

Shaw Healthcare Limited

Glebe House

Inspection report

Stein Road
Southbourne
West Sussex
PO10 8LB

Tel: 01243379179
Website: www.shaw.co.uk

Date of inspection visit:
07 June 2016

Date of publication:
24 June 2016

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

Glebe House is a 40 bedded care home without nursing providing 24 hour care for people with mental health issues, dementia and older persons. The home is situated in Southborne West Sussex. At the time of our inspection there were 36 people living at the home.

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

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date with refresher course booked for people. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. Some people went out into the community independently while others required staff support. There were a variety of activities and

outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

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.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good ●

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided information so that staff could support people in a person-centred way.

Some people were able to access the community independently, others were supported by staff. Activities were provided according to people's preferences.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good ●

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views through questionnaires sent to them by the provider.

Staff were supported to question practice and were asked for their views about Glebe House at regular supervisions and through staff meetings.

Regular audits took place to measure the quality and safety of the service provided.

Glebe House

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2016. The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. (A notification is information about important events which the service is required to tell us about by law). We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We also used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experiences of people who could not fully engage with us. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for four members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we met with the nine people who used the service and three relatives. We also spoke with the registered manager, the administrator, the cook, three team leaders and six care workers. We also received feedback from a health care professional who had involvement with people who lived at the service.

The service was last inspected on 5 August 2014 and no concerns were identified.

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at Glebe House. One person said "I am very happy here and feel safe and secure". Another person said "Yes I feel safe, there is always someone around". Relatives had no concerns about the safety of their loved ones.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report any concerns to one of the team leaders or to the registered manager". Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding falls, moving and handling, pressure ulcer prevention and for accessing the community independently. The risk assessment provided staff with information and guidance to minimise any identified risk. For example one person's risk assessment stated that the person had mild dementia but liked to go out independently. The risk reduction measure instructed staff to speak to the person before they went out, check that appropriate footwear was worn and to establish where the person was going and to obtain an expected return time. This meant the person could still have the independence to go out on their own and the potential risk to the person was minimised to help keep them safe.

There were also environmental risks assessment in place, such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recording on a maintenance form and this was sent to the provider's main office. Defects were signed off as they were completed. There was a policy and procedure in place as well as a contingency plan for dealing with any emergencies. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. The provider also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager used a 48 hour dependency diary tool to ascertain the number of care hours needed for each person. The results were then used to determine the overall staffing levels. From 8am to 10pm there were two team leaders and five members of care staff on duty. However from 6pm this was reduced to one team leader and five care staff. From 10pm to 8am there was one team leader and three care staff who were awake throughout the night. The homes staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager and deputy manager was available for additional support if required. In addition to the care staff the provider employed 14 non care staff, which included a chef, kitchen assistant, cleaners, laundry staff, an activities co-ordinator, a maintenance person and an administrator. Staff said there was enough staff on duty to meet people's needs.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff told us they did not start work until all recruitment checks had been completed and said their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. The provider had introduced a computer based medicines procedure. This contained records of all medicines received and also had peoples medicine administration records stored on computer. We observed the lunchtime medicines being dispensed and we saw they were signed off by a member of staff once they had been administered. There was also a clear protocol for administering any PRN (when required). This meant that medicines were managed so that people received them safely.

Only team leaders were authorised to administer medicines and all had completed training. We asked one of the team leaders how the new computer system was working and they said it was better than the old system of recording on medicine administration charts as you could record information better. We asked what would happen if the computer system went down and they said they still received paper records but was unsure how long they would get these. We spoke to the registered manager about this who told us she would ensure that paper records were always sent with medicines so that there was clear back up should there be any problems with the computer system. staff always recorded the actual amount given. She told us all staff authorised to administer medicines would receive regular training and competency assessments to ensure medicines were ordered, received, administered and disposed of safely.

Is the service effective?

Our findings

People told us the staff who supported them were good. Comments from people included: "They [staff] are efficient, very good." And "All in all they're very pleasant, of course you like some better than others." Another person said "I came for 6 weeks and I've been here 3 years." People were also positive about the food provided at Glebe House. One person said "It's good, plenty of choice." Another told us "The food is excellent, very good, no complaints. There is a nice variety. You can pick and choose, they [staff] don't mind."

