

# Green Light PBS Limited

# Huthnance Park

## 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

### About the service

Huthnance Park provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four people were living at the service. The service is part of the Green Light group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

The people we met had complex learning disabilities and were not all able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff, and feedback from a relative, to help form our judgements.

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

### People's experience of using this service

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People received personalised care which met their needs. People's care plans contained personalised information which detailed how they wanted their care to be delivered.

People were very relaxed and happy in the company of staff and the registered manager.

Staff knew people well and expressed care and affection for them and worked hard to enable people to share their views and live active lives as independently as possible.

People were supported to pursue their interests, hobbies and gain new skills. Staff were flexible and responded to people's needs and wishes, adjusting activities accordingly, as well as exploring and trying new ideas with people.

Staff were recruited safely and there were sufficient numbers to ensure people's care and social needs were met. Staff received induction, training and supervision to assist them to carry out their work.

People were safe and protected from avoidable harm or abuse. Staff were trained in safeguarding and were

supported by effective policies.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were supported to make choices and staff supported people in the least restrictive way as possible. Staff were aware of the legislation to protect people's rights in making decisions.

Staff described how they supported people by treating them with respect and dignity. People participated in chosen activities and staff encouraged people to participate in things of interest to them.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were safely supported to take their medicines as prescribed.

There was strong leadership at the service and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported.

The registered manager had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 Safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Safe findings below.

Good ●

# Huthnance Park

## 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 was carried out by one inspector.

#### Service and service type

Huthnance Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 inspection was unannounced.

#### What we did

We reviewed information we had received about the service since the last inspection. The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and clinical commissioning group (CCG). We used all this information to plan our inspection.

During the inspection we met with two people to ask about their experience of the care provided. We spoke with three members of staff, the deputy and registered manager. We reviewed people's care and medication

records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

#### Following the inspection

The registered manager sent us quality assurance information we requested during the inspection. We contacted health and social care professionals and relatives. We received email feedback from one member of care staff and one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place that protected people from abuse.
- The registered manager and staff could demonstrate they knew how to act if they had a concern about a person and where and how to report any safeguarding concerns.
- Staff had been provided with training on safeguarding adults.
- People were relaxed with staff and relatives told us they felt their family member was safe.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and clear guidance was provided. For example, there were clear and easy to follow positive behaviour support risk management plans for one person who presented some challenges to their environment. Staff were knowledgeable as to how they needed to support the person at these times.
- There were systems to keep people safe in the case of emergencies.
- The environment and equipment was safe and maintained. There was a programme of refurbishment in place to address those areas of the home that were worn or damaged. Due to external works around the location of the home, the water system had been affected. However, this had been risk assessed to ensure when water was safe for personal use, and action was being taken to remedy the issue with the water quality.

Staffing and recruitment

- There were enough staff to meet people's needs. The numbers of staff on duty reflected the needs of the people living there and how they wanted to spend their time.
- Agency staff were used, to cover for vacant posts, sickness or annual leave. When agency staff were booked, they were always staff who had previously worked at the service. Staff said less agency staff were being used as more permanent members of staff were joining the team.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Using medicines safely

- People were supported to take medicines by trained staff who had been competency tested in how to

administer medicines safely.

- Medicine checks and audits were carried out regularly so any errors could be quickly identified. Medicine records were filled out appropriately.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- For people prescribed medicines PRN, or 'as and when required' staff had a good understanding of when it was appropriate to administer these and this information was contained in support plans.

Preventing and controlling infection

- The premises were clean and smelled fresh. People were supported to be involved in cleaning tasks and caring for their home.
- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The service had a robust system in place to monitor and learn from any incidents and accidents. For example, when the service changed from their medicines being presented in blister packs to boxed tablets, there were a number of errors. The registered manager introduced a medicines induction pack and training for staff and the numbers of medicine errors decreased significantly. This induction and training had now been adopted over all the Greenlight services.



# 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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- When people lacked capacity, DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
- We found no evidence of inappropriate restrictive practices in relation to taking a punitive approach to managing behaviour that challenged.
  - Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and families.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were easy to follow, detailed and reflected the person's preferences and wishes. The assessments and care plans reflected the complexity of people's needs and gave clear instructions for staff.
- Staff received training in Positive Behavioural Support (PBS) to enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively. Relatives told us they felt

staff were skilled and knowledgeable.

