The Orders Of St. John Care Trust

OSJCT Glebe House

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

Overall summary

This inspection took place on 12 November 2015. It was an unannounced inspection. Glebe House is a single storey care home for up to 40 older people. On the day of our inspection 39 people were living at the service.

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 benefitted from very caring relationships with the staff who knew how to support them. Staff often gave up their free time to support people. Staff were supported through supervision, appraisal and training to enable them to provide the high degree of care we observed during our visit.

Staff understood the needs of people, particularly those living with dementia, and provided care with kindness and compassion. People spoke positively about the

Summary of findings

home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services, sometimes during staff's free time.

.People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

There were sufficient staff to meet people's needs. The service had robust recruitment procedures in place which ensured staff were suitable for their role. Background checks were conducted to ensure staff were of good character.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was regularly assessed.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People were supported to maintain good health. Referrals to healthcare professionals were timely and appropriate and any guidance was followed. Healthcare professionals spoke positively about the service.

People were involved in their care and the running of the home. People were involved in staff committees and took part in staff interviews. People's opinions were also sought and acted upon.

All staff spoke positively about the support they received from the registered manager. Staff told us

they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

The service maintained links with the local community through local schools, groups and businesses. Community events, such as coffee mornings, fetes and BBQs were held to ensure people maintained contact with the local community.

The registered manager lead by example and had empowered staff with lead roles. Their vision that the service should be a home for people where they were well cared for and happy was echoed by staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring.

Staff were very kind and respectful and treated people and their relatives with dignity and respect. Staff often gave up their free time to support people.

People benefitted from very caring relationships with the staff who respected their preferences regarding their daily care and support.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences.

Complaints were dealt with appropriately in a compassionate and timely fashion.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and empowered and motivated staff to deliver high quality care.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

OSJCT 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 the 26 November 2015. It was an unannounced inspection. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people, five relatives, five care staff, two kitchen staff, two activities coordinators, the registered manager and the quality and compliance manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Very safe, there's always staff around when I want help getting about", "Staff are friendly and keep me safe because they know me so well" and "I feel safe because of the way I am treated by happy people". Relative's comments included; "Always happy with [person's] safety because she is secure and well cared for" and "I know that [person] is safe because the building is secure and she is well cared for. When I leave her I know that she is safe and that's very reassuring for rest of the family".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "We know people well and how to support them in a safe way and I would report any concerns", and "I'd report to the manager, safeguarding and CQC (Care Quality Commission). I can also use the whistle blowing number I have". Records confirmed the service reported any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of falls. A risk assessment was in place and guidance provided to staff to reduce the risk. This included two staff to support the person with bathing using a hoist. Staff were aware of and followed this guidance.

Another person was at risk of scalding themselves whilst washing or bathing. Staff ensured safe temperatures were maintained by monitoring the water temperature for the person. The care plan stated staff should be 'present at all times' during washing and bathing. Staff recorded water temperatures and daily notes evidenced this guidance was being followed. All risks were regularly reviewed.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained.

People told us there were sufficient staff to support them. People's comments included "Lots of smiley people around, always willing to help or talk to you" and "I don't sleep too well so I am up chatting to staff and there are quite a few about during the night".

Staff told us there were sufficient staff to support people. One member of staff said "We have enough staff here. In fact we have just got some more. Staffing is fairly consistent". Another said "Plenty of staff with the right skills and attitude. That's why this place works so well".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the head of care and the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people got the right medicine at the right time.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist/lift servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. One member of staff said "I have had all the training I can get. It definitely helps with the job". One relative said "They know the little things. [Person] doesn't like being left on her own so staff sit with her. They know that she prefers to be with other people rather than being in her room so they make sure that she sits in the foyer with the others".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had ask to take a lead role in the service and we saw they had been appointed as the infection control lead. This meant they were a point of reference for other staff on the subject of infection control. This member of staff said "This lead role has allowed me to gain knowledge so I can advise staff to improve conditions at the home. I am really proud to be able to do this".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Comments included; "It is about individuals. One of my residents cannot speak so when I show them things, like a pair of trousers, their facial expressions tell me if they are happy to wear them. Decisions and individual choice, always" and "I have had training about the Mental capacity Act and know what it means in relation to keeping people safe".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS and were waiting for an authorisation following three recent applications. During this period these people were being supported in the least restrictive way.

