

The Salvation Army Social Work Trust

Glebe Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about the services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Glebe court is a residential care home providing personal care and accommodation to up to 40 people. The service provides support to older people and people living with dementia. At the time of our inspection there was 33 people using the service.

The care home accommodates 40 people in one adapted building over 2 floors.

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. People were supported by staff to achieve aspirations and goals and were able to take part in activities tailored to meet their interests. People benefited from an interactive and simulating environment.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, and they understood and responded to their individual needs. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture

Staff knew and understood people well and were responsive, supporting people to live a quality of life of their choosing wherever possible. Staff were trained and had the experience to deliver good quality care and support to people to meet their needs and wishes.

We identified a minor concern with the records maintained around medicines stock. The registered manager was taking action to address this at the time of the inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 June 2022) and there were breaches

of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted by a review of information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Glebe Court

Detailed findings

Background to this 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

The inspection team consisted of 1 inspector, and 1 Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Glebe Court is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glebe Court is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records including care and support plans for 5 people. We looked at records of recruitment, training, and supervision records for 5 care workers. We reviewed records relating to the management of the service, including quality assurance audits, and building audits. We also looked at accident and incidents and complaints records. We spoke to the registered manager, the nominated individual, team leaders, care workers, people and their relatives.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

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

At the last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems in place to ensure medicines were managed safely. The registered manager completed regular audits ensuring the correct to ensure medicines were administered safely.
- Systems in place meant electronic records of medicines on site did not always tally with actual stocks of medicines on site. However, paper records did accurately document medicine stocks on site, and medicines due to be received from the pharmacy. This was discussed with the registered manager who was aware of the issue, and explained the service was progressing to change this way of working to simplify the process.
- The registered manager and team leaders worked closely with the GP to ensure medication which needed to be administered prior to meals were given safely. For example, medication to be administered 30 minutes before breakfast would be given when the person woke up in the morning. Breakfast would then be served to this person 30 minutes later. All timings of medicines given were documented.
- People were supported by qualified staff who followed safe systems and procedures to administer, record and store medicines safely. At all times, 2 qualified members of staff were on shift to manage people's medication.
- Care plans contained adequate information about people's medical support needs. This included information about allergies and covert medication.
- Staff gained consent from people before medicines were administered. One person said, "They explain what medicines they are giving to me and why they are giving it."

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of safeguarding policies and procedures in place to protect people from the risk of abuse.
- Safeguarding concerns were documented, with evidence to support the provider worked with multiple agencies to protect people and resolve any incidents.
- Care workers had received training in safeguarding and had to achieve an 85% pass rate before they were deemed competent in this subject. Refresher training was provided to ensure care workers could continue to deliver good quality care.

Assessing risk, safety monitoring and management

- The provider ensured that ensure risks were assessed regularly through robust monitoring and management.
- The registered manager ensured that risk assessments were audited and reviewed regularly. People, relatives, and where appropriate health care professionals were involved in reviews, so people continued to receive appropriate support.
- Staff managed the safety of the living environment and equipment in it well. Records showed regular maintenance of the building and equipment used in the home were carried out.
- The registered manager led daily staff meetings, where risks to people and ways to resolve risks were discussed. Staff had the opportunity to raise concerns and put forward ideas of how to resolve issues.

Staffing and recruitment

- The provider had processes in place to ensure that the recruitment process was safe. References were gained from previous employers to ensure that new workers previous conduct in care settings was satisfactory.
- Appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff received supervision sessions where concerns with performance or training could be discussed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were happy with the cleanliness of the home. Comments included, "I'm very happy with the environment. [Family member's] room is always clean.", and "It is good and clean, if a mess is made, it gets cleaned up quickly.", and "It's good and clean and the environment is light when you walk in."
- People said staff wore PPE when supporting with personal care, administering medication and handling food.

