

Residential Community Care Limited

Glebe Garden

Inspection report

Reading Road
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Reading
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Tel: 01189835476

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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

Glebe Garden is residential care home for up to four people, that provides a service to younger adults, who have a diagnosis of learning disabilities and / or are on the autistic spectrum, The service is registered to provide accommodation in addition to personal care with a condition that no nursing care is delivered to people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The home offers four bedrooms and two full bathrooms, with a dining room, communal lounge and access to the kitchen. A spacious rear garden further offers additional space for people to use. Floors are accessible by stairs.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

At this inspection we found the service remained Good.

Why the service is rated good

The service continues to keep people safe. Recruitment procedures ensured suitable staff were employed to support people and help keep them safe. Risk assessments continued to consider least restrictive options to enable people to continue engaging in activities that enhances their well-being, with care documents supporting the risk assessments.

Medicine management continued to be provided in a safe way. Audits illustrated that people received their medicines in a timely manner and how they wished. Medicines were correctly stored, disposed of and ordered to ensure that people were not without their medicines at any point. A recent pharmacy inspection rated the service highly, with no recommendations or improvements suggested.

Staff training was kept up to date, and a rolling training programme was in place. Staff received frequent supervisions and annual appraisals that allowed reflective practice.

People's needs were assessed initially upon admission, and thereafter reviewed monthly to ensure care was the most appropriate. People were thoroughly involved in their care plan, with no changes being made, until agreement had been received from the person. People were encouraged to personalise their rooms in a style that they preferred, with furnishings that brought a personal touch to their rooms. People were furthermore encouraged to take an active role in the home, by taking personal responsibility for chores, with staff assisting as required.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. This included making decisions about their care, food choice as well as activities. People received exceptionally responsive care. Staff had a thorough understanding of people's

needs and focused on developing people's skill sets through personalised and responsive care. Family relationships were encouraged, and developed. People were enabled to achieve and attain personal targets and aspirations.

Staff approach remained caring. People were supported by a staff team that knew them well, and ensured they enabled them to maintain their independence, and retain things important to them. Where care support was required, peoples' dignity and privacy was maintained. People communicated in their preferred way, with records clearly highlighting this.

The service continued to be well-led. There was a clear vision and direction from the senior management team that reflected on staff practice. A new manager had been appointed who was in their induction process. Whilst new to the service, they hoped they could bring their expertise forward to ensure the service continued to progress in the right direction. An open door policy was practiced, whereby staff were able to approach the management team and discuss any issues.

Good community links were created, and the service worked efficiently with visiting health professionals. The service continued to have good governance and reflective practice, ensuring compliance with the regulations.

Further information is in the detailed findings within the report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remains Good.

Glebe Garden

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 31 December 2018 and was unannounced. The inspection was completed by one inspector.

During the inspection process the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, this is a legal requirement. As part of the inspection process we also look at the Provider Information Return (PIR). This 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 had received the PIR for Glebe Gardens and used this to help inform our inspection plan. During the inspection we spoke with two members of staff, including, the registered manager and an interim team leader. We spoke with all three people who are supported at the service.

Care plans, health records, additional documentation relevant to support mechanisms were seen for all three people. In addition, a sample of records relating to the management of the service, for example staff records, complaints and compliments, quality assurance assessments, health and safety environmental checks and audits were viewed. Staff recruitment and supervision records for three of the staff were looked at. As part of the inspection process we completed observations during the day, as well as interacting with people during the inspection process.

Is the service safe?

Our findings

People told us how they felt safe at the service. One person said, "I know I'm safe here, the staff are very good." Whilst another person reiterated the point of continued safe treatment stating, "They [staff] are always checking that we are okay, I have all my risk assessments in my room that I read [them] also to make certain." Staff remained knowledgeable in safeguarding. They were able to identify the different forms of abuse and what action they would take should they suspect abuse. Staff reported they would not hesitate to whistle-blow. They were able to illustrate who they could contact internally within the organisation as well as consider external agencies who could be notified if abuse was suspected, including the local authority safeguarding team and the CQC. One staff member we spoke with said, "There would be no hesitation, nope, none at all."

The service continued to ensure sufficient staff were employed and had the relevant checks completed prior to commencing employment at the service. This included an interview being carried out for any internal staff transfers from one home to another operated by the provider. The registered manager advised this process ensured that all staff employed were suitable to support the people residing at Glebe Garden. We saw evidence of a recently transferred member of staff, who had undertaken the detailed interview in order to support the people at the service. The robust recruitment process ensured that staff recruited met schedule three of the Health and Social Care Act. Where there were vacancies in staff, this did not affect the staffing ratio. People were able to predominantly self support, therefore only one staff worked on shift to support three people on most days.

