Country Retirement & Nursing Homes Ltd

Glebe Farm

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

Glebe Farm is a residential care home providing personal and nursing care to up to nine people aged 18 and over. Eight young men were living at the home at the time of our inspection.

Each person living at Glebe Farm has their own one-bedroom flat, with en-suite bathroom and living space. There are three buildings surrounding an enclosed courtyard. Each building has three flats and some shared spaces. The home also has a shared kitchen and dining room.

Although this is a new home (built in 2018), it is registered to support nine people, which is larger than current best practice. The provider worked closely with the local authority during the planning stages and designed and built a home to meet the needs of specific individuals who have very complex requirements.

People's experience of using this service and what we found
We found the service provided to people at Glebe Farm had improved in all areas since our last inspection. People who lived there now received good, personalised care and support by staff who were kind, caring and compassionate. Relatives of people who lived at the home all made very positive comments, including that there had been noticeable improvements. They were very satisfied with the service delivered by the staff and felt their family members were safe and well cared for. One relative said, "[The service is] fine, considerably better. They have residents' best interests at the heart of what they do."

Staff worked hard to enable each person to live the life they wanted to live. Staff knew how to keep people as safe as possible and carried out detailed assessments of potential risks. This meant each person was enabled to take positive risks and do what they wanted to do. Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were motivated, knowledgeable and skilled to provide care and support to each person. They had undertaken training in a wide range of subjects relevant to their role and were encouraged to develop further. All staff understood how to support people's privacy, dignity and independence. One member of staff said, "I really enjoy it here. I enjoy the [staff] I work with and the guys as well. No day is the same – it's fun, interesting, different, challenging."

Staff offered each person a range of opportunities for meaningful activity, based on the person's preferences. Each person decided what they wanted to do and when, and staff encouraged people to undertake new challenges. Staff were developing links with the local community so people living in the home could feel involved. Any concerns were listened to and addressed.

Management of the service had improved considerably since our last inspection. The service was very well-led by a registered manager who inspired the staff team to put people they were supporting at the heart of everything they did. One relative said, "The service is fantastic…and definitely improving for the better."

The provider's values were put into practice by the staff and governance systems ensured the service provided was of high quality. People, their relatives and staff were involved in improving all aspects of running the service and their voices were heard. Another relative told us, "We now find it excellent and are very pleased with the complete management [team] that runs it far better." The registered manager highly praised and thanked the staff. They said, "I can't do this by myself – it takes all of us working together as a team – we've all worked really hard to achieve this."

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 services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were encouraged to make their own choices and their human rights were protected. The management team led by example and promoted a positive value based approach in providing people personalized care and support.

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 19 September 2019) and there were multiple 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
This was a planned inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring 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 caring findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our caring findings below.

Glebe Farm

Detailed findings

Background to this inspection

The 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience (ExE). An ExE has personal experience of using or caring for someone who uses this type of care service. One inspector and the assistant inspector carried out the visit to the home on 21 April 2021. The ExE and the other inspector spoke with people, relatives and staff, analysed information and gave feedback to the registered manager. The inspection was completed on 3 June 2021.

Service and service type
Glebe Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
On the day we visited Glebe Farm we met five of the eight people who lived there and saw how they interacted with staff and each other. We spoke over the telephone with two people and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant manager, nurses, senior support workers, support workers, a cleaner and the administrator.

We reviewed a range of records. This included care records and medication records. We looked at two staff files in relation to recruitment and staff supervision as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to care for people safely. This was due to lack of suitable and adequate staff; failure to follow correct safeguarding procedures; inadequate management of risk; and failure to learn from previous incidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement in all areas had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff had received safeguarding training.
- The registered manager and senior staff were fully aware of their responsibility to report any safeguarding issues to the local authority and to notify the Care Quality Commission (CQC) of any safeguarding referrals. A noticeable reduction in safeguarding referrals assured the local authority and CQC that people's care and support was improving so they were happier and more settled.