Visiting in care homes

- There were no restrictions on relatives visiting people throughout the day. The home had an electronic signing in system for visitors to use on arrival. One person said, "[Family member] has family who visits frequently, and a friend who visits at least once a week."
- There were notices on good hygiene practices and infection prevention control on display throughout the home. The home had separate toilet facilities for visitors to use.
- The home had quiet lounges where relatives could sit with people away from their bedrooms and away from other people if required.
- The home had a separate child friendly space where young children could spend time while visiting people.

Learning lessons when things go wrong

- The provider had processes in place for recording, investigating, and monitoring accidents and incidents. Records confirmed that people were contacted and notified at each stage of an investigation to the eventual outcome.
- Lessons learned were discussed at daily meeting, and relevant information was shared with relevant parties either face to face, via email or on the phone. All correspondence in relation was documented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was not rated. At this inspection the rating for this key question is 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 registered manager worked with people, healthcare professionals and relatives to assess people's care needs prior to them moving into the home.
- The registered manager would complete introductory visits to people to gather information about their care requirements, and ensure measures were put in place to support people's choices prior to them moving into the home.
- Assessments included information about equipment required to support people with mobility needs. It also included information about emotional and behavioural support that might be required, and how care workers should manage people's needs.

Staff support: induction, training, skills and experience.

- Records showed that staff had completed an induction period and job shadowing at the beginning of their employment.
- All staff had training at the beginning of their employment. The provider ensured there was ongoing refresher training so that staff would continually be able to apply best support practices for people.
- The registered manager had set aside a day so that staff who needed could get up to date with their training. Most of the training was delivered face-to-face to encourage robust learning and understanding.
- The provider worked with the local authority to deliver relevant training to staff. All staff received relevant training from care workers to domestic workers.

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

- The provider had policies in place to ensure people had enough to eat and drink to maintain a balanced diet.
- Care plans documented people's preferences in relation to food and drink. Information in relation to allergies and dietary requirements to maintain good health was also documented.
- People's weight was recorded when they moved into the home. People's weight was documented regularly so any concerns in changes of weight could be easily addressed.

Supporting people to live healthier lives, access healthcare services and support ☐

- The provider worked with the local authority and healthcare professionals to ensure people were supported to live healthier lives and access healthcare services and support as required.
- One relative said, "If the GP has been seen I will be notified. If I ask about new medication [family member] has been prescribed, everything is always fully explained to me."

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. The registered manager was aware of the need to notify the Care Quality Commission following the approval of DoLS applications.

Is the service caring?

Our findings

Caring – this meant we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was not rated. At this inspection the rating for this key question is 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's protected characteristics were documented in their care plans, ensuring care provided considered support needs and preferences around equality and diversity.
- People received kind and compassionate care from staff who used positive, respectful language. Staff members showed warmth and respect when interacting with people.
- One relative said, "[Care workers] will pray with [family member] before meals as part of [family member's] religious belief."

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

- Care plans were created with the input of people and relatives and included information about their hobbies and interests. Plans also documented how they wished to be supported.
- People were able to express their views and wishes in relation to their care. Where people did not have capacity to carry out independent activities as they would like, ways to support them were discussed at daily staff meetings. Action plans were drawn up and implemented to help people actively manage their daily care routines.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. One person said, "Privacy and dignity is very much respected. I worry about [family members] well being so I always look out for these things."
- People had the opportunity to try new experiences, develop new skills and gain independence. People were supported with preparing meals for themselves. People were also able to volunteer to work in the on-site shop to encourage independence and well-being.
- People's religious requirements were documented in their care plans. The service worked closely with local churches so people could continue to practice their religious beliefs at the home.

Is the service responsive?

Our findings

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

At our last inspection this key question was not rated. At this inspection the rating for this key question is 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

- The registered manager had measures in place to ensure people received personalised care which met their preferences and needs.
- Care plans were reviewed regularly to ensure any changes were captured and care provided adjusted accordingly. One relative said, "[Family member's] needs have changed over the last few months. The care provided has been adjusted to meet [family member's] new care needs."
- People's care plans included their likes and dislikes and preferences around how they would like to spend their day. Activities were planned to take these things into account. People had a choice whether they took part in activities or not.