We observed staff administering medicines, and noted their practice was in line with best practice guidelines. Staff completed a rigorous competency assessment and training, with checks on competency completed every six months after the initial training. We observed that people were supported to take their medicines how they wished. For example, with juice or water. Medicines were stored safely and ordered correctly. Medicine audits took place frequently, and illustrated that medicines were managed safely. "As required" medicines had details of when these needed to be given and why. Records showed these were only given when the guidelines were met, with most people being able to request these when required. The service had been audited by the pharmacy in December 2018. No issues were identified within this. The service was commended on their practice of safe medicine management.

Risk assessments were completed on potential risks to people, and reviewed on a monthly basis, or sooner if the risk occurred. These assessments focused on enabling people to maintain an active, independent life as possible, whilst ensuring they remained safe. For example, people were encouraged to access the community. We saw risk assessments had initially been developed where staff accompanied people, over time these had been amended to enable people to access the community with minimal support. Comprehensive plans accompanied the risk assessments to ensure people's safety was maintained as far as possible. By ensuring risks were assessed, people were given the confidence and motivation to remain as independent as far as possible. Where possible, people were supported to expand on learning new skills and having newer opportunities. One person said, "I owe everything to them [staff], they have encouraged me to go out on my own."

The service was clean. People were encouraged to clean up after themselves, with staff completing a thorough clean if required after people. For example, we saw that one person had used the bathroom. They were asked by staff to ensure it was presentable and safe (water spillage dried from bath) after use. The person obliged. Staff provided all COSHH items and ensured the person safely cleaned the area. Relevant measures to prevent and control the spread of infection were taken. Colour coded cleaning products were used to prevent the spread of germs and possible infection from one room to another.

Trends analysis continued to be completed for all accidents and incidents. This ensured that the service learnt from reportable issues, and then took the necessary action to prevent similar occurrences, where possible.

People were protected and kept safe regardless of their ethnicity, religion, sexuality, gender or disability. The service had a strong drive of inclusivity and ensured that all people and staff felt safe, in line with the company's equality diversity and human rights policy.

Is the service effective?

Our findings

People's needs were assessed and updated as required in care documentation retained by the service. We found the care plans were person centred with information being shared and agreed by people. One person during the inspection had several documents in their room, that they were reading prior to signing off in agreement to. They told us, "Staff assist me how I want."

Staff completed in-house training as part of their induction process. This focused on the provider's mandatory training, and looked at any specialist training that may be required to meet people's needs. Staff further completed shadow shifts with more experienced staff prior to working independently, if they did not have any experience of working in the care sector previously. The service had a rolling training programme in place, that ensured staff received refresher training as and when required. Staff reported they felt confident that they were provided with sufficient knowledge to carry out their duties effectively. In addition, frequent supervisions and annual appraisals offered both staff and the registered manager the opportunity to discuss any issues, and develop a plan of action moving forward. One staff member said, "We have formal supervisions, but [registered manager] is very approachable, we can speak with her at any time, about any issues. Supervisions are very important."

People continued to be encouraged to eat and drink healthily. The service developed menus at in house meetings with people. If people didn't want to eat the meal on the day, they had the opportunity to deviate from these as and when required. One person chose to eat and cook independently. Staff remained in the kitchen with the person to ensure they were supported if required. Staff sat with people during mealtimes, eating the same meal to encourage healthy eating as well as a family atmosphere. Where required, support was sought from external professionals such as a nutritionist or dietitian, to help develop plans around nutrition and weight loss / maintenance. For example, one person wished to lose weight, plans were developed specifically on monitoring this, and developing healthy eating options that the person would enjoy.

The service continued to maintain comprehensive records of all input people received from health professionals. This included visits to / from the GP, dentist and any additional professional involved in the person's care. People told us that the service responded well to their changing health needs. Support was sought within a timely fashion and medical advice followed through by the staff. One person told us, "I make all my own appointments, and go by myself. I owe it all to these guys [staff]."

People were encouraged to personalise their rooms, in a way that was reflective of their personal preference. We saw each bedroom was decorated how the person wanted, with personal items. For example, one person was a football fan and had their entire room decorated with memorabilia.

People continued to receive effective support that ensured their rights were maintained in line with the Mental Capacity Act (MCA). People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application

procedures called the Deprivation of Liberty Safeguarding (DoLS). Where necessary best interest decisions were made for people, and deputyship maintained by the appropriate authority.

Is the service caring?