During the inspection, we undertook a tour of the home. The building is divided into four units, (two on the ground floor and two on the first floor). Each unit has 10 bedrooms. There is a dining area and kitchenette for each unit, and a lounge area between the dining areas. We found the home to be clean and bright. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing.

Staff spoke positively about the training they received. One member of staff told us "The training is very good here" and another said "There is always some form of training going on and there are plenty of opportunities to do training". Staff completed courses made mandatory by the provider which included safe moving and handling, infection prevention and control, safeguarding and food hygiene. Each member of staff had a training record held on the computer system and this identified when each staff member was next due their refresher training. This helped to ensure that all training was up to date. Staff also undertook training in other subjects such as: first aid, nutrition, health and safety, fire, care practices, mental capacity act and DoLS, Communication and managing challenging behaviour. Team leaders also received training on coaching and mentoring. Staff told us the training provided helped them to provide effective support to people.

All new staff were given an induction.

New staff were expected to complete the recently introduced care certificate. This covers 15 standards of health and social care topics, which is a national qualification. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. Staff confirmed they were encouraged and supported to obtain further qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in this area. The registered manager told us that currently no one at Glebe House was subject to DoLS.

The registered manager told us that currently all people living at Glebe House had capacity to make their own decisions. We saw that each person had section in their care plan with details about their capacity. We observed people being consulted about their care and support needs and this meant that people were able to exercise as much choice as possible in their day to day lives.

Staff received regular supervision and records were up to date. The registered manager told us herself and team leaders regularly worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with team leaders or the registered manager. Staff said they were able to discuss any issues and felt that communication was good with everyone working together as a team.

We spoke to people and staff about the meals provided at the home. People told us the food was plentiful and good. We spoke to the chef who said there was a cooked breakfast three times a week and there were always porridge cereals and toast and people could choose what to eat. Lunch was the main meal of the day and there was a four week rolling menu which had two choices for main course and dessert and these reflected people's own preferences and choices. Supper was a snack type meal such as soup, egg on toast or sandwiches. Each unit had a small kitchen where staff could provide drinks and snacks for people at any time. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. The registered manager told us that she had received some representations from people about the timing of breakfast and she has arranged for a meeting to take place next week with the chef so that people can discuss meals and mealtimes.

People had access to healthcare professionals to ensure that their health needs were met. Each person was registered with a local GP. Each person care plan contained information about people's health needs and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs.

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "All the staff are fine. They're a nice crowd." Another said "They're lovely. Can't complain. I got up the other night to go to the toilet; one of the girls came in to see if I was ok. She came back a bit later to check all was OK." "We do staff of the month. I voted for 2 this month. You don't know who to vote for they are all so good." People said the staff respected their privacy and dignity and they were treated well by staff.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, we saw them engage with them and check if they needed any support. Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and they engaged positively with people throughout our time at the home. We saw staff showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. We observed one person who was walking around the home without any foot wear. A member of staff went up to them and said "X can I put your slippers on for you? You're walking around in your socks and this floor is slippery." The staff member then supported the person who was using a wheeled walking frame to go to their room.

We saw everyone was dressed appropriately for the time of year and due to the warm weather staff were encouraging people to put on sun cream if they were sitting out in the garden and also encouraging people to take on plenty of fluids. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Minutes of meetings were kept and these showed that people were able to share ideas and put their views forward on how the home was run.

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said ""I've been here 2-3 years, and like it very much thank you." Another person said "I get up at 6, that's my choice. If it's cold, I go to bed about 6.30-6.45. If its warmer I stay up longer. I watch the TV, so it also depends on what's on." "The staff are very good. In a morning they ask me if I am ready to get up?" I've got a lot of faith in the carers. "I don't feel isolated."

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. Relatives told us they can visit at any time.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. The assessment included details of the reason for admission and information about what support was needed and what the person could do for themselves. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed and how support should be given. There was information in care plans which included; moving and handling, mobility, personal care tasks, daily routines and routines at night. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. We saw that where people were quite independent with their daily routines they were supported and encouraged to carry out the majority of care tasks themselves with staff providing advice and encouragement. However where people needed more support the care plan gave staff the information they needed. For example one person had a moving and handling plan which detailed the equipment and number of staff needed for different situations such as getting in and out of bed, support to move around the home and standing from a chair. The plan included information on the required outcome and the interventions required to achieve this. Staff were also reminded to keep the person informed at each stage and explain to them what they were doing.