Assessing risk, safety monitoring and management

- The provider had improved the way risks to people were assessed, monitored and managed to reduce the risk of avoidable harm occurring. Staff used the information from risk assessments to help keep people safe. These were reviewed regularly as part of the registered manager's audit of care plans.
- Staff had completed risk assessments, for example with information about their health conditions and for different behaviours which people exhibited. Staff followed this guidance when they supported people.
- Staff encouraged and supported people to take positive risks. One relative told us the previous management "had avoided any activity that involved risk". This meant their family member did very little because everything involved risk. They were very pleased that "now they (staff) understand and manage risk, things have opened up for him."

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw they had the knowledge and skills to meet people's needs. People and relatives told us they thought there were enough staff to support people safely. Staff also said there were enough staff and explained most staff were happy to pick up extra shifts if cover was needed.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure only suitable staff were employed. Staff told us they had not been able to start work until their employment checks had been completed.

Using medicines safely

● Staff who were responsible for administering medicines to people had undertaken training on how to do this safely. Staff received competency assessments following their training and this was repeated throughout the year.
● The provider had recently introduced an electronic medicine system. This system recorded all administration of medicines. If a medicine was missed, the system would alert staff on duty and the registered manager.
● People who required medicines to be administered 'when necessary', for example for pain or behaviour management, had clear guidelines in place for staff to follow. The electronic medicine system helped to ensure medicines were administered in the way the prescriber intended.
● People who required a medicine to be administered covertly had this clearly documented. Decisions to administer medicines in this way were agreed as part of a best interest process, which included the clinical lead, doctor and pharmacist.

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 meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the home.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people and staff.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider had set up a drive through testing station for visitors.

Learning lessons when things go wrong
● The provider had a system in place to make sure lessons were learnt if anything went wrong. The significant improvements made across the service since our last inspection showed us lessons had clearly been learnt. One member of staff said, "We're still developing but we've come a long way and it's really nice to have been part of something that's growing and improving."
● The registered manager and staff described a range of ways that learning from incidents was shared across the whole staff team, such as handovers, supervision and staff meetings. Senior staff updated people's care plans following any issues, including actions to try to prevent the incident recurring.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure that sufficiently competent, skilled and experienced staff were deployed so they could meet people's needs and keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- The provider had improved the induction process for new staff to ensure they were as well-prepared as possible to do their job. Induction included training; shadowing more experienced staff; reading policies and care plans; and spending time getting to know each person who lived at Glebe Farm.
- Staff undertook appropriate on-going training and were skilled, knowledgeable and experienced in supporting people effectively. Staff had received training in topics specific to the work they needed to do at Glebe Farm. For example, training relating to autism and in managing behaviour that challenged.
- The management team carried out supervisions and appraisals to ensure staff had the support and development they needed to care for people. Staff felt very well supported. One member of staff told us, "I've never worked anywhere where I've been so supported and coached. I feel very safe [at Glebe Farm], I can ask anything – all staff are willing to help. Hard work is recognised and then we're supported to progress further – we've achieved a lot."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed regularly with the input of the person, staff, relatives and professionals involved in the person's care. Care plans and risk assessments were updated to ensure staff had the information they needed to support each person effectively.
- 'Transitions' (the person moving into Glebe Farm) were done based on what the person needed and wanted and at the pace they could manage. Two relatives described how successful their family member's move had been from their previous placement. One relative wrote, "You have reassured us that he is coping very well and that he can be very happy in his new environment."
- The management team ensured staff delivered up to date care in line with good practice. Equipment was provided to enhance people's care and promote independence.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to attend healthcare appointments as needed.
- Staff encouraged people to have a healthy, balanced diet. The provider had employed a chef who

