

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Glenmore Trust - Northumberland Street

9 Northumberland Street, Carlisle, CA2 5HD

Tel: 01228522448

Date of Inspection: 23 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Glenmore Trust
Registered Manager	Ms. Denise Jarman
Overview of the service	The Glenmore Trust provides support for people with learning disabilities in their own homes. They cover the Carlisle area, Penrith and Eden. Their main offices are located on Northumberland Street in Carlisle.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safety and suitability of premises	9
Assessing and monitoring the quality of service provision	10
Complaints	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with people who used the service and relatives of people receiving care from The Glenmore Trust. People we spoke with told us they had been involved at the assessment of their needs or the needs of their relatives. They told us they had been part of the decision making about how their needs would be met by the service.

The relatives and people we spoke with told us they were "extremely happy" and "very satisfied" with the support provided and said the service provided was "excellent". One person we spoke with said, "The staff keep me informed about how my relative is doing". All of the comments made by people we spoke with were very positive about the staff and care they received.

The agency office was situated near the city centre of Carlisle. The agency office was accessible from the main street.

If required meetings could be held on the ground floor of the building for any people who may have mobility difficulties. The offices were of a reasonable size and provided sufficient space for staff to work in.

We looked at the satisfaction survey completed by people who used the service in 2012 and the recommendations identified by the provider. Overall most people were very happy with the service provided. We found that 95% of people said they were happy with the staff supporting them and 99% felt they had a person centred plan of care.

We reviewed the complaints records and none had been made since our last visit. People we spoke to told us they had no complaints about the service but would be happy to raise their concerns directly with the staff, managers or registered manager. One person told us, "I would just tell the manager if something was wrong".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and where people did not have the capacity to consent the provider acted in accordance with legal requirements

Reasons for our judgement

We looked at the records held about ten people, who used the service, at the main office and also when we visited people's homes.

We saw detailed records explaining how people should be supported in their homes we found these were consistent with the actual support being provided when we visited people in their own homes. During our visit we saw that the staff treated people with respect and we could see that people who used the service were involved in making decisions and choices about their own lives.

We spoke with people who used the service and relatives of people receiving care from The Glenmore Trust. People we spoke with told us they had been involved at the assessment of their needs or the needs of their relatives. They told us they had been part of the decision making about how their needs would be met by the service.

We saw there were company policies and procedures in place for staff to refer to about the safeguarding of people who may lack capacity. From the training records we viewed we saw that staff received formal training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties safeguarding (DOLs).

The care plans we viewed had a designated section for signatures of the people or relatives of those who used the service. This meant that people understood the care they received and support was consistent with and in accordance to their wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

Reasons for our judgement

We spoke with people who received care from The Glenmore Trust, their family members and staff. We asked people for their views about the service and the care and support staff provided.

The relatives and people we spoke with told us they were "extremely happy" and "very satisfied" with the support provided and said the service provided was "excellent". One person we spoke with said, "The staff keep me informed about how my relative is doing". All of the comments made by people we spoke with were very positive about the staff and care they received.

One care plan we looked at did not contain current information following an incident. We could not see from the records, held at the main office, whether relevant health care professionals had been informed about the incident. This meant that where changes in people's needs had occurred there was no accurate information available. When we pointed this out the manager took immediate action to ensure all the information was shared with the relevant people. Checks were also made to ensure that records held at the persons home contained the current information. The provider might wish to note that records held at the main office need to be current to ensure that all staff are kept fully informed about the individual's needs. The provider may also wish to note that sharing information with relevant professionals involved in the overall care of people who use the service needs to be done in a timely manner.

We saw that records were kept in the homes of people using the service which documented the care and support given. These records were informative about people's current needs. We asked staff about how changes that occurred in people needs were documented in their care plans. We were told that when things changed the records were reviewed and that information was then shared with the manager at the main office.

In the care plans we looked at we saw detailed pen pictures about individuals that provided personalised information about their preferences, likes and dislikes. We saw that where necessary people had been referred to other professionals. People using the service had their goals and wishes recorded we saw that some of these had been

achieved and some were still being worked towards.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The agency office was situated near the city centre of Carlisle. The agency office was accessible from the main street. If required meetings could be held on the ground floor of the building for any people who may have mobility difficulties. The offices were of a reasonable size and provided sufficient space for staff to work in.

Health and safety audits and risk assessments were in place to ensure the building remained safe and suitable for people to work in. Regular checks were completed including fire safety equipment and electrical equipment. Records of all the audits were kept and available to inspect.

The agency had in place all the necessary equipment to support the operation of a busy domiciliary care agency.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

The registered manager and deputy operations manager could tell us about the areas of quality assessments that had taken place.

We looked at the satisfaction survey completed by people who used the service in 2012 and the recommendations identified by the provider. Overall most people were very happy with the service provided. We found that 95% of people said they were happy with the staff supporting them and 99% felt they had a person centred plan of care. At the time of our visit the survey for 2013 had just been completed and the feedback was still in the process of being summarised. We also looked at the summary results of questionnaires completed in December 2013 by people who used the service for adult social care. The results overall were positive about the service. We saw that a total of 94% of the people asked said they strongly agreed or agreed that felt they were listened to by the service.

We were told that when clients raised matters these were dealt with on an individual basis. Comments we saw made by clients were very positive. One negative area was about the amount information provided to people who used the service in relation to staff who had chose to leave employment. We saw from the recommendations that this had been addressed.

We saw from the records kept about incidents learning from incidents was implemented to keep people safe.

We saw audits of a number of processes were completed on a regular basis. The system of regular audits or checks ensured people were receiving safe and appropriate care.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We saw policies and procedures were in place for managing complaints. People had been given information in the service user's guide about what to do if they needed to make a complaint.

We reviewed the complaints records and none had been made since our last visit. People we spoke to told us they had no complaints about the service but would be happy to raise their concerns directly with the staff, managers or registered manager. One person told us, "I would just tell the manager if something was wrong".

The staff told us that if a complaint could not be rectified by them that they would refer it to the local authority and /or relatives.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