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.

- The provider had an Accessible Information Standard policy in place. The registered manager ensured people had access to information in formats they could understand.
- People's communication preferences and requirements were documented in their care plans. One relative said, "[Family member] does have difficulty communicating, but staff work well with [family member]. They take time to understand what [family member] wants."

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

- People were supported to maintain social relationships, to follow interests and to take part in activities that were socially and culturally relevant to them. One day a week, a hairdresser visited the home to provide nail care, and hair care in the purpose-built salon on site.
- The home had a games room where people could gather to play board games away from the main lounge where people would relax to watch television.
- The home had a cinema lounge where people got together to watch feature films.
- One relative said, "[Family member] is brought into the main lounge and does not sit in the bedroom alone. They have a lounge we can use, or we can go into the courtyard, they have a few options where [family member] can socialise.

Improving care quality in response to complaints or concerns

- The service was responsive in addressing people's complaints and concerns. The provider had a complaints policy in place.
- The registered manager ensured all complaints were documented, investigations, outcomes and lessons learned were also documented and discussed at staff meetings, people and all relevant parties.
- People said that they were happy to discuss issues with the registered manager or other staff. One person said, "If there is a problem, they will deal with it the best way they can."
- Complaints were dealt with effectively. One person said, "I had a complaint, they handled it efficiently and explained the situation. They are open to comments and criticisms".

End of life care and support

- The provider had an end-of-life care policy in place. People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to do so.
- Do not attempt resuscitation requests were documented on care plans and risk assessments allowing people control over the support they received.
- Care workers received training in end-of-life care, so they were equipped to provide appropriate support if required to do so.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection this key question was requires improvement. At this inspection the rating has changed to 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

- The service promoted a person-centred positive culture. There was good communication amongst all staff, which created positive outcomes for people.
- Management was visible in the service and took a genuine interest in what people had to say. At the inspection we saw people approach the registered manager to have a chat without anticipation. The registered manager took time to listen to what people had to say.
- Staff said they felt respected and supported by the registered manager. They felt they were able to raise concerns with the registered manager if they needed to and their concerns would be addressed.

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

- The registered manager was aware of the legal responsibility to notify CQC and relevant agencies when things went wrong.
- We saw evidence to support the service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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

- The registered manager and all staff understood their roles and responsibilities in relation to risks and regulatory requirements. This ensured staff were able to deliver good quality support.
- The registered manager had a clear understanding of people's needs, and a good oversight of the service and what was required to improve and maintain good support for people.
- One healthcare professional said "The [registered] manager is quick to reply to my emails and is responsive in providing information. I have no concerns regarding this particular home."
- The provider invested in staff by providing them with training to meet the needs of people using the service. Staff were able to explain their role in respect of people without referring to documents.

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

- Care plans were created with input from health professionals, people and relatives. Plans and risk assessments detailed people's protected characteristics so appropriate care could be delivered to people.

- Staff encouraged people to be involved in the development of the service. The service had a activities lead who would speak to people about the activities they wanted to take part in and make arrangements to deliver this.
- The service embraced diversity of people living there. We saw a celebration for the 75th anniversary of the Windrush with flags and posters in the home.

Continuous learning and improving care

- The provider had measures in place to ensure continued learning and improvement of care. The provider invested sufficiently in the service embracing change and delivering improvements.
- The provider sought feedback from people and those important to them. Visitors and people were able to use an electronic system to give anonymous feedback on what they thought of the building and care provided.

Working in partnership with others

- The service worked with health and social care organisations, the local authority and the local churches to support people's social activities, health and wellbeing.
- The registered manager worked closely with the local authority and social workers to achieve good outcomes for people.