understood the catering needs of each person. A photo of each meal enabled the registered manager to monitor the food provided and gave people a pictorial reference of each meal.
● Staff made sure people on a specific diet ate as similar food to their peers as possible, so they did not feel they were eating anything different. At a recent barbeque the chef prepared the same food for one person, using slightly different ingredients, which fitted with their individual needs.
● At the weekend the chef prepared a platter of simple ingredients for each person, which the person then prepared in their own flat with staff support.
● Staff, with input from speech and language therapists (SALT) and/or dieticians, supported people to eat and drink safely. Staff monitored people's weight and adjusted their diet where appropriate. Staff were very pleased to report one person had worked very hard, with staffs' encouragement, to lose a considerable amount of weight.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with a wide range of health and social care professionals to ensure people received the best possible care to help them maintain good health.
● External professionals were very impressed with the way all staff at Glebe Farm had worked with them to turn the service around and improve the care and support they provided to each person.
● Staff worked with the local hospital to support people if they had an appointment or needed to be admitted. One relative had written to the registered manager: "Could we take this opportunity to thank the staff who took such good care of [name] when he had to be taken to hospital last week."

Adapting service, design, decoration to meet people's needs
● Glebe Farm had been adapted to meet people's specific needs. For example, one person preferred not to have a kitchen in their flat, so it had been removed. Another person decided they wanted a bath not a shower, so a bath was installed in their bathroom.
● People's flats were personalised and reflected the person's choices and individual needs. We saw one person had recently had their flat redecorated in the colour of their choice. They were also supported to have pictures on the walls using specialised frames which prevented any harm from occurring if they were broken.
●The provider was developing the secure field at the back of the home to meet people's individual needs, and had vegetable patches, green-houses and equipment such as swings and a trampoline. If they chose to, people took an active role in the care of the farm animals.

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 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.

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

● Staff had assessed and recorded each person's ability to make specific decisions and consent to their

care. Where a person lacked capacity, staff had involved their relatives or representatives and relevant healthcare professionals to make sure decisions were made in their best interests.

● Staff had received training in MCA and DoLS and understood their responsibilities under the act. They offered people choices in line with their care plan and any best interest decisions.

● Where necessary, the provider had applied to the local authority for a DoLS authorisation to keep people safe and ensure their human rights were upheld. Staff were aware of conditions in the authorisations and supported people so the conditions were adhered to.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Relatives spoke highly of the staff. They used words such as caring, sensitive, sympathetic, compassionate and professional to describe them. One relative said, "[Name] is happy and I am confident to leave him with them."
- People and their relatives felt staff treated them all very well. One relative wrote, "Glebe Farm is a lovely place, with amazing staff who are giving their all to my [family member]."
- During our observations it was clear people felt supported and were treated well. People enjoyed engaging with staff and we witnessed positive communication between staff and people both verbally and with their body language. We heard a lot of laughter throughout the day, showing people and staff enjoyed spending time together.
- We saw one person cycling around the grounds. They had set themselves a goal to cycle 100 laps of the field to fundraise. Staff ran alongside them during their cycle. Both the person cycling, and their staff member were engaged in the activity, laughing and encouraging each other.
- Staff respected and promoted people's diverse needs and preferences.

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

- Staff supported people to be fully involved in their care and support. Each person decided what they wanted to do each day, and who with. One person had become much more settled since he had been supported to choose which staff worked with him each day.
- The registered manager made sure people had a community advocate if they needed one. An advocate is an independent person who helps people make choices about what is right for them.

Respecting and promoting people's privacy, dignity and independence

- The home's charter stated one of the values of the service was to "Work as a team to enable people to grow to be as independent as possible…". Staff fully adhered to this and respected and promoted people's privacy, dignity and independence.
- One person wore an assistive watch. This watch alerted staff if the person had an epileptic seizure, which ensured staff were alerted immediately and gave this person more privacy, dignity and independence. For example, previously they always had to have a member of staff in the same room as them, including whilst they slept or used the bathroom. Now staff remained in close proximity, but in a different room.
- Staff asked people for their permission before supporting them. For example, a member of staff asked one person if they wanted help with their meal and gave the person time to answer.
- People's confidentiality was maintained. Records and information about people were kept securely and

