

Glenholme Specialist Healthcare (Northern Region) Ltd

The Marlowes

Inspection report

43 Marlowes
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Date of inspection visit:
05 May 2022
12 May 2022
19 May 2022

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23 June 2022

Ratings

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

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Marlowes is a supported living service providing personal care to people living with a learning disability and/or autism in their own flats. At the time of our inspection there were two people using the service who received the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager and the provider promoted care and support for people which focused on people's strengths and promoted their independence. People were encouraged to take positive risks and take part in activities and pursue their interests.

Right Care

Staff showed kindness and compassion when supporting people. People trusted and approached staff with confidence and joy. Staff supported people the way they wanted and helped them stay safe and enjoy their life.

Staff received training and support to understand each person's needs and their support had a positive impact on people's lives. People were actively involved in their care and the manager was working to develop new care plans for each person. Key workers were allocated to each person to ensure people had regular input and were involved in evaluating their progress, goals and achievements.

Right Culture

The manager and the provider promoted a positive, inclusive culture amongst the staff team. Staff morale was good following the changes in management structure and service model operated by the provider. Staff felt listened and enabled to support people in a personalised and safe way.

The manager and the provider used a range of audits and governance systems to quality assure the service provided. The audits were effective to identify where improvements were needed. An action plan was in place to detail what actions were taken and if these were effective to drive improvements.

Staff received training and understood best practice when supporting people with a learning disability and/or autism. People and their representatives were involved in their care and their views and choices were respected. Staff felt valued and involved in developing the service to improve people's outcomes.

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

Rating at last inspection

This service was registered with us on 03 July 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Marlowes

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the registered manager was in the process of de-registering and another manager was appointed.

Notice of inspection

We gave a short period notice of the inspection because we needed people's consent to a home visit from an inspector. This meant that we had to arrange for a visit at a time suitable for people.

Inspection activity started on 05 May 2022 and ended on 19 of May 2022. We visited the service on 12 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three members of staff, the manager, the regional operation manager and four health and social care professionals involved in people's care. We spoke and observed one person who agreed for us to visit them how they interacted with staff and the manager.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's care plans detailed how staff supported them to understand how to protect themselves from any possible abuse. For example, staff worked closely with a community safeguarding officer to support a person when out and about in the community to stay safe from abuse.
- Staff received training and understood how to report their concerns. One staff member told us, "If I am concerned about a poor practice, I will notify my manager, and if I am concerned about a manager's poor practises, I will notify the local authority adult safeguarding system or the Care Quality Commission. I have not yet reported any concerns."
- The manager and provider had appropriately reported concerns to the safeguarding authority when needed and ensured protection plans or improvements were made to people's support.
- There was a lesson learnt process in place. Following the analysis of incidents, accidents, complaints and compliments, the manager shared with staff improvements needed and best practice guidance in supporting people with a learning disability.

Assessing risk, safety monitoring and management

- People were supported to live their lives, the way they wanted. To achieve this staff and the manager assessed the risks present in people's lives. These included risks to people's health but also risks when out and about in the community, doing housework or cooking and others.
- There was a multidisciplinary team approach in managing risks and lowering restrictions for people to enjoy their life. The multidisciplinary teams consisted of health and social care professionals, staff and independent advocates who represented people's voice in the decisions made for them.
- Staff were trained to understand positive behaviour support for each person, how they had to communicate and approach people to maximise their well-being and prevent anxiety.

Staffing and recruitment

- There were enough experienced and skilled staff to ensure people received support safely. People received one to one support when this was needed. Support was flexible for them to do what they liked when they wanted.
- Staff were matched with people to ensure their personality matched as well as they had the right skills.
- The provider operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Using medicines safely

- Staff were trained in safe administration of people's medicines. However, the manager identified through audits that at times best practice guidance was not followed by staff when supporting people to take their medicines.
- At the time of the inspection the manager was working to improve staff's knowledge and understanding about medicine management. The local pharmacist had been involved to deliver training for staff. Audits were increased to ensure any errors were identified promptly before having an impact on people.

Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection, prevention and control measures to keep people safe. We observed staff following government guidance when using personal protective equipment (PPE).
- People were supported to live in an environment with a good level of cleanliness.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager was in the process to further develop people's support plans to include people's long-term goals and regular reviews of the progress they made in achieving their goals.
- Support plans detailed people's current needs and described in detail what strategies staff used to enhance people's independence.
- Staff were knowledgeable about people they supported and were proactive in looking at ways to encourage them to have the best life. For example, staff successfully supported a person to overcome their anxiety of leaving their apartment whilst previous placements had failed in this. The person was now enjoying short well-planned visits out in the community several times a week.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they received training and support to understand how to support people safely and effectively.
- Staff told us they were supported through regular supervisions by their managers and they felt they could share any concerns with them. One staff member said, "I have regular supervisions. I am so happy. I can discuss anything I feel I need to discuss, and I feel supported by management."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff encouraged people to eat healthy foods. A person told us they wanted to lose weight to be able to continue with an activity they enjoyed doing but had to stop due to COVID-19.
- People chose what they wanted to eat and drink, and staff supported them to be involved in cooking their own meals but also to eat out when they wanted to.
- Professionals we spoke with told us staff were supporting people to maximise their health and well-being. One professional told us they observed staff communicating effectively with a person who had an anxiety to attend health care appointments. Staff were successful in supporting the person to receive treatment.

