

# Green Light PBS Limited

# Huthnance Park

## Inspection report

Huthnance Park  
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Date of inspection visit:  
01 August 2017

Date of publication:  
30 August 2017

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection, carried out on 1 August 2017. The last inspection took place on 4 August 2015. At this time the service was meeting the requirements of the regulations.

Huthnance Park provides accommodation for up to four people with complex needs. The service uses a detached house divided into three separate flats in the house and a detached two bedroomed bungalow in the grounds. There were three people living at the service at the time of our inspection.

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.

There was a positive atmosphere at Huthnance Park and it was noticeable that staff and management put people at the centre of the service. People and their relatives were encouraged to be involved in the planning of care. Senior management, staff and relatives regularly discussed how to best support people living at Huthnance Park.

There were regular feedback opportunities for people to give their thoughts on how the service was working. Overall relatives were positive about the care and support provided to people, but we did find there was some frustration about the length of time it could take to implement new ideas. We were provided with some examples of this, which in order not to identify individuals we will not be providing specific details about.

Due to people's communication needs we were unable to gain some people's verbal views on the service and therefore observed staff interactions with two people who lived there. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at Huthnance Park. Comments included; "This is my home. I am happy here and I'm doing very well". A relative told us, "I'm very happy with the support and opportunities my [relative] has had since moving into Huthnance. They have some staff who are absolutely fantastic."

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. Decoration and updating of the service was ongoing and we saw people's individual flats had been decorated to meet their choices. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. Staff were trained and competent to provide the support individuals required.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. Staff comments included, "The induction was quite full on because it was classroom based and for up to eight hours per day. But it was very good and did prepare me to do the job." The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

Robust recruitment procedures were used to make sure new staff were safe and competent to work with people at the service. Staff were trained to provide the support individuals needed.

The service were meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Professionals told us there was appropriate communication between the service and medical services. We saw clear guidance for staff about how they were to meet people's needs so that they worked in collaboration. Staff responded to people's changing health needs and sought the appropriate guidance or care from healthcare professionals when required. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Staff had a positive approach to keeping people safe and there was commitment to managing the changing risks in the service. Staff had developed their skills and understanding to appropriately support people when they became stressed or anxious. There were enough staff to keep people safe and properly supported to do the things they enjoyed, such as helping out at a local farm and coastal walks.

People's safety risks were identified, managed and reviewed and staff understood how to keep people safe. Staff identified and reported any concerns relating to a person's safety and welfare. The registered manager had a system to respond to all concerns or complaints appropriately. Relatives told us they were always made welcome. People were able to see their visitors in their own flats. Relatives of people who used the service commented, "I am always made welcome when visiting".

Comprehensive quality assurance processes were regularly undertaken to ensure management were aware of how the service was operating, and were able to implement changes to keep the quality of the service high. This ensured an open service culture that is open to challenge and learning from issues affecting the quality of the service as they arise.

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

We always ask the following five questions of services.

### Is the service safe?

The service remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well led.

Good ●

# Huthnance Park

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 August 2017 and was unannounced. The inspection was undertaken by a single adult social care inspector, with learning disabilities experience.

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

We spent time with two people who lived at Huthnance Park. People were unable to tell us their views about the service due to their complex health needs. However we observed how staff interacted with the people who were supported and reviewed the communication tools used to assist people to share their feelings about their service.

We spoke with two relatives of people who received a service and received feedback via email from two external professionals with experience of the service. We looked around the premises and observed care practices.

We spoke with four support staff, the registered manager and the Operations manager for the organisation.

We looked at records relating to the care of individuals, staff recruitment files for six staff, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

Staff demonstrated they had a good understanding about how to keep people safe and were familiar with the service whistleblowing and safeguarding policies and could access these in the event they had any concerns. The service had a clear procedure for making appropriate alerts to the local authority regarding people's safety. Records showed that all staff had completed safeguarding training.

Relatives of people who lived at Huthnance Park and professionals who had contact with the service all commented positively about the strengths of the service and how safe and supportive they felt it was for the people who lived there. Comments included, "I have had no issues with how [person's name] has been supported at Huthnance. I consider them to be safe and well cared for. They have opportunities to live their lives and get involved in lots of activities and are supported to do all this in a safe way."

People's care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been considered and the benefits and risks of actions were balanced against each other. This meant that wherever possible people could take informed risks. For example, one person exhibited behaviour which challenged when travelling in a vehicle. This posed a risk to the person and others. Staff had a behavioural support plan in place for the person when travelling. This supported the person's desire to be independent and access the local community safely, and was achieved through the staff's knowledge of the potential risks and triggers for the person's behaviour and the positive de-escalation methods to be used to support the person.