Staff had a good understanding of dementia and were encouraged to gain additional qualifications in the subject. They understood causes and triggers for behaviour which could be termed as challenging. During our visit we observed staff using strategies to pre-empt situations and calm people in a way that preserved their dignity and self-respect.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice. For example, one person asked for a drink. When the member of staff brought the drink the person was reluctant to drink it. The member of staff reminded the person it was their favourite drink and spent time explaining why it was important to drink. The person was given time to consider this and then asked for their drink. The member of staff then brought a fresh drink and supported the person to drink it. Care plans were signed by people and we saw they were involved in care reviews ensuring the service had their agreement on any changes to the support they received.

One member of staff spoke about gaining people's consent. They said "I communicate with them. This is most important. I explain and then get their permission. I treat people with dementia exactly the same, it just takes a little longer".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was

Good

Is the service effective?

being followed. We spoke with a visiting healthcare professional. They said "This is a lovely service. We get good, timely referrals and staff follow any guidance really well. We have no issues here".

People told us they enjoyed the food. One person said "I enjoy some of the food, some not so much. Chef will make you other things if you don't like what it is. With sandwiches at lunchtime you can have what you want" and "The most fantastic food. I enjoy the food, all homemade and you can have more". A relative said "The food looks really good and it is an important part of the day for [person]".

We observed the midday meal. This was an enjoyable, social event where the vast majority of people attended. Some people had a glass of wine or sherry with their meal. This meal consisted of a range of snacks and sandwiches. The service had consulted people about moving the main meal of the day to the evening. People had agreed and the meal time altered. The registered manager told us since this was introduced people were more active in the afternoons and more settled in the evenings. They had also seen, over time the incidents of falls steadily reducing. They said "I think this, along with our other interventions relating to falls has really had a positive impact". Records confirmed falls had been steadily reducing at the service.

People had enough to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Picture menus were provided daily and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided. Snacks were available throughout the day as were cold and hot drinks.

We spoke with the chef about people's dietary needs. They said "We had a new person to the home and within minutes we knew not to serve her any grapefruit or citrus. I get a sheet detailing residents' dietary needs as soon as the person comes in, or before sometimes. These are updated and reviewed".

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were keen to talk to us and were extremely positive with their praise for staff. Comments included; "Excellent care. I haven't complained yet so it must be good", "Lovely caring staff who look after me really well", "The carers are nice and smiley. They are friendly and never get upset. You never hear a raised voice", "Caring girls and this is a very happy place to live" and "The staff are exceptional". Relatives told us they thought the staff were caring. Comments included; "Very caring staff, all of them", "[Person] came in from another Home and the care she gets here is so much better" and "We are blessed with this place".

Staff told us they enjoyed working at the service. Comments included; "Care is all about spending time just like a family" and "I love it here, it can be hard work sometimes but I love it. It's the residents, they are wonderful".

The home had a warm and friendly atmosphere which was evident when we entered the home. The member of staff who greeted us was friendly and efficient and our presence did not seem to affect the staff or what was going on in the home, in spite of the fact the registered manager was training in another location. They telephoned the registered manager who arrived shortly. People greeted us warmly and openly and seemed genuinely pleased to see us.

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Staff also supported people to maintain hobbies. For example, we saw one person who wanted to engage in a sing a long was supported to attend by a member of staff. We spoke to the member of staff who said "[Person] spends some time in their room but really likes to sing. I knew they would enjoy this activity so I went and brought them up here". We saw the person singing and smiling throughout the activity. This was clearly a positive event for this person.

Staff recognised the importance of building trusting relationships with people through shared experiences. Time was allocated for staff to engage with people in one to one conversation using their preferred communication method. One member staff came into the home every week on their day off to sit, chat and spend time with people. The member of staff brought their dogs with them as people enjoyed the contact with animals. People were invited to one member of staffs child's christening. A group of people attended the church services and later spent some time at the pub with the staff and other people from the community.

Staff supported people to maintain family ties. One member of staff came into the home on their evenings off to guide a person in the use of a computer. The person was guided to use social media to maintain contact with relatives and friends. The service also provided the person with a piece of computer equipment to enable them to easily access the internet. This person had over 200 friends on their social media account.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One person considered what to drink and finally asked for a glass of sherry. This was provided. Another person told us how their preferences were respected. They said "I can get up when I want to and the girls will get you a breakfast when you come in".

