Care Quality Commission

Glenside Manor Healthcare Services Limited

Glenside Farnborough

Inspection report

82 Albert Road
Farnborough
Hants
GU14 6SL
Tel: 01252375547
Website: www.glensidecare.com

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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

Overall summary

The inspection took place on 16 and 17 November 2015 and was unannounced. Glenside Farnborough provides residential accommodation and rehabilitation services for up to 22 people with brain injury and/ or neurological conditions. At the time of our inspection 14 people were living in the home. The home is a three storey building, with staff offices on the top floor. People were able to access both residential floors of the home and the garden as they wished.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood indicators of abuse, and followed procedures to protect people from harm. Training and guidance ensured staff knew the actions required to report and record safeguarding concerns.

Summary of findings

Risks were identified and managed to reduce the risk of harm to people, visitors and others in the home. Regular checks and servicing ensured equipment was fit for purpose.

Staffing was sufficient to meet people's identified needs. Levels varied in accordance with people's changing needs. Rehabilitation assistants undergoing induction to the home worked in addition to rostered workers. This ensured that people were supported by a sufficient number of staff with the skills to meet their needs safely.

The registered manager completed a checklist to ensure all the regulatory requirements relating to staff employment were met. This ensured that people were supported by staff who had undergone relevant pre-employment checks to ensure their suitability for their role.

People were protected from the risks of unsafe medicines management and administration. Medicines were stored and disposed of safely. Team leaders who administered people's medicines had appropriate training and competency assessments to ensure they did so safely.

Rehabilitation assistants completed and refreshed training to ensure they retained the skills required to support people effectively. They were supported through supervisory and team meetings to discuss and resolve issues to promote people's effective care.

Rehabilitation assistants understood and implemented the principles of the Mental Capacity Act (MCA) 2005. They supported people to make decisions about their care, and consulted with relatives and others appropriately when people had been assessed as lacking the mental capacity to make a specific decision.

People's dietary needs and preferences were known. Effective actions protected people from the risks of malnutrition or dehydration, and enabled people to eat independently where appropriate.

People were supported by regular therapy reviews to develop skills to promote their independence and promote their health. Effective communication ensured planned rehabilitation programmes were followed.

People and their relatives told us staff treated them with care and compassion. Relatives told us of the relief they felt because of the depth of kindness their loved ones experienced in the care provided. People were not rushed to respond to questions or make decisions, because rehabiliation assistants understood that some people required time to consider options and make their preference known.

People's dignity and privacy was promoted. People were encouraged to leave their rooms locked to protect their private space, and staff respected people's preference when they wished to be alone.

People's needs were assessed with them or those able to lawfully represent them. Regular reviews ensured their care and support was updated in response to their progression towards independence or changing health needs. People agreed timetables to support their progression towards planned goals.

People were able to socialise as they wanted, and were encouraged to join in activities in the home and local community. Meaningful activities ensured people were engaged in activities that provided them with purpose and enjoyment.

Effective communication and the provider's complaints procedure ensured that issues and concerns were addressed and resolved appropriately. People and those important to them were supported through regular meetings and contact with staff to share information and discuss any concerns. Feedback indicated that people and their relatives were satisfied with the care and support provided.

The home's culture enabled people's rehabilation and independence, because rehabilitation assistants understood their roles and the requirement to empower people to regain life skills. They took pride in empowering people to achieve their agreed goals.

Staff were highly committed to delivering high quality care. They listened to people's comments, and worked with them to deliver the support they wanted. The registered manager was described as open, creative and supportive by relatives and staff. She used feedback from people, their relatives and staff to drive improvements to the quality of care provided, and nurtured staff skills. Staff were respectful of each other, and valued each other's skills and support.

A system of robust audits and reviews ensured areas of development were identified, and an action plan demonstrated progression and completion of actions

Summary of findings

required. This information was shared in the home to explain to people, staff and visitors how their feedback, audit findings and national reviews were used to ensure people experienced high quality care at Glenside Farnborough.

Summary of findings

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.

Good

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

Individual risks to people were managed through appropriate assessments and actions as required. Environmental risks affecting people and others were managed safely through checks and servicing to protect people from identified harm.

There were sufficient rehabilitation assistants on duty to meet people's needs safely. Checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines, because team leaders administered their prescribed medicines safely.

Is the service effective?
The service was effective.

Good

People were supported effectively by rehabilitiation assistants who were trained and skilled to meet their health and support needs. Regular staff reviews and meetings ensured issues were resolved to maintain people's effective care.

