

The Salvation Army Social Work Trust

Glebe Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Glebe Court is a residential care home providing personal care to 40 people aged 65 and over. At the time of the inspection there was 33 people living at the home. The home has recently undergone an extensive programme of refurbishments.

People's experience of using this service and what we found

Medicines were not managed safely which placed people at risk. The provider was not always following their safeguarding policy as they were not notifying the local authority of medicines errors when they occurred. Risk assessments and care plans were not always updated when people's needs changed. Staff were not recording incidents and accidents correctly which meant they were not always reviewed to ensure potential risks could be mitigated. There were not always enough staff on duty to ensure people received safe care. Staff were not always recruited safely.

There was a lack of effective governance systems in place to monitor and assess the quality of the service being delivered. This meant the registered manager did not maintain oversight of how the service was being delivered.

The provider had good infection control procedures in place. There were effective systems in place to admit people into the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Deprivation of Liberty Safeguards (DoLS) had been reviewed and applied for in a timely manner and where required, best interest decisions had been completed.

People spoke well of the staff, and felt they received good care and support. We saw sensitive and gentle interactions between staff and people using the service. Staff could tell us how they maintained people's privacy and dignity.

The home had been refurbished and was fully accessible, well maintained and clean.

People told us they were happy living at the home, and they spoke positively about the programme of activities that were in place.

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

Rating at last inspection

This is the first inspection for this service. The service was previously registered at a different location.

Why we inspected

This inspection was prompted by a review of the information we had about this service. This indicated a

need to prioritise the service for an inspection to review the quality of care provided.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to safe care and treatment and good governance and made a recommendation for staffing levels. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glebe Court

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

The inspection was carried out by one inspector, a member of the CQC medicines team 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.

Service and service type

Glebe Court 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 that 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 including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us about by law, such as abuse. The provider was 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service, three visitors and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, six care staff and a chef. We reviewed a range of records. This included six care records and multiple medication records. We looked at three files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 11 health and social care professionals for feedback about the service. We received feedback from four professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- Medicines were not always administered safely. When people were overprescribed or under prescribed medicine the registered manager was making decisions about people's care without seeking appropriate advice from the GP. There was also an expectation from the local authority to raise a safeguarding concern for medicine errors which the registered manager had not done. This told us the registered manager did not have appropriate oversight of the management of medicines and there were ineffective systems for investigating medicines errors.
- We did not see evidence of training or support provided when it was identified staff needed extra support to administer medicines. For example, one staff member was not meant to be administering medicines on their own but on the second day of the inspection we saw this person administered medicines for all people living at the home.
- The morning medicine round took up to 3 hours which meant people were not always getting their medicines as prescribed. For example, some people needed their medicines before or after food and staff were not following the prescriber's guidance. This placed people at risk.
- One person was on a time critical medicine, and we identified times when this did not happen. This placed the person at risk as they were not receiving their medicines as prescribed.
- We identified another person who had missed their medicines on four consecutive days in September as there was no stock available. We could see no action taken by the registered manager to ensure medicines stocks were maintained at appropriate and safe levels.
- Staff were not always reconciling medicines correctly. The errors we identified demonstrated that auditing systems were ineffective.
- Staff were recording the temperature of medicines storage rooms in place of fridge temperatures. This meant that fridge temperatures were not being monitored accurately.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager sent an action plan to address the issues that we found with medicines.

- People were protected from the risk of abuse. People told us they felt safe, one person said, "I feel safe, the

carers are always there for you". The provider had a clear process to investigate and respond to any concerns about care which had been raised.

- The provider had a safeguarding policy and staff understood how to report concerns. We saw evidence of the registered manager working with the local authority and relevant healthcare professionals where they had concerns about people's welfare and safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always planned for as risks associated with people's medical and care needs had been assessed but we identified that these were not always comprehensive as they did not identify when people had health issues. For example, if people were diabetic or had Parkinson's disease there was no information on how to guide staff to care for these people.
- We identified two people who had behaviours that challenge, there were no behaviour management plans in place or any guidance for staff on how to support these people in a safe way.
- We identified two people who were at high risk of falls. We read that both of these people had recently sustained falls. Care plans and risk assessments had been reviewed but they had not been updated to reflect any changes in support required as a result of these falls.
- The provider was not always recording and investigating accidents and incidents when they occurred. We identified six incidents which were not recorded and investigated in accordance with the providers policy. This meant the registered manager was not always learning from accidents and incidents to reduce the risk of reoccurrence.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback senior staff agreed to address the concerns we identified.

Staffing and recruitment

- The provider's systems for assessing staffing levels were not robust. On the first day of inspection there were not enough staff to care for people in a safe way, this was because two staff members had taken people to appointments. Comments included, " If I need to visit the hospital a staff member has to go with me which means there are fewer carers here. You end up having to wait for things like meals " and "There are not always enough staff on duty. It can vary."
- Staff told us they were also stretched as they were responsible for answering the main phone line when supporting people. One staff member told us; "I often have to stop providing care in order to answer the phone."

We recommend the provider reviews staffing levels to ensure there is adequate staffing in place to care for people.

- We raised this with senior staff during feedback who recognised the need to review staffing levels.
- The provider did not always follow safe recruitment procedures before employing staff. We reviewed three staff records and we found there was gaps in two people's application form as their employment histories were incomplete. The provider had not obtained a satisfactory written explanation for these gaps. During the inspection the registered manager took prompt action to address the concerns identified.

Preventing and controlling infection

- The provider had effective systems in place to protect people from the risk of infections. There were

infection control policies in place which were regularly reviewed and updated.

- The service had arrangements in place for relatives and loved ones to visit whilst following social distancing guidance.
- There was regular testing for people and staff and the provider was following shielding and social distancing guidelines
- We saw evidence that staff received training on infection control and related COVID 19 training and staff demonstrated a good understanding on how to use of personal protective equipment (PPE).

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission. People were