discussions took place in private.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found support plans were not sufficiently person-centred or accurate for people to receive consistent support. There were no end-of-life care plans in place and activities were not always provided in line with people's assessed needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement in all areas had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our previous inspection we found people were not involved in planning their care and support and care plans were not personalised. This has been much improved. Staff used innovative and creative ways of involving people in their care and support so they were empowered and consulted. People made their own decisions and were listened to. Support plans were personalised, detailed and fully available to staff. One member of staff said, "People are now able to live their best lives – everyone deserves that."
- Previously people had not had opportunities to pursue or develop hobbies and interests. This had considerably improved and staff now actively encouraged and supported people with their hobbies, interests and personal goals. Each person met with their support worker on Sundays to plan what they wanted to do the following week and we saw people were able to spend time how they wanted. For example, one person was excited to tell us they were growing their own fruit and vegetables, which they prepared and ate as part of their diet. Another person loved cycling: we saw them cycling round the field with their support worker running beside them.
- Staff used innovative ways to support people displaying challenging behaviour. Although staff had received the appropriate training if needed, the registered manager explored using other means to safeguard people and staff from harm. Staff successfully used the least restrictive option to manage one person's behaviour, such as using planters in the garden as a barrier, which allowed the person the space they needed.
- Staff wore protective clothing, so they were more protected when people's behaviour put them at risk of harm. The clothing was very discreet but gave staff confidence, which in turn increased positive interaction with people and ensured dignified support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff were excellent at communicating with each person in the way the person wanted them to and which they understood best. For example, one person used their own version of Makaton signs and a computer tablet to communicate. (Makaton is a form of sign language which enables individuals to connect with other people and the world around them.) This person's care plan explained their preferences clearly and staff had made posters of the signs the person used so communication was much improved for everyone.
● People who wanted a daily timetable helped staff build the timetable in pictures so they understood what they could expect from the day. This included both their chosen activities and the staff who would be supporting them. Signs around the building and in the shared areas were in an easy-read format.
● There was a large noticeboard in the shared lounge. One person was very pleased to take responsibility each day for updating the board with the correct day and date.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The registered manager and senior staff had put strategies in place to make sure people could keep in touch with their relatives. This was done to meet each person's individual needs and ensure people were happy to make contact in that way. This was particularly important during the pandemic when people's families were not able to visit. Additional electronic equipment was bought, for making video and phone calls. Staff sent each person's relative a summary of how they had spent their week.
● One of the young people who had recently moved in had been at school with another person who lived at Glebe Farm. Staff were hoping these two people would re-kindle their friendship and enjoy attending a day service away from Glebe Farm together (once it re-opened following COVID-19 guidance).
● Staff supported each person to choose what they wanted to do from a wide range of meaningful activities. These included going for drives out, helping with the farm animals and playing games such as football in the courtyard. Equipment such as bicycles, a go-kart, swings and a trampoline had been introduced to the site for people who enjoyed using them.
● One person had a small garden where they grew their own fruit and vegetables, which they then prepared and ate. Another person mowed the lawn in the churchyard of the village they used to live in.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure in place: this was displayed in the home in an easy-read format. The registered manager said they welcomed issues being raised so they could all work together to keep improving the service.
● One person told us they would talk to their relatives if anything was wrong. Relatives were happy that most of the time any issues they raised were responded to and dealt with. Several relatives were pleased the registered manager and assistant manager had given them their telephone numbers so they had "no problem getting through". Another relative said, "I don't have any concerns since the improved communications and the pictures they send."

End of life care and support
● Glebe Farm provided a home for eight young people who were all in their late teens/early twenties. They had come to Glebe Farm to start their adult lives and it was therefore very difficult to discuss end-of-life plans with them or their families.
● However, the staff team were continuing to develop good relationships with people's families and the registered manager already had plans in place to get these sensitive discussions underway.