Rehabilitation assistants understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People's dietary needs and preferences were known and met to protect them from poor nutrition or dehydration. Effective liaison with health professionals ensured people maintained their health, and were supported to develop skills to promote their independence.

Is the service caring?
The service was caring.

Good

People and their relatives described their care and support as exemplary. People were supported with compassion and kindness.

People were encouraged to make choices. They were not rushed for responses, and staff listened and to and respected their decisions.

People's wishes and preferences were understood and met. Their dignity and privacy were promoted through the actions of staff.

Is the service responsive?
The service was responsive.

Good

People's needs were assessed and reviewed with them to ensure changes were managed responsively. People agreed goals to support their progress towards rehabiliation and independence where appropriate.

Summary of findings

People were supported to engage in activities that were important to them, including access to the local community.

People and their relatives were aware of how to raise complaints, and the provider's procedures ensured these were resolved appropriately.

Is the service well-led?

Good

The service was well-led.

People were supported and empowered in accordance with the provider's values to enable their rehabiliation and independence where possible. The provider's philosphy of care was experienced by people, as they were supported through small steps to work towards their agreed goals.

People, relatives and staff spoke positively about the registered manager. She was described as creative and supportive, and sought to include people and staff in decision-making in the home. She listened to feedback and made changes in accordance with this to improve people's care.

Feedback, reviews and robust audits were used to drive improvements to the quality of care provided. This information was shared through displays in the home to ensure people were aware of changes implemented, and to encourage further feedback to enable staff to strive for excellence.

Glenside Farnborough

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 17 November 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor with clinical experience of neurological conditions.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. We reviewed information shared with the Care Quality Commission (CQC) by commissioners of care and a nursing advisor. A Provider Information Review (PIR) had been submitted for the inspection in August 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection to review the quality of care people experienced.

During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with five people living at Glenside Farnborough, and two people's relatives to gain their views of people's care. We spoke with the registered manager, the Operations Manager, and the therapy assistant and agency chef. We also spoke with six rehabilitation assistants, including team leaders and agency care workers, during our inspection. Care workers were called rehabilitation assistants at Glenside Farnborough, because their role was to provide support and care to promote people's rehabilitation and ablement to return to their own homes. We use the term 'staff' in this report to refer to a mix of staff roles, including management, care and catering.

We reviewed three people's care plans, including their daily care records, and medicines administration records (MARs) for six people. We looked at four rehabilitation assistants' recruitment and supervision files, and the staff roster from 18 October to 14 November 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how people's, relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

We last inspected this service on 23 November 2013, and did not identify any areas of concern.

Good

Is the service safe?

Our findings

People told us they felt safe at Glenside Farnborough. One person told us "I have my own room. I can lock myself in if I choose to and I have my staff call alarm", and another person explained that when they recently called for support "Four staff responded when I pressed the staff alarm. They were here in no time". One person's relative told us of the reassurance they felt now their loved one was in this home, explaining "They [staff] gave me back my life. I'm not scared about what may happen to her".

Information on safeguarding was provided in a format accessible for people to refer to if they wished. This meant that people were aware of their rights, and processes in place to protect them from possible harm.

Rehabilitation assistants were able to describe indicators of abuse, and told us they would follow the provider's safeguarding policy to report and record concerns. They were aware of the provider's whistle blowing policy, but were confident that safeguarding issues would be managed appropriately to protect people from harm. Training was refreshed regularly to ensure staff understood appropriate actions to protect people from abuse. Computer screen savers rolled information links to important policies and procedures, including the safeguarding and whistle blowing policies. Staff were reminded how to raise concerns to protect people from potential abuse.

Specific risks affecting individuals were managed through a process of assessment and measures put in place to protect them from identified potential harm. For example, some people were at risk of developing pressure ulcers because they were unable to change position independently. Pressure-relieving equipment and regular re-positioning ensured their skin was maintained in good condition.

The registered manager had completed training to ensure she had the skills required to manage one person's anxieties, as these had previously impacted on others in the home. She had cascaded learning to ensure all staff understood how to support this person effectively to reduce their anxiety. Monitoring forms evidenced that this person's anxieties had been managed effectively to ensure their behaviour no longer impacted on others.

Corridors in the home were sufficiently wide to enable people in wheel chairs to manoeuvre unassisted. There were two lifts, one of which was suitable for wheel chair access, as well as stairs to enable people to travel between floors. Ramps into the garden at the front and back of the home provided suitable access for all people. People opened and closed windows as they wished to maintain their preferred room temperature. All windows had restrictors to protect people from the risk of falling. Call bells were available in people's rooms and communal areas so that people could alert staff if they required support, and portable call bells meant people could call for assistance when outside.