People's independence was promoted. For example, one person liked to walk in to the town every day and another went out to see friends. We saw they were 'waved' off and then when they returned, welcomed back by staff who took a real interest, wanting to know all about their trip. People were excited and keen to tell the staff about their day out.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, one person was being supported to attend the lunchtime meal. The person used a frame to mobilise independently. A member of staff walked with them, opening doors for the person and chatting with them. The person clearly enjoyed the interaction and the conversation continued after the person had sat at a table.

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care

Good

Is the service caring?

people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, had their hair brushed and looked well cared for.

One member of staff told us how they promoted people's dignity. They said "I always knock and then call out so they know who is coming. With personal care I shut doors and close curtains and I don't make a fuss with it. And, I always empty and clean commodes straight away. I mean it is just empathy with them. How would you feel if it was just left there".

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had stated they wanted to remain comfortable at the home. The person had stated their funeral preferences including the church and type of service and what hymns they wanted. This person had signed their advanced plan.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could present behaviours described as challenging. Staff were aware the person could present this behaviour if left alone for long periods. Staff recognised the onset of these behaviours and we saw staff support person this to attend an activity they were interested in, to distract them from being anxious. The person's relative said "[Person] can be very challenging but the staff know how to deal with her. They know that she loves music and so they will get her to sing or play her some music".

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out. People and their relatives were informed about any changing needs. One person said "The Manager goes through the care plan with me. Everything is explained and I am told what is happening".

People received personalised care. For example, one person was at risk of developing a pressure ulcer. The person had been referred to specialist healthcare professionals and their guidance was being followed. This included a high calorie diet, keeping the person clean and dry and using pressure relieving equipment. We spoke to the healthcare professionals supporting this person who said "We have no issues with the way our guidance is being followed or how the person is supported". We went to this person's room and saw pressure relieving equipment was in place. The person did not have a pressure ulcer.

Another person was at risk of losing weight. The person was given a soft, fortified diet. The care plan noted the person could sometimes be reluctant to eat and staff were advised to encourage and support this person with their meals. At the lunchtime meal we saw staff spending time encouraging the person to eat and drink. They were offered extra portions and later in the day we saw they were being encouraged to eat snacks. This person was regularly weighed and records confirmed they were slowly gaining weight.

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts, keep fit, talks with guest speakers and gardening. Trips outside the home were organised and included shopping and visits to places of local interest. Entertainers visited the home and a hairdresser was available every week. Church services were provided and people could have a personal service in their room if they wished.

The home had large, well maintained garden areas for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed. One person had a keen interest in gardening and had been supported to maintain the homes large garden areas. We were very impressed with the results of this person's labours and they proudly showed us the gardens and explained their plans for the future. It was clear this person's self esteem and confidence had been maintained and the registered manager's personal support had empowered the person to achieve excellent results. The gardens contained a vegetable patch that supplied the kitchen with fresh vegetables. It also contained a garden of remembrance. People who had lived at the home were remembered through this garden. Each plant had a photograph of the person and a small stone bearing their name. A sign had been placed at the front stating 'gone but not forgotten'. As a result of this person's work with the garden other people had become enthused with the activity and regularly assisted. The person said "I saw it needed some work so I just started doing it. I've got big plans and I know the manager will help me do what I want to do. I shall start round the front of the home soon".

The home employed two activities co-ordinators who provided activities in the service. Throughout our visit we saw many people engaged in activities which were delivered with great enthusiasm and were thoroughly

Good

Is the service responsive?

enjoyed by the people. One person said “Always something to do here. Wonderful girls full of life and smiles”. An activity co-ordinator told us they aim to “Maintain and promote residents mobility and well being”.

Activities were advertised on a large colourful board in the main foyer. Also on display all around the home were photographs of people engaged in a variety of activities. This gave the corridors and communal rooms a warm and homely feel.

People knew how to raise concerns and were confident action would be taken to address them. People spoke about an open culture and told us that they felt that the home was responsive to any concerns raised. One person said “Don’t need to complain about anything”. One relative said “We raised an issue and it was sorted. Unfortunately we later changed our minds and went to the staff who fixed it again, straight away”. The complaints policy was displayed at the entrance to the home and contained guidance for people on how to complain. We looked at the complaints folder and saw few complaints. These had been dealt with promptly in line with the policy.

