of these important documents to hold within people's written records of care.

We spoke with staff and asked them if they felt well supported and appropriately trained. The staff told us that they felt they were trained to a standard that enabled them to carry out their roles. Some staff expressed concern that the provider was relying heavily on e-learning as they preferred 'face to face' training. We spoke with senior staff who told us that people could still access face to face training within the organisation. This was because the provider still used face to face training for induction of new employees and any staff member could access this if they wished. In addition support was being given to staff who had identified that they needed extra help using computers to access their e-learning.

We looked at staff training records including a training plan. We saw staff had completed training that the provider judged to be mandatory. This included moving and handling and infection control. In addition staff had also completed training specific to their role such as mental health training.

We looked at supervision and appraisal records for staff. We saw the registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy

People who we spoke with raised no issue with the nutritional and hydration support provided by the

service. One person told us, "They help me shop and cook." Another said, "I had my lunch at Greggs today."

Each person had a nutrition and hydration assessment which identified the support people required. If additional support was required plans were put in place to guide staff on how to support people. We saw that the service attempted to encourage people to eat healthily while protecting their right to choose their own meals.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included members of the community learning disabilities team and the community mental health team as well as GPs.



## Is the service caring?

### Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One person told us, "It's alright, it's a good service."

Staff told us they knew most of the people who used the service well and had worked hard to build positive, caring relationships with them. They told us the provider, wherever possible, tried to ensure the same staff looked after the same people. People we spoke with confirmed this.

We met people who used the service and saw they required little encouragement by staff to express their views about their care and their likes and dislikes. People we spoke with told us they generally did what they wished. For example one person told us that they had been busy with their artwork for the day and another told us they had been out shopping.

We looked at people's written records of care and saw that where possible, support plans were devised with the person who used the service, their relatives or an appointed advocate. This meant people were actively involved in making decisions about their care treatment and support.

We looked at how staff respected people's privacy and dignity. We visited some people in their own homes. While we were there staff behaved in a respectful manner and ensured that people were able to chat with us in private. When we spoke with staff it was apparent that they were clear they were working within someone's home and acted accordingly.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us it was their goal to provide, "Stability and a place of comfort in order to respect people's wishes to remain at home."

## Is the service responsive?

### Our findings

People we spoke with told us that they felt comfortable telling someone if they had concerns or issues with the service provided.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were also assessed as to whether they needed support in various aspects of their life.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes. In addition the service had set up a new electronic system which meant that records could easily be accessed by staff at the locations office. Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals.

We saw that the service actively supported people to follow their interests, education and employment in order to avoid social isolation. The registered manager was able to give us examples of how they had supported people to go to university. They also told us that one person who had an interest in cooking had set up a cooking class for other people. In addition the provider was developing a range of social events, such as café 'drop ins' to encourage people to engage with their local communities.

## Is the service well-led?

### Our findings

We spoke with people and asked them about their experience of the leadership within the service. It was clear that people new senior managers well, particularly the chief executive officer (CEO). One group of people told us, "We have met the CEO...we see him quite often...in fact he's just been."

We spoke with staff during the inspection visit. They were complimentary about the leadership in the service and clearly knew members of the senior management team. They told us that the CEO often took care of things personally and gave an example of him delivering personal protective equipment to staff as they were unable to collect it. They told us that the senior staff were all, "hands on".

The registered manager of this service told us they were continuing to develop the service and hoped to achieve the rating of 'outstanding' in the future.

There was a clear management structure in place for this service. Community based teams reported to senior care workers who in turn reported to senior managers within the organisation. The provider was developing how information reported was disseminated at board level.

We saw evidence that questionnaires were sent to people who used the service. They were designed to seek the views of people and find out if they were satisfied with the service they received. The returned questionnaires were analysed and action plans created to address any issues highlighted. For example it had been highlighted that there was no 'audible' complaints procedure for people who had sight difficulties. This was now under development and was due to be implemented in the near future.

Audits and quality assurance checks were undertaken regularly. These included paperwork audits, training audit and checks on staff's performance. The outcomes of audits were analysed by the registered manager of the service who then used them to improve the way the service was run.