A rehabilitation assistant described the maintenance person as "On the ball", and staff told us repairs required were addressed promptly. Maintenance and service records demonstrated that equipment was maintained in good condition. For example, water temperature checks, outlet flushing and water tests protected people and others from the risk of legionella disease. This is a harmful bacterial virus. Gas and electrical safety documents demonstrated that servicing was completed regularly by external contractors to protect people from harm.

People, relatives and staff told us staffing levels were sufficient to meet people's needs, and they did not have difficulties seeking support when they wanted. One relative stated "'When my son is miserable there is always somebody attending to him".

A rehabilitation assistant explained that staffing levels varied daily in response to people's changing needs, and this was reflected in the roster we viewed. They explained that the emphasis was on rehabilitating people to independence. Staffing levels reflected the amount of time it took to support people to achieve meaningful tasks such as dressing and washing with guidance and encouragement, rather than to get people up and dressed promptly in the morning. They told us "It puts more strain on staff, but that's what we're here for". Additional staff, such as the therapy assistant and staff on induction or training, were not included on the roster, because their role was not primarily to provide personal care or assistance as part of the care team. This ensured that these staff had sufficient time, without the pressure of delivering personal care, to attend to their roles. There were sufficient staff available to support people's needs safely.

Good

Is the service safe?

The provider's recruitment process ensured that applicants were of suitable conduct to safely support people. Criminal record checks had been reviewed, and discussion of any disclosures demonstrated that the provider had considered whether these affected the safety of people or others. The provider only employed applicants when they were assured of their suitability. References from previous employers were sought to evidence appropriate conduct in previous roles in a health and social care environment. Gaps in employment history had mostly been identified and accounted for, but we found short term unexplained gaps in two of the four recruitment records viewed. The registered manager immediately investigated these gaps with the relevant staff and was satisfied with the explanations provided. She reviewed the recruitment checks completed at Glenside Farnborough, and on the second day of inspection showed us a new checklist to address the risk of gaps in records we had identified for future candidates. This ensured that processes were in place to protect people from the risk of care from unsuitable staff.

Team leaders administered people's medicines. One team leader explained they had completed training and workbooks assessed by the pharmacist to ensure they understood safe procedures to follow when handling medicines. They had also shadowed and were observed by experienced medicine administrators to ensure they were competent to administer people's medicines safely. This protected people from unsafe administration of their medicines.

Team leaders followed people's medicine administration records (MARs) to ensure people received their prescribed medicines safely. Colour coding, labelling and storage procedures protected people from the risk of medicines being administered at the wrong time or to the wrong person. The MAR records we reviewed did not contain any gaps or errors, indicating that people received their prescribed medicines correctly.

Medicines prescribed for use as required, known as PRN medicines, were available for use as people needed, for example to manage pain or anxieties. Records ensured team leaders understood when it was appropriate to use prescribed PRNs and how to administer them. Guidance ensured they were aware of factors indicating when they should not be used, for example if they reacted adversely with other prescribed medicines. A record of administered PRNs demonstrated that these were only used as necessary to promote people's health and wellbeing.

The registered manager completed an audit of medicines management monthly. Audit records demonstrated that when issues had been identified, actions had been implemented to reduce the risk of repetition, and learning was shared to ensure staff understood the actions required. People received their prescribed medicines safely.

Good

Is the service effective?

Our findings

People told us staff understood their needs, and were aware and attentive when they required additional support to manage short term illnesses. All new staff attended the provider's induction of training and information sharing. This ensured they understood the provider's expectation of behaviours in line with their mission statement and values. New rehabilitation assistants explained how shadowing experienced colleagues during induction had allowed them to "Pick up skills" and "Learn different techniques" to support the individuals in their care effectively.

Rehabilitation assistants told us they could ask questions of any member of staff without concern that they would be judged. They described colleagues as supportive and helpful, and told us team leaders "Empower us by working alongside us. They show us how to implement the care plans. They work very hard". Some staff were named champions in specific areas of care, such as dementia care, diabetes management and infection control. They were a point of contact to guide all staff in the actions required to meet people's needs.

Staff told us training was "Comprehensive". As well as mandatory topics such as safeguarding, health and safety and first aid, all staff were trained in the management of actual or potential aggression (MAPA) to ensure they had the skills required to diffuse and manage challenging situations. This ensured they were able to recognise potential triggers of behaviours that challenged, and understood appropriate actions to de-escalate people's anxieties safely.