The registered manager had introduced a 'Resident of the week system' This meant that each week two people would have a care plan review and deep cleaning of the person room. This meant that each person's care plan and needs were reviewed every 20 days. The reviews were recorded in each person's care plan and changes were made as required. The registered manager pointed out that should a person's needs change at any time then appropriate action would be taken to ensure the care plan was up to date and reflected the persons current care needs. Staff told us that the care plans reflected the current support people needed.

Staff said that people could express their wishes and preferences and these would always be respected. We saw from residents meetings that some people had expressed a wish for the timings of breakfast to be

moved as they felt breakfast was too late as they liked to get up early. The registered manager has arranged a meeting with the chef and other people to establish a suitable time to satisfy everyone.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Staff recorded the time and details of the support given.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending a handover before commencing their shift. We observed the handover between team leaders and this was comprehensive and included an update on each person together with any information they needed to be aware of. Once the team leader's handover was completed the same procedure was carried out for the staff coming on shift. This ensured staff provided care that reflected people's current needs.

The provider employed an Activities Co-ordinator (AC) from Monday to Friday and they organised a range of activities for people which included: visiting entertainers, bingo, arts and crafts, garden parties, afternoon teas, quiz, and trips out into the community. The AC said "I have a plan for the year, the month and the week, and it's flexible. We do a range of activities depending on what people want to do." Friday was hairdresser day and the AC offers manicures to people.

We saw that there was a monthly newsletter which is put together by the AC. There was a mobile shop with sweets and toiletries which the AC takes round daily. There were also two outside shops that visit twice a month, and a clothing shop had been organised that will visit monthly.

People were keen to tell us about a recent activity that involved making 'mocktails' (non alcoholic cocktails). The AC told us "I've had hydration training and the mocktails with fruit went down well with people and help with their hydration.

Every 6 weeks there is a coffee morning, raising money for a different cause.

There is a garden party planned for this month, local schools and businesses have been informed and invited. The AC tries to organise a singer to visit at a weekend or leaves plans and asks staff to help. A local church visits on a Sunday and holds a service.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure displayed on the notice board at the home. Staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager had a complaints file and this showed that complaints received had been responded to according to the homes complaints procedure. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. Comments from people included: "If I am not happy I will say something to the staff and they will sort things out". "If I had any concerns I would speak with my son and they would sort it out" and "She comes in several days a week, but I've only seen her a couple of times." Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run and were invited to meetings.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that she was open and transparent and worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said she and the team leaders regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

We asked staff about the provider's philosophy. Staff said that this was to provide people with the best care possible and enable people to be accepted as meaningful individuals. The registered manager said staff at Glebe House worked with people to maximise their potential. It was clear from speaking to the registered manager and staff that they were passionate about the job they did.

The registered manager kept her skills up to date by attending monthly manager meetings with managers from the providers other homes to share knowledge and understanding and information about developments within the company and region. The registered manager said she also regularly kept up to date with developments on the CQC website. She told us she would feedback any relevant information to staff. This meant that senior staff were kept informed of developments, learning and best practice within the organisation and were able to pass this information to their staff team as appropriate.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of

medicines, audits of accidents or incidents and concerns or complaints.

The provider also employed an area manager who carried out monthly visit to the service, they toured the home, spoke with the registered manager, people, relatives and staff and checked that the manager's quality audits had been carried out. The provider also employed an external auditor who carried out an annual visit to the service. These visits used CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. After each visit the auditor produced a report together with evidence to support their findings. If any recommendations or actions were required the registered manager produced an action plan to say how they intended to address the issues and included timescales for their completion. The auditor checked that these had been completed at subsequent visits. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives and staff were supported to question practice and asked for their views about Glebe House through quality assurance questionnaires which were sent out by the provider throughout the year. There was also regular meetings carried out for people, relatives and staff. These meetings enabled people, relatives and staff to make comments and influence the running of the home. We saw copies of the minutes of these meetings and they included information on the topics discussed.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.