Our findings

The service continued to offer a caring service to people living at Glebe Garden. People reported they were supported by a staff team that knew them well and had developed a positive relationship with them. One person said, "They know me very well, and care about me and all the other guys too." We observed staff speaking to people both kindly and politely. Discretion was used where applicable and required, often to redirect a person to another room or area, if they needed some time with staff or were waiting/remaining outside the office. Staff were trained in understanding and working with people who had learning disabilities or were on the autistic spectrum. They were able to identify the need to allow a person to have an opportunity to process information.

Where people required support with personal care this was offered. This could be by prompting whilst standing outside the bathroom door, or by ensuring the person had sufficient toiletries to bathe independently. Staff tried to encourage people to remain as independent as possible with all aspects of their care, including personal care and eating. However, if a person required "hands on" assistance this was also provided. This allowed people to maintain their dignity and independence in this area of their life. If people reported they struggled and needed assistance, this was immediately offered.

Each person had a key worker, who was tasked with working with the person, ensuring all their needs and aspirations were met. Monthly key worker sessions focused on the person, and enabled them to be actively involved in making decisions about their care. In addition, "people's meetings" were held at Glebe Garden that focused on day to day issues as well as operational matters. Minutes of these were maintained for people and staff to reflect upon, and signed off to illustrate accuracy and agreement. The copy of the minutes were presented in a format that people could read and understand, and kept in the office. These were made available to people upon request, once signed and agreed to by all in attendance.

Each person's file contained a communication care plan. This looked at the person's preference of communicating, and provided key phrases, pictures, expressions and words with meaning, for any new staff. This was considered a working document, that evolved with the person, as they used new communication methods and became more confident in expressing themselves. We found that one person had much of the information presented in pictorial format as this was their preferred form of communication.

The service continued to maintain people's confidentiality. Records were kept in secured facilities within the office. If staff required speaking about to a person, they asked them to come to the office, and closed the door.

Is the service responsive?

Our findings

All three people living at Glebe Garden told us the service was responsive to all their needs. One person said, "I'm very lucky to be here, I've done so much." Another person said, "The staff have enabled me so much."

The service was very person-centred and staff had an exceptional understanding of people's needs. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. One person told us how they wished to lose weight, however had always struggled with this. The registered manager agreed to attend a slimming club with the person so they could progress on the journey with someone else. The person told us that this increased their confidence. They looked forward to going to the weekly meetings. They showed us a photo of themselves and what their target was. This was placed on the wall in the office, with the person's certificate of achievement at every weight loss stage. The person told us, "I can't wait to be like that again [pointing to photograph], [registered manager] has made me confident to try and achieve this."

The service assessed people's needs regularly with monthly reviews taking place and meetings held as required with professionals involved in people's support packages. People were encouraged to attend their reviews and choose who else they wanted to be present. If a person chose not to attend a review, they were provided with a copy of the discussion, and a draft care plan (if updated) for them to read, and sign off if they were happy. We saw one person had documents in their room, that the service were awaiting sign off. These would only be put in practice if agreed by the person, thus ensuring the person always consented to their care. The service ensured that they were ready as far as possible, to respond to people's changing needs. For example, the service has purchased several pieces of specialist keep fit equipment to help people with their strength and fitness. A personal trainer visited people weekly and worked with them in the gym set up by the service to increase their well-being.

Care staff worked exceptionally hard at enabling people to spend time with their families when they were missing them. The service encouraged family members to visit and remain for a meal with their relative or arranged trips home. One person who had family that were unable to visit frequently and who had made a possible suggestion of working with the person to travel by public transport (rail) to visit home, The person was supported by staff to work on this. The person approached us during the inspection, and told us how they had been working closely with staff to board several different trains in order to reach their destination. This plan focused on staff initially going with the person, and remaining with them, to sitting within the same carriage, to finally remaining in contact with the person by phone. The person told us how this had impacted on their life and general well-being. We were told enthusiastically, "the manager and staff are helping me to catch a train to see my brother, I like going on home visits. I'm hoping that one day I will be able to catch the train on my own, but for now the staff support me. I can buy the tickets, and find the platform, I know I can ask for help if I need it. I feel good when I catch the train, I will be doing short train rides on my own soon just to the next village, I am looking forward to this. I feel proud that I am working towards being more independent, that's important to me."

Similarly we were given another example, of how a person's brother lived in Australia and had limited

communication with their sibling. They had repeatedly discussed wanting to know more about their nieces and nephews however, stated that frequent visits were difficult due to the distance and financial implications. The staff discussed ways that contact could be increased, and purchased an iPad. An internet telephone communication application was downloaded and details provided to both brothers. The person was taught how to video call, so that they could speak to their brothers independently.