Specific training to meet people's identified needs, such as epilepsy training and diabetes care, was provided as necessary. External trainers assessed staff knowledge to ensure people were supported effectively to manage their specific care needs. When people new to the home required the use of a hoist to transfer between their bed and wheel chair, training was provided to ensure rehabilitation assistants transferred people safely.

Training was refreshed to ensure staff maintained the skills required to deliver their roles effectively. A training log demonstrated that training was kept up to date. An agency care worker told us they worked at Glenside Farnborough regularly. The Operations Manager confirmed that they aimed for consistency in the agency staff employed to promote understanding of people's needs. They ensured agency staff had completed all required training. The agency care worker we observed knew the people they supported, and did so effectively.

Rehabilitation assistants told us they had regular supervisory meetings, which provided an opportunity to discuss concerns and personal development. The registered manager's supervision log demonstrated that staff were supported through regular supervisory meetings. Staff were supported to develop and maintain the skills and knowledge required to meet people's needs effectively.

Monthly staff meetings provided an opportunity to discuss and resolve issues. Staff were invited to add agenda topics to ensure any issues or concerns were shared and resolved. A rehabilitation assistant told us concerns were usually resolved when raised at meetings, and incidents had decreased as a result of actions implemented in response to issues identified. The registered manager showed us a new allocation plan that had been implemented in response to rehabilitation assistants' request for greater control of their daily workload. This demonstrated that the registered manager was open to staff suggestions for change.

People's consent to care was always sought appropriately. People agreed a daily timetable of activities and tasks to progress their rehabilitation towards independence. One rehabilitation assistant told us "If they haven't agreed to it, it's not on their timetable". Another explained how they provided people with "An extra five seconds" to give them time to consider responses to questions, and "Didn't assume" consent until it was given. They described how people's routines were agreed. "We ask, we don't make [them do things]. People are never forced to do anything they don't want to. It's all based around their likes".

Rehabilitation assistants understood and followed the Mental Capacity Act (MCA) 2005 guidance. They took account of the person's known wishes, shared by the individual or those who knew them well. The 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. Where people

were assessed as lacking the mental capacity to make a specific decision for themselves, family, senior staff and health professionals made an appropriate best interest decision on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether Glenside Farnborough was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made DoLS applications for four people, because these people were unable to identify risks outside the home should they choose to leave alone. These restrictions protected them from harm such as road traffic. Records demonstrated that the registered manager had assessed people's mental capacity and made an appropriate best interest decision on their behalf to lawfully protect them from potential harm.

People told us they enjoyed their meals, and the agency chef stated "People eat well here. Rehabilitation assistants described meal times as flexible and relaxed, with plenty of choice. The agency chef was at ease talking with people. They understood people's dietary needs and preferences, as these were displayed in the kitchen for reference, and they had got to know people's dietary wishes while chatting with them. Dietary needs, such as diabetic or low salt diets, were accommodated in the meals provided. Appropriate diets to meet cultural or religious needs, such as halal and kosher recipes, were available for reference as required. A list of people's food likes and dislikes ensured people were able to eat meals they enjoyed.

People were supported through advice from the speech and language therapist (SALT) to ensure identified risks were managed safely, for example with the provision of easy to swallow meals to reduce the risk of choking. Staff were aware of those at risk and the measures in place to protect them. This meant that people's preferred and required dietary needs were effectively met.

People were offered a choice of drink and food at meal times. They were offered condiments with their meal. Where appropriate, people were encouraged to feed themselves to promote their independence. A rehabilitation assistant told us one person was provided with finger foods, which they preferred. This also promoted their independence, because they were able to eat their meals unassisted. Rehabilitation assistants were aware of those who required encouragement or assistance to eat and drink sufficiently, and how to present meals and drinks to promote sufficient intake. People were supported effectively to maintain adequate nutrition and hydration.

People had access to the provider's health professionals, such as occupational, physiotherapist and speech and language therapists. The therapy assistant told us of referrals and regular visits varied to support people's specific needs. This included visits to people's homes to ensure they were suitably equipped for their discharge. The therapy assistant and rehabilitation assistants maintained people's planned therapies and exercises with them in between health professional visits. This ensured that people were supported to develop the skills required to promote their independence, as agreed with the occupational therapist or other health professionals.

Therapists associated with the home explained their roles to new staff during induction training or at Glenside Farnborough. This ensured that rehabilitation assistants understood when it was appropriate to call on them for guidance or assistance, and when to refer people to their care. A rehabilitation assistant told us this gave them "An insight into what the company is about". The therapy assistant told us communication with health professionals was effective, because "It's really easy to get hold of them".