The service had environmental risk assessments in place for risks such as fire and electricity systems, and these were assessed on an individual basis. Information guided staff on the actions they should take to minimise an identified risk. Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and additional guidance provided for staff to help minimise any risk.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Huthnance Park. Staff were responsive when people asked for support and appeared unrushed and patient in their approach. One person told us how much they liked the staff who supported them and it was clear there were positive relationships between people and all of the staff at Huthnance Park." Rotas for the week preceding the inspection showed the appropriate staffing levels were consistently met.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks and two references.

Medicines were managed safely. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Recording requirements demonstrated room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for.

Staff were competent in giving people their medicines. All those with responsibility for administering medicines had received the appropriate training and had their competencies assessed annually. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed.

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

Staff were competent and had the skills and time to develop positive and meaningful relationships with people they supported. The management of the service understood the importance of making sure that people were supported by staff they felt comfortable with and who understood their needs, including when they felt unsafe. For example, staff asked people if they were happy for inspectors to enter their homes and talk to them. During our visit, staff had the safety and comfort of people at the forefront of their minds at all times.

People living at the service were supported with their personal finances by the staff team. Where money was held by the service this was checked daily and audited fully twice weekly and financial risk assessments were in place which sought to minimise the risk of financial abuse. In addition, where requested, people's finances could be managed by arrangement by an independent financial appointee group. This is a money management service for vulnerable adults available to people if they were unable to manage their own finances due to a physical or mental health incapacity. Where appropriate relevant capacity assessments and Best Interests meetings had been held about these issues.

## Is the service effective?

### Our findings

People's needs were consistently met and people lived their lives in the way they chose to and were as independent and active as they wanted and were able to be. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively.

Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation and felt well supported by management. The organisation had a clear development pathway that included supervision and effective training. Staff said the level of training and support provided was 'excellent'. This showed that the provider planned ahead to develop motivated staff to continue the succession of the management team. Staff told us, "We have a strong team and we all support each other."

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

Once new staff had started working at the service they had a full house induction and a period of shadowing experienced staff on shift to ensure they were competent in their role. One staff member commented, "The induction was quite full on because it was classroom based and for up to eight hours per day. But it was very good and did prepare me to do the job."

The high standard of training was echoed by external professionals who were familiar with the service. Comments included, "In my experience the staff are well trained. I've never had cause for concern regarding the teams competencies."

Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care. One staff member said, "They don't make it something you have to do, but there is lots of support to go on and get further qualifications in health and social care. It's a good place to work."

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

People experienced positive outcomes with regard to their health. People's routine health needs and preferences were written down in their support plans; staff demonstrated they understood people's health



needs and these were kept under review. People and their relatives were invited to be involved in their healthcare decisions. People accessed healthcare services as required and received ongoing healthcare support and reviews. For example, on the day of inspection one person attended a medication review and we heard about how management were implementing plans for further investigation of a medical concern for one person. We saw records of annual health reviews with GP services and people had regular appointments with Learning Disability services. People saw their GP and other necessary appointments, such as the dentist, when they needed to and this was documented in records.

The service assessed each person's needs before they came to live at Huthnance Park to ensure the placement would suit their needs and keep them safe. We looked at these assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about. Management told us they worked closely with each person, their family and other professionals to ensure individualised services which were specific to the person. Relatives told us they were pleased with how the service supported people. Two relatives told us Huthnance Park had been the best place their relatives had lived. Comments included, "They have done so well at supporting [person's name] to achieve their goals and keep them motivated. I will give them 10 out of 10 for that" and another relative said, "I am happy with it. They are very good from top to bottom really."

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected.

During the inspection we saw one person was supported to go for a medical appointment and later to spend time at a local farm where they volunteered. Another person was supported to go for a walk. These were activities which had been identified with people as something they enjoyed.

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. Menu planning was done in a way which combined healthy eating with the choices people made about their food. A relative told us they had some concerns about their relatives diet. Management told us they also shared these concerns and had made a medical appointment to investigate whether specialist input was required to support the person in following a gluten free diet.

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. 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 discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. We saw appropriate applications for Deprivation of Liberty

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that staff consistently asked people for their consent to decisions and made sure people were happy before undertaking a support action.

The design and layout of the individual living units met people's individual needs. For example, the flats were spacious and provided ample room for people to be able to live comfortably. We saw that people's living areas were personalised with their colour scheme and personal effects around them.

## Is the service caring?

### Our findings

We observed and people told us they believed the service was caring. One person said they were "very happy" living at Huthnance and we saw that people were relaxed and approached the staff who supported them without hesitation. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries.