People we spoke with told us that they were grateful to the home for allowing them to continually experience family life and living. The service offered a flexible approach to enable people who could not return to their families over Christmas the opportunity to have a Christmas meal with all "the trimmings" at the service. People told us how they no longer felt worried at the prospect of being isolated over the festive break.

The service was totally committed to assisting people to pursue their interests. Staff offered people a wide variety of flexible and interesting activities that were meaningful to them. Activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and increase their choices of how they wished to spend time. Photographs and videos (with consent) were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. For example, going to a bar and having a pub quiz, bingo, exercising, all designed to increase well-being. Additionally, activities were related to other aspects of people's lifestyles some of which may have sentimental value to the person or help increase their sense of self-worth and confidence. For example, one person used to box when young. The service had purchased boxing equipment knowing this was something they enjoyed. The person told us, "I like the boxing in the garage, I used to box when I was younger. Boxing makes me feel good and strong, I like it when the staff come out with me and we spar." Staff reiterated the need to be responsive to people's needs, and said, "We are here for them, and want them to enjoy their life."

The service understood how to protect people from discrimination. They were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Throughout the inspection we saw staff conducting themselves in line with the principles. People's records showed that equality was embedded in the practice of the service. The registered manager reinforced the importance of equality by seeking professionals to train people with the same knowledge as staff in key areas. This included safeguarding, first aid and fire awareness. External professionals were asked to attend the service and provide suitably tailored training to people, that would provide them with sufficient knowledge in an emergency.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication care plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in formats that they wished. One person who had found reading difficult had information presented using a pictorial format. This included documentation such as the care plan, personal evacuation plan, complaints procedure, activities and more. This ensured the service took all necessary steps to ensure the information was presented to the person in a way they understood. We witnessed excellent communication between staff and people. It was evident that people were understood and that they were confident and comfortable speaking with staff. We were told by all three people that staff were very helpful, and one person told us, "I could not have achieved what I have done, without them [staff]."

The service had a robust complaints procedure which was produced in a user-friendly format. The service appropriately managed and dealt with complaints. Investigations were documented and responses

provided to complainant(s) within the provider's policies' stipulated timeframe. The people we spoke with, commented on the care provided were all exceptionally complimentary.

The service did not have anyone currently receiving end of life care, although where required information on resuscitation was contained in people's files.

Is the service well-led?

Our findings

The service continued to be well-led although managed by a newly 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.

The service operated a clear vision and ethos of promoting inclusivity and integration in the community. The registered manager ensured staff believed and approached all people as equal irrespective of their race, disability and faith. This approach included staff's view towards their colleagues. The registered manager and the staff team focused on empowering people to achieve their personal aspirations. Whether this was to complete independent tasks such as making themselves a meal, to independently accessing the community or travelling on public transport from one city to another.

The service continued to respond to feedback received from people, relatives, professionals and stakeholders. Quality assurance audits were completed every six months from which an action plan was created. This was used to inform the service as it continued to develop and progress, meeting people's changing needs. Examples of improvements made, included changes to the environment, with a newly fitted wet room, kitchen and décor to the dining room. The service received no negative feedback at the last audit of 2018, which contained only positive feedback about the service and the newly appointed registered manager. Relatives, professionals, staff and people acknowledged the openness and transparency of the registered manager. Comments such as, "nothing is too much" and "the registered manager is willing to discuss ideas", reinforced this point.

Monthly team and house meetings, along with audits of documents including the complaints were also used as part of the quality assurance process. Where changes to the service or practice were required these were planned and implemented as required. The process was seen as one to ensure person centred care was experienced by people residing at Glebe Garden. Whilst operationally seeking to use the process as one of continual learning and improvement. The service had developed a plan of action for the year ahead. This included focusing on environmental changes to the service and personal goals for people.

The registered manager continued to audit the service using monthly, weekly and quarterly schedules. Care documents, house safety checks, staff training and support checks, as well as medicine audits all showed compliance. However, the registered manager acknowledged that her audits did not always indicate an action plan or issues as and when these arose. We were told that a new audit tool would be developed that would clearly illustrate any amendments required and the timescale within which these were reached. The service was further audited by the provider's regional team, including finance, operations and governance. This audit highlighted where there was need for further development. An action plan often accompanied the audit. The registered manager ensured that all items were corrected, signing off when the task had been completed so to ensure by the next audit compliance was found. The service appropriately notified the CQC of any notifiable incidents.

The service continued to work in partnership with external agencies. Advice was sought within a timely fashion from health care professionals and stakeholders, as and when required. The registered manager and staff strove to work with external agencies to ensure people were able to achieve their aspirations, and receive the best care that could be delivered.