People's planned and attended health appointments were logged in their care plans, for example to manage GP and dental check ups. Logs described what the appointment was for, and any outcomes, such as treatment completed, exercise programmes advised or medicines prescribed. This information was shared in the communication book and at handover to ensure rehabilitation assistants understood and delivered people's planned health care.

Good

Is the service caring?

Our findings

One person described staff as "Caring and thoughtful", and a relative told us "It's not care, it's love" provided by the staff at Glenside Farnborough. They told us "The support from staff is unbelievable". They explained how rehabilitation assistants did not rush their loved one's care, taking time to provide care as they believed the person would want. They said "When they get it right they get it perfect. When it's not, it's just good". They told us staff understood when their loved one was agitated, and managed this well. They provided them with appropriate social integration but protected them from risks because their condition made them vulnerable to potential harm. "They read it perfectly".

Another relative explained how their loved one's agitation had been effectively managed since they had moved in to Glenside Farnborough, after many years of anxieties previously displayed. They told us the home was full of "Lots of smiles and no shouting. It is very calm and relaxed. I cannot remember the last time he [family member] was aggressive [at Glenside Farnborough]. I believe it is the environment. The staff are excellent and very helpful". Relatives described the relief and reassurance they felt, because of staff commitment to providing people with exceptional and dedicated care.

Staff included people in conversations, and greeted them cheerfully as they passed in corridors. Conversations were respectful and friendly. The agency chef and maintenance person happily chatted with people as they worked. A rehabilitation assistant told us "I get on well with the people here, I really like them". People were supported by staff who treated them with kindness and compassion.

One person told us that "I have my own personal file and the staff ask me to write my care in my own words". Another person's care plan explained 'Sometimes when the staff prompt you for your personal care you become angry and refuse. This is OK. When this happens the staff will approach you later'. We observed rehabilitation assistants were calm and patient when interacting with people. They ensured they were at eye level with people when conversing with them, and maintained eye contact to provide reassurance that they were listening to people's comments. This demonstrated that people were involved and informed in decisions about their care, and their views were listened to. Actions ensured people were enabled to make their views known.

Rehabilitation assistants told us people made decisions about their care and support. One rehabilitation assistant explained "We know people's preferences, but that can change. We are as flexible as we possibly can be".

People were invited to choose their seats in the dining room. One table had been raised to accommodate people in wheel chairs to eat in comfort. People were shown drink containers to enable them to make an informed choice of which they would prefer. They were given time to consider their choice and make this known. Rehabiliation assistants understood that some people required time to make their decisions known, and waited patiently for people to do so. People were not rushed or ignored, as staff were respectful of their needs.

Daily records demonstrated that people had choice and control over daily activities. For example, people decided the time they wished to get up or go to bed, and when and what they ate. One person who was new to the home required assistance with transferring between their bed and wheel chair. A rehabilitation assistant explained to colleagues at handover how this person was able to guide them to provide assistance as they wanted to promote their feeling of security. This demonstrated that staff listened to and followed people's wishes.

Noticeboards and leaflets in the home displayed useful information for people. For example, information on access to advocates ensured people could seek support from those able to speak on their behalf if they wished. Information regarding safeguarding people from abuse or unlawful restraint was provided in a format that was easy to understand, to ensure people understood their rights. This ensured that people understood how to access support from outside the home to represent and protect them should the need arise.

Staff knocked on people's doors and waited to be invited in. They respected people's privacy. People had their own keys to lock their rooms if they wished, and were encouraged to keep their rooms locked when they were not

Good

Is the service caring?

inside. People had their own post boxes outside of their flats, so that only they had access to their mail. This promoted their privacy and reminded them of safe actions to follow when they left the home.

One rehabilitation assistant explained how they respected people's gender choice for support with personal care, and rehabilitation assistants were allocated to individuals to meet their preference. People's care plans reminded staff to treat people with respect, and promote their privacy, dignity and independence in the care provided.

Good

Is the service responsive?

Our findings

Rehabilitation assistants were informed of the care people required on arrival at Glenside Farnborough, because people's needs were assessed prior to their admission. They explained how they discussed people's wishes and needs with them, or their relatives if they were unable to communicate, to ensure people were supported as they wanted and needed. They followed people's preferences to develop a personalised plan of care with them. One rehabilitation assistant explained this could take time to develop while they got to know people, because "It has to be meaningful to them". They discussed what people could currently achieve, what they wanted to do, and what they enjoyed doing. This helped people to identify the goals that were important to them, and plan a timetable of activities to meet these wishes.