Staff relationships with people who used the service were strong, caring and supportive. Relatives commented, "I do feel [person's name] is well cared for. They have been able to offer [person's name] a relatively stable core team who know [person's name] well and have built up a good relationship with them. I think this makes [person's name] feel safer overall and definitely the care is very good." Another relative agreed that overall the level of care was good but felt there was too much change in their relative's support team which could unsettle the person. Management told us they were aware that there had been a number of unavoidable changes to this person's key worker over recent months and had implemented a plan to stabilise this in order to provide more consistency for the person.

The atmosphere at the service was relaxed and friendly. People were free to move around their living accommodation unimpeded and to have quiet time by themselves when they wanted it. When people wanted to access outside space at Huthnance Park they were supported by staff to do so. We saw people moved around their homes at ease. There was lots of coming and going throughout the day as people went about their daily lives supported by staff.

Staff were seen to be motivated to provide the best and most suitable support to people they worked with. People were shown patience and respect; staff were not rushed, were focused and spent time on an individual basis with each person. People who lived at Huthnance Park were treated with care and dignity. For example, when supporting people with personal care, staff were mindful to respect people's privacy and give them safe support to be as independent as possible.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own decision about whether to interact with the inspector and asked the person if they would like a visitor. They then waited until the person agreed they would like to see the inspector and respected the person's privacy to spend time with the inspector and share a cup of coffee with them.

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

The service supported people to express their views and be actively involved in making decisions about their daily care and support. For example, key workers used different communication tools to support people to make choices about their daily food choices and activities they would like to take part in. If a person

struggled to make choices, staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people.

The service had put together comprehensive, picture led support plans and information for people, about their lives at Huthnance Park. Each plan was full of personalised photographs, making the plan very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with and use it. These were reviewed monthly with the person.

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

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

## Is the service responsive?

### Our findings

People who lived at Huthnance Park received care, treatment and support that was personalised, putting them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. We found the service was flexible and responsive to people's individual needs and preferences and was consistently finding creative ways to enable people to live as full a life as possible. For example, one person was supported to help out at a local farm and told us how much they were enjoying this.

People who used the service were encouraged and supported to engage with services and events outside of the home. For example, people took advantage of the rural aspect of the service, particularly walking on the local coastal paths and beaches. One person had recently completed a challenging physical event which had seen them hiking and climbing local attractions such as Brown Willy which holds the accolade for being the highest point on Bodmin moor. The person was clearly very proud of their achievement.

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

Staff told us that when specific feedback on proposed changes to care and support from people or family members was received, they always tried to accommodate this if it was in the best interests of the person to do so. Relatives told us their ideas were listened to, however, there was some frustration about the length of time it could take for agreed ideas to be implemented.

Support plans were regularly shared with relatives and records evidenced on-going communication between the service and families about support plans. Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to each person. A relative told us, "I am kept up to date with what is going on by [person's name key worker]. I also receive regular emails and photographs of what has been going on".

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

## Is the service well-led?

### Our findings

There was a clear management structure at the service. Greenlight, the organisation which runs Huthnance Park, has a small number of management layers which support the delivery of the service. As well as a registered manager, who has day to day management responsibility for the service, there is also an operations manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Greenlight service is strategically managed by the managing director who is trained in operational leadership and management as well as positive behavioural support. Both additional layers of management make regular visits to each Greenlight service to ensure services have appropriate support.

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

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

Staff told us management were supportive and helpful. Comments included, "I think the team here is excellent. The staff team get on extremely well. The management team are very welcoming and approachable."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Relatives told us they had confidence in the management and remarked that overall whilst they were satisfied with how the service was run they did have issues with the speed of implementation of ideas which they felt had been agreed with management. One relative commented, "I'm pleased with the care and support they are providing overall, just a little frustrated sometimes at the length of time it can take to get things done, even when you mention things several times." We were provided with an example of a simple idea which had taken over two years to be implemented. Whilst it was understood that implementation of new ideas can take time, the person's frustration was more around understanding why actions were not taken more quickly. We were told this feedback had been provided to Huthnance Park management.

Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that they found the process useful and provided an opportunity to discuss work related issues. The service had a strong emphasis on continually striving to improve and management recognised, promoted and regularly implemented systems to achieve provision of a high quality service. For example, the supervision used peer review as part of the supervision system.

Staff told us they valued this process because it provided direct feedback from colleagues they worked with about strengths and weaknesses in their job performance which was used as a development tool.

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

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

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of autism, aspergers syndrome, epilepsy management and support for people with learning disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas. The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in positive behaviour support (PBS) which is delivered by a board certified behaviour analyst. Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice.

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

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

Staff told us they were motivated and supported by the way the service was managed and led and that they were happy in their job. One staff member told us, "I am very happy here and absolutely love supporting people to live satisfying lives."

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

People were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service although there were no recent responses received because the service had been operating less than a year.

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