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

- The manager involved external health and social care professionals in people's care. All four health and social care professionals we spoke with told us staff were knowledgeable about people's health conditions and helped people maintain good health.
- People had annual health checks and staff supported them to attend health appointments when needed.
- People's GP's and consultants were involved in regular reviews of people's medicines to ensure the medicines people were taking were necessary and met their needs.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own choices and decisions as far as possible.
- Some people had no close family member involved in their care for staff to consult with them about decisions needed to be made in people's best interest. Staff involved independent advocates and other health and social care professionals to represent people's voice and ensure all decisions were in people's best interest.
- There were no physical restraint practices used by staff to support people with their moods or anxieties.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us, "Yes" when we asked if they liked the staff who supported them. We observed how people sought staff's company, they were laughing, and their body language was relaxed.
- A person who agreed to see us did not want to talk to us, but they were happy to interact with the manager in our presence. They were laughing, used the manager's computer to show us their care plan and discussed their plans for the day with the manager. The interaction evidenced trust and familiarity between the person and the manager, and we observed the person acting the same in other staff's presence as well.

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

- Staff developed good communication with people. They understood people's personalities, body language and communication. They gave people information the right way so that people could make choices and communicated their decisions.
- People were comfortable telling staff what they wanted to do and received appropriate support to achieve their goals.

Respecting and promoting people's privacy, dignity and independence

- Each person had their individual apartments where they could spend time alone if they wanted. A person would hang a door sign outside their apartment door when they felt the need to spend time in private. All staff knew the meaning of the sign and respected the person's privacy.
- Staff understood the importance of protecting people's dignity and privacy. For example, a person agreed for us to visit them when we arrived at the service. However, when we went to their apartment a staff member told us the person was asleep and they didn't want to be disturbed at that time. This evidenced that people were valued and supported by staff who understood how to promote their privacy and dignity.
- People's care plans detailed the areas of their support where staff encouraged their independence. People were involved in daily living tasks like, laundry, cleaning and cooking to learn new skills and promote their independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Staff provided people with well-coordinated personalised care and support which met people's needs and preferences.
- People were involved in planning forward what they wanted to do; however, the support was flexible for them to decide at short notice what they wanted to do.
- People were involved in arts and crafts, shopping trips, horse riding and other entertainment or activities of their liking.
- One person proudly showed us pictures from their birthday party staff helped them organise. They were laughing and discussing with the manager how they suddenly decided after the party that they wanted to go out for drinks and staff supported them to do this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans described people's communication skills, the language they used and the meaning behind facial expressions, behaviours and body language. Staff understood people and supported them effectively.
- Staff used a range of tools to aid people's understanding. For example, mobile phones, computer devices, pictures and written communication were used.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. There were no complaints received about the care and support people who received the regulated activity received. However, we saw in other instances complaints were recorded, investigated and responded to appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff and professionals, we spoke with told us about the positive changes since the manager has been appointed. One professional told us, "There has been a change in management and with this there has been a huge improvement in terms of communication. From what I have experienced so far there has been a huge improvement that gives me more confidence in the support they are offering to my service user."
- The manager worked directly with staff and people. They promoted a positive culture amongst the staff team and placed people in the centre of their care.
- The changes made by the manager and provider included developing better working relationships with health and social care professionals, developing more personalised care plans, involving people in reviewing their achievements and goals with their key worker, medicine management and changing the management structure.

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; Continuous learning and improving care

- The manager and the provider understood and implemented the principles of Right Support Right Care Right Culture guidance. The policies and procedures in the service promoted personalised care and support for people where people's voice was listened to and their choices and wishes were respected.
- Prior of the inspection the provider identified that a change was needed to the management structure of their services. They assessed all aspects of the service they provided to people and made the changes necessary to improve. Lessons were learnt across all the providers services and the positive impact was already observed in how people were supported to achieve positive outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The providers regional operation manager supported the manager in the service to implement all the changes needed following the assessment they carried out to assess the service.
- Staff told us they were encouraged to actively voice their views about the service, and they felt involved. One staff member said, "I like how the management encourages everyone to be open and transparent if they are dissatisfied with anything."
- The manager was planning to involve people in how the service was running. They had planned people's meetings making this more enjoyable for people by organising a pool table competition as part of the

meeting.

- People were asked for their feedback about the care they received in their regular key worker sessions.

Working in partnership with others

- The service worked in partnership with health and social care professionals as well as independent advocacy services. This ensured people received joined up support from all involved.