One person told us "I was down three months ago and I felt helpless before coming here. I have been here for three months and I am well on my way to do my own laundry, cook my breakfast, make my bed. I have had help from the OT [occupational therapist] and the staff. I am working towards having my own flat hopefully". This described the process of support this person experienced to achieve their stated goals.

A notice board in each person's room was used to remind them of planned daily activities or events. Orientation notices around the home, for example directing people to communal areas, helped to provide directional guidance for people new to the home. These were provided in a format appropriate to the person's needs, such as pictures of reference or words. This promoted people's independence to access all areas of the home as they wished.

Fully equipped studio rooms and single bedded flats provided facilities for people to prepare for independent living when they left Glenside Farnborough. A shared kitchen area in the home enabled people to prepare drinks and meals independently or with support. A rota reminded people of the shared tasks they were allocated each day, such as setting tables for meals, loading the dishwasher or cleaning the kitchen. Rehabilitation assistants supported people to complete these tasks, promoting and encouraging their independence.

An equipped gym provided people with the opportunity to complete physical exercises as directed by the physiotherapist. In addition to traditional equipment such as treadmills and rowing machines, electronic games, a keyboard and balance board provided people with additional opportunities to develop their mobility and movement skills. A rehabilitation assistant told us equipment was readily resourced and replaced as required. This ensured that people had equipment they required and enjoyed using to promote their development and progress towards independence.

Staff told us communication worked effectively in the home. Communication books, handover meetings between shifts and weekly management discussions ensure that issues and concerns were managed to ensure people's changing needs were met effectively. We observed a handover meeting that shared information about people's moods, sleep patterns and any areas of concern identified during the night. Information was detailed about each individual, and rehabilitation assistants questioned areas of care to ensure they supported people appropriately.

Risks to people's health and wellbeing had been identified and assessed to ensure people received care that protected them from harm. For example, people's care plans demonstrated that they were weighed monthly, and their nutritional and hydration risks had been assessed. Other factors had been considered that could be impacted by poor nutrition, such as skin integrity. This ensured that people experienced appropriate care and support in response to their known conditions and needs. Care plans included a check list of specific charts required for each individual's needs, such as falls monitoring, repositioning logs and food and fluid charts. The registered manager explained how she reviewed these records to ensure that actions implemented to address identified risks effectively protected people from harm.

Care plans were relevant to people's needs and daily records indicated that rehabilation assistants followed people's care plans in order to deliver their care. One rehabilitation assistant explained how they encouraged people to type their own care plans if they had computer skills. They stated "We talk about what they want included. We chat about their care and goals together". People's care plans were reviewed monthly to ensure they reflected people's changing needs. Rehabilitation assistants told us

Good

Is the service responsive?

this was led by the registered manager and team leaders, but they also had the opportunity to suggest changes. It included reference to people's agreed aims and goals, any support or intervention people required, and evaluation of progress towards their stated goals.

A games area provided a range of activities for people to participate in individually or in groups. During our inspection, some people joined in with word games. Music played throughout the home, playing music of people's choice. Newspapers were provided for people to read, and discussion groups provided an opportunity for people to share views and reflect on daily events. Raised beds in the garden provided people in wheel chairs with the opportunity to join in gardening activities if they wished.

A rehabilitation assistant told us "Community access is key" to supporting people to develop their independence and promoting their re-ablement. People were encouraged to go out "As part of their rehabilitation process". Rehabilitation assistants supported people to plan and develop travel skills, such as using local bus and rail transport, but also provided transport in the home's car as required. They told us of the wide range of activities people took part in, including horse riding, swimming, bowling, sauna sessions and café visits. Some people took 'social leave' to visit their families, and local church service times were displayed in the home for people to attend if they wished. People were able to participate in a wide range of activities in the home and local community.

A relative told us staff listened "100%" to their comments. Their loved one was unable to communicate their wishes in detail, and so staff followed the relative's guidance. Staff told us communication was key in the home to ensure people were supported as they wished. The registered manager, therapist assistant and rehabilitation assistants regularly contacted relatives to update them on people's achievements or issues, and arranged calls between people and their families to promote communication and provide reassurance.

A monthly service user forum provided people with the opportunity to raise and discuss topics of interest or concern with staff, such as planned activities and events.

Feedback in meetings indicated that people were content with the care and support they experienced. Rehabilitation assistants documented periods of reflection with people when a planned activity or event had not gone according to plan. This evidenced discussion of what had happened, and why. People and rehabilitation assistants agreed a plan of action to try to prevent repetition of the event. Causes of conflict or concern were addressed appropriately to try to resolve issues.