People’s opinions were sought and acted upon. A suggestion box was maintained at the entrance to the service and people’s general comments and requests were recorded. For example, one person had commented they could not find the remote control for their television. We saw staff went to this person’s room, searched and found the remote. We looked at the compliments book and saw a large amount of very positive comments from both people and their families.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and found them very friendly and approachable. People's comments included; "Couldn't have a nicer manager" and "Under this manager the place is far more settled with more continuity of staff". One relative said "The manager is very friendly and approachable". Throughout the day we saw the registered manager around the home. They talked openly to people in a friendly and caring manner and people responded with warmth and smiles.

Staff told us the registered manager was supportive and approachable. Comments included; "The manager is approachable and very flexible. She really does care. She supported me through some personal issues" and "She is a very good manager. Very friendly and helpful". Staff also told us about the open and honest culture we experienced during our visit. One member of staff said. "I could own up to a mistake with confidence here. We have good honest management and there is not a culture of blame".

During the day we observed the registered manager engaging with people in a ball catching activity. The registered manager was completely involved and interacted with people in a most positive and genuine fashion. People responded with laughter, encouraging them to throw the ball. Staff in the vicinity observed this interaction. The registered manager was also to be seen supporting people individually throughout the day. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

The registered manager told their vision was "To make residents feel happy, looked after and feel at home". They went on to say "I get the residents and staff involved in everything here. All activities, meeting and projects". Staff were aware of this vision. One said "We deliver high quality care, this is very much a home for people. We involve everyone and I think we do a good job".

People were encouraged to be involved in the running of the home. People took part in the recruitment of new staff. They assisted in interviewing prospective staff and were able to ask questions during the interview. Following the interview their opinions were taken into consideration. People also attended staff committee meetings and were involved in decisions around the home. For example, an issue was raised concerning people living with dementia having difficulty navigating around the home. Following specialist guidance, people decided to colour code the corridors of the home to help resolve the issue. We saw this work was in progress.

The registered manager had empowered staff by appointing lead roles. These staff became a point of contact for people in relation to their speciality. These included dementia, dignity, falls and infection control. Staff were receiving extra training allowing them to be a point of reference for other staff and give them oversight of their area. Notice boards were situated around the home with details and information about the lead subject. Staff were enthusiastic and keen to talk to us about lead roles. One member of staff had finished their shift but waited to show us their work before they went home. They said "This is my notice board. The manager has supported me to take this work forward. I am very proud of this work as it helps keep people safe". Another member of staff with a lead role in falls said "I have been empowered in this role. I've been supported and trained to take charge of this area and we've reduced falls drastically".

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had fallen but was uninjured. Following the investigation the person was referred to the Care Home Support Service. The person was assessed and measures taken to reduce the risk. The person had not fallen since these changes. Learning from accidents and incidents was shared at briefings and staff meetings.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and results were sent to the provider where they were analysed and returned to the service with identified actions to complete. Action plans were regularly monitored and updated with the quality and compliance manager. The audits were linked to the Care Quality Commissions (CQC) inspection domains and the latest audit result was rated at 98.2%. The service also monitored safeguarding, hospital admissions and medicine reviews. Clinical governance meetings were held to review and assess this information.

Good

Is the service well-led?

The Home has been selected to take part in a high profile dementia research project run by Leeds University. Experience gained by staff's involvement in such work and through additional training was planned to be used to enhance dementia care in Glebe House.

Regular meetings were held with people and their relatives. This gave people an opportunity to raised issues and share information. For example, at one meeting a relative raised an issue about a call bell for the entrance area. This request was forwarded to the provider's property department for action.

The service maintained links with the local community. Regular coffee mornings were held where people from the community could attend and engage with people living at the service. Local scout groups and volunteers took people out for local trips. A large local shop supported the service and made donations to activities. The local school attended the home at Christmas and Easter to celebrate with people and to sing for them.

The 'Friends of Glebe' supported the home through fund raising activities such as fete's and BBQs. They also attended the home to take part in activities. Friends of Glebe managed the finances of a mini bus used by the home.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.