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included face to face training and competency assessments. Staff told us, "Training is really good."
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.

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

- People lived in self-contained flats and therefore each person had their own kitchen/ dining area and choose their own menu and their food was catered for individually. One person was baking during the inspection with support from staff.
- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices
- People's food preferences were recorded, and the menu was planned to use their preferred foods.
- Where people needed specific support around their eating this was provided appropriately. For example, one person could rush when eating their meals. We saw staff sit and ate with the person to encourage them to moderate their speed. This helped to keep them calm and also enjoy their food.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.
- People had routine and annual health checks and were supported to attend well woman/man checks.
- The service and its staff were committed to working collaboratively and had good links with health and social care professionals.

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

- Three people lived in self-contained flats and one person in a bungalow attached to the home. Their accommodation was decorated and furnished to reflect their personal preferences and interest. People confirmed they had chosen to personalise their flats by choosing the colours of décor and furnishings and personal items.
- The provider had ensured that the service met people's individual needs to enable them to be as independent as possible in a safe environment.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us staff were kind and caring and their family members were always happy and relaxed with staff. Comments included, "I can confirm that I have no issues with my [person's name] care at Huthnance."
- While we spoke with people, their ability to fully explain what they felt about the staff supporting them was limited. However, we observed when people interacted with staff, their behaviour and body language showed they felt really cared for and that they mattered. People who were able to talk with us were very happy with their care and support. One person said, "I love it here".
- Staff had developed positive relationships with people. People were relaxed in the company of staff. We observed positive interactions between people and staff. People smiled, laughed and actively sought the company of staff.
- Staff were passionate about providing the care and support the person needed and expected.
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and care plans included information about issues such as cultural and religious needs. Staff told us understanding of these issues were covered in training and induction.

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

- People were supported by staff to make day to day decisions about their care and support.
- Some people had limited verbal communication. Staff had been trained to support individual people and learn their way of communication, for example a type of sign language known as Makaton or to use pictures to aid their ability to communicate. Staff used their knowledge about the person to understand their way of communicating. This was also described in people's plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity during daily routines. They described how they did this, for example when supporting people with personal care activities. This included considering the gender of staff.
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks and when undertaking activities. Records showed people were encouraged to do as much for themselves as possible.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were able to visit anytime and always felt welcome.
- Staff ensured people's privacy was protected and personal information was kept securely in the registered office. Where information was shared with staff electronically this was done securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Care plans were personalised, detailed and relevant to the person. Regular multi-disciplinary meetings were held to review the persons care and identify future goals.
- Staff had a good understanding of the person's individual needs and provided personalised care.
- Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- There was good communication within the staff team and staff shared information appropriately, about the person's needs, at shift handovers.
- The service used an electronic application to record daily records log in 'real time'. This further supported staff to have current and updated information about the persons' needs and how they spent their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. A hospital passport had been developed to share with hospital staff, to help ensure the persons communication needs would be known if they needed to go to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in activities of their choosing. Each person had their own activities schedule such as meals out, swimming, music sessions, and domestic tasks. During the inspection people were all doing their chosen activity, for example baking, domestic tasks, going to the shops or staying at home. People told us of holidays they had enjoyed.
- People were supported to maintain relationships that were important to them. Some visited family and staff would provide support if needed.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Most people living at the service were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- Relatives felt able to raise concerns and were confident they would be listened to.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. However, the management team had been proactive and attended a course on end of life care so that if needed they could have a greater understanding of how to support people at this stage of their lives. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Staff told us they were a close and supportive team who worked well together with the aim of helping people to live the best possible life. Staff said, "Our management are very supportive, always encouraging us to progress with training and welcome our input regarding new ideas. Safeguarding is paramount in all aspects of our care. They are always available for a chat if there is a problem or a concern, they are also always prepared to support our customers with us. Their door is always open," and "I love it here, we are a great team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a deputy manager and key workers had oversight of named individual's care planning. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. An operations manager supported the registered manager.
- Staff were very motivated by and proud of the service. They told us they felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the

service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and informal conversations with management. An analysis of the results was carried out and an action plan developed to respond to any suggestions made.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Managers attended regular organisational management meetings to support shared learning and share information about the organisation.
- Systems to gather and analyse individual people's behaviour and anxiety levels were used effectively by managers. This meant when trends emerged changes could be made, to how support was provided, to help ensure the quality of people's care continuously improved.

Working in partnership with others

- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.