Relatives meetings provided the opportunity for information sharing and discussion of concerns between staff and people's relatives. Actions following these meetings demonstrated that relatives' comments were listened to and addressed. For example, in a meeting in March 2015 one relative had requested that people have phones in their rooms if they wished, and subsequent minutes demonstrated that these had been installed where people wanted them. A relative told us the opportunity to meet and discuss issues together provided them with a support framework which " I find very helpful".

The results from a quality assurance survey conducted in 2015 was displayed for people and visitors to review. This explained how people and their relatives had rated the care provided, and areas of improvement identified. All responders rated the home at the highest level for satisfaction with care provided, safety and security, complaints management and the treatment of people promoting dignity, respect and privacy. All areas of care were commented on positively, including response to call bells, activities provided and consultation.

People's and relatives' complaints were discussed in team meetings where appropriate. This ensured that issues identified led to actions implemented to address the concerns raised. A formal response was sent to the complainant explaining the actions taken to resolve their concerns. All complaints logged had been resolved in accordance with the provider's complaints policy. This was displayed in the home and provided in the service user guide. This meant people and visitors were informed of the process to raise concerns, and understood how these would be managed and resolved.

Good

Is the service well-led?

Our findings

The provider's culture of empowerment and enabling independence were demonstrated by staff and experienced by people. People and their relatives spoke with gratitude of the care provided to enable them to regain life skills. One person explained how rehabilitation assistants encouraged them to take on daily tasks in preparation to their return to their own home. They said "'I have been here for three months and I am well on my way to do my own laundry, cook my breakfast, make my bed. I have had help from the OT and the staff. I am working towards having my own flat hopefully. I felt hopeless before I came here". Relatives told us of their relief with the care and understanding shown to their loved ones. Relatives meetings enabled them to share experiences and gain support from others in a similar position. They told us this was invaluable. They explained the positive difference the service had made for people, and meant they could rest easily knowing their loved ones were in a safe and happy environment.

Staff understood their roles, and took pride in developing people's skills and building their confidence. A rehabilitation assistant described the home's culture as "Empowering people. We give them hope. We instil this on a daily basis". Another rehabilitation assistant told us "I enjoy the concept of Glenside. It's a rewarding job, it's all about enabling people". Staff told us the provider had a "Good approach" to people's care, and the home was well organised. The provider's Statement of Purpose explained the care and support people should expect in the home, and the behaviours expected of staff when supporting people, and was displayed at reception to remind people and staff of the provider's aims. It described the philosophy of care as supporting people to reach their potential for independence and attain their goals. People confirmed that they were supported respectfully, and their independence was promoted. One person told us "I have been here for six weeks and in that time I have been to the cinema six times. I have somebody to take me for my daily shopping for my supplies of cigarettes".

The registered manager explained how the home achieved the provider's aims by working with people during their rehabilitation to agree and review goals. She listened to people's and staff's comments. One person told us "I have my own personal file and the staff ask me to write my care in my own words". This demonstrated that people's views and wishes drove the care they received.

Feedback was used to inform changes to the way people were supported, and ensure care remained focussed on the person's needs. Rehabilitation workers ensured people were engaged in reaching their goals. Staff devised rehabilitation programmes that could be reached through small steps and actions people enjoyed completing, for example by using physical games rather than gym exercises. These steps were discussed and agreed with people to progress their independence.

The registered manager led by example, and nurtured staff through guidance and encouragement to excel at their roles. She was valued and respected by staff and people's relatives, because they understood the impact her leadership had on the smooth-running and effectiveness of the home. A relative told us the registered manager "Pitched in" to help when this was required. Staff spoke positively about the registered manager, describing her as open, inclusive and approachable. One staff member described her as "Straightforward. She doesn't just talk about things, she is creative, and encourages staff to think about how people can be enabled, about positive risk taking. She reminds us we are rehabilitators. I am happy to go to the manager for anything". Another said "I can't fault them here, the management are tip top". The registered manager demonstrated the provider's values in the way she supported and led staff to deliver high quality care.

Throughout the inspection staff commented positively about each other's contribution to the smooth-running of the home. They recognised and respected other staff's work. A rehabilitation assistant stated "Team leaders really work hard", and a team leader told us "The rehabilitation assisitants are very skilled and look forward to coming to work". Incentive schemes to reward training and long service ensured staff commitment was recognised, and encouraged staff retention. People were supported by a consistent and committed work force.