Good

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found systems and processes in place to monitor the quality and safety of the service were not sufficiently robust to identify areas where quality and safety were being compromised. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection the provider had not notified CQC of all incidents which they were required to do. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009. Improvement had been made and the provider was no longer in breach of regulation 18.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood the requirements of their role and was up to date with the latest best practice guidance. This included guidance in relation to the COVID-19 pandemic, and associated guidance regarding visitors, testing and IPC.
- The registered manager, who started their job after our last inspection, was supported by senior staff including an assistant manager and a clinical lead. Relatives gave us positive feedback about the management team and in particular the registered manager. One relative said, "The [registered] manager is focused and clearly he has a handle on everything. With his deputies they all work in close harmony, singing from the same hymn sheet. We have seen this evolve and we're impressed by the maturity." Other relatives made comments such as, "Managed very well"; "Good leadership and stable staff"; and "Good management."
- Staff were very happy working at Glebe Farm. They were clear about their roles and knew when and how to raise any concerns. One member of staff said, "I really love it here. Everything's going really well, especially since [registered manager]'s been here. It's a really great team – we can knuckle down and make a difference. We're going to get even better."
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events. The registered manager had kept in regular contact with CQC which meant we knew ways in which the service provided was progressing and improving. They were very open about when something had gone wrong and shared what they were doing to address this. The provider had displayed their inspection rating clearly in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager and staff team were passionate about developing a person-centred culture within the home. They fully understood each person had their own unique care and support needs and it was staffs' responsibility to ensure these needs were met. Each person received completely different support, and staff knew how to adapt to each person to give them what they needed. This included staff joining in exercise sessions; giving physical contact through body massage; and supporting one person to work out in the community.

● During our observations on the day of our visit, we could see a real change (compared with our previous inspection visit) in the way staff interacted with people, with each other and with the registered manager. Every interaction we observed was positive and held the person at the centre. One member of staff said, "The service is changing and we're moving with the times. Teamwork is a lot better and residents are happier now the team is more stable."

● During lunch staff, including administration staff, the chef, a maintenance worker and the farm hand, would stop to chat with people. It was obvious this was every-day practice. One person gave the maintenance worker advice on how they should organise their 'work van'. The member of staff agreed and assured them they would do that as soon as they could. This short conversation gave the person the opportunity to be empowered and included.

● The registered manager had introduced a 'proud cloud', which was a board on display in the shared dining room. People and staff were encouraged to praise people and each other for things they thought had gone well. Staff told us how much they appreciated this.

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

● Relatives were satisfied they could be as involved as they wanted to be in the care of their family member and in how the home was run. Staff kept in contact with relatives as much as each relative wanted, with telephone calls or weekly emails, which included photographs of what the person had done.

● Staff attended minuted staff meetings. They felt they could put forward their views and ideas for doing things differently and they would be listened to. Health and social care professionals involved with the home felt the staff team worked very well with them.

● Staff had worked hard to develop links with the local community. They supported people to walk around the village and the registered manager had regular contact with the Parish Council.

Continuous learning and improving care

● The provider had addressed issues we identified at our previous inspection. At this inspection we found there was an improved atmosphere and work ethic in the home. People interacted positively with staff and visibly enjoyed these interactions. The number of safeguarding referrals staff had needed to make had reduced dramatically, showing people were much happier and more settled.

● The registered manager carried out audits of all aspects of the service provided. When they identified shortfalls they drew up an action plan to ensure improvements were made.

● The registered manager analysed records of accidents and incidents to find trends or themes. They took action where needed to reduce recurrence.

Working in partnership with others

● Staff worked in partnership with health and social care professionals and used a multi-disciplinary and collaborative approach to achieve positive outcomes for people.

● External professionals were impressed with the progress staff had made since the last inspection. One external professional said, "Glebe Farm staff have worked closely with us to improve their service. All in all,

the chaps at Glebe have made significant progress since the last inspection." Another told us, "[We had] a positive visit. There is clear evidence of improvement...the mood of all service users and staff was really good...service users were positively engaged and appeared content."