People, relatives, visitors and staff were encouraged to share comments and feedback to drive improvements to the home. In addition to planned meetings, communication books were available in the home's reception area. These were used to raise issues or concerns for the attention of the maintenance person, housekeeping

team or registered manager. This provided the opportunity to note any issues for the attention of the relevant team. People and relatives told us staff responded promptly and positively to any concerns they raised. Notations in the books indicated that issues logged had been addressed promptly. Staff told us effective communication ensured they "Got to the bottom" of issues, and implemented actions to resolve concerns. The registered manager developed and sustained a positive culture in the home by encouraging staff and people to raise any issues of concern, and always acted promptly to resolve these to ensure people experienced high quality care.

A rehabilitation assistant explained how reviews of people's care were used to identify areas of care that could be improved. "We talk about what happened, and what we could do better. We tighten up procedures or consult [health professionals] if it's not working". Behavioural support plans demonstrated that analysis of triggers and actions put in place to support people had reduced periods of anxiety for people. One relative told us "When my son is miserable there is always somebody attending to him", and another told us of how their loved one had become calmer since their admission to the home. A rehabilitation assistant told us lessons were learned and shared, and actions implemented quickly to improve people's care and support. Communication at handover or by letter to each staff member ensured learning was shared effectively to drive and deliver the improvements required. This demonstrated that the registered manager reviewed and addressed incidents to drive and sustain improvements to the quality and effectiveness of people's care.

Staff understanding was checked through questionnaires, for example on safeguarding identification and actions. Discussion and information sharing at staff meetings ensured that staff retained and demonstrated the knowledge required to support people effectively. Rehabilitation assistants readily shared tips they had learned from or with people to meet their needs. People's wishes and needs were the focus of the care provided, and staff were encouraged to share ideas to promote people's satisfaction and high quality care.

The registered manager was continually striving to develop practice and improve the home. Robust systems were in place to ensure concerns were addressed and learning was shared to drive improvements. For example, the registered manager told us that rehabilitation assistants had requested more control over their daily work allocation. The registered manager had reviewed and discussed the allocations procedure with staff, and was trialling a new system at the time of our inspection based on their comments and suggestions. She reminded staff that this was a trial, and requested feedback on how effectively it met people's needs and staff wishes for empowerment. She confirmed with staff that the system would be altered in response to their comments, to ensure it met their wishes and drove improvements to people's quality of care. The registered manager was creative and inclusive in developing systems to support the provision of high quality care for people.

The provider's quality improvement plan reviewed actions agreed to drive improvements to the quality of care people experienced. Feedback from people, their relatives and staff were included in this plan. It collated actions required across the provider's services and specific to each location, and logged progress towards completion. Internal audits, external quality checks and CQC inspections, as well as national findings such as the Francis report, were also included as actions required. The Francis report identified actions required nationally to drive improvements to the safety and quality of care people in social care services should experience. The plan demonstrated that appropriate actions were planned and completed in accordance with the provider's improvement plan. A display in reception ensured people, visitors and staff were informed of the results from monthly audits and subsequent actions taken. Column headings of 'What we are doing well', 'What we could do better' and 'What we are doing to make improvements' ensured people and others were aware of changes being implemented as a result of findings. A 'You said, we did' poster in the staff room demonstrated actions taken in response to issues raised by staff. This demonstrated that the provider listened to and acted on comments to improve the quality of care. She openly shared the requirements identified and how the staff team worked to resolve these to ensure people received high quality care.

The registered manager reviewed accident and incident reports to ensure actions were implemented to reduce the risk of repetition. For example, they reviewed whether a falls risk assessment or protocol were required, or if the person should be referred to a health professional for assessment. They considered trends in relation to individuals or across the home to identify where changes

Good

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were required. The registered manager explained how one person's support plan had been adjusted to effectively reduce falls at a specific time of day when they were at higher risk. They had discussed the cause of these falls with the person and rehabiliation assistants, and agreed the actions implemented with the person. This demonstrated that trends were appropriately identified, and person-centred actions were developed with people and staff to promote people's effective care.

Audits reviewed whether systems in place provided people with effective care. The registered manager conducted internal audits on a monthly basis, for example on infection control and medicines administration. When findings indicated improvements were required, the following audit demonstrated that actions had been implemented to make these improvements. For example, the medicines administration audit in May 2015 identified that people's care plans did not always document how the person preferred to take their medicines, or known side effects to prescribed medicines. The audit conducted in June 2015 noted that people's care plans had been updated to include the missing information. This ensured that actions drove improvements to the quality of people's records. The registered manager and provider listened to the comments of people, relatives and staff, and conducted robust reviews and audits to measure the quality of care provided. They used this information to drive improvements identified to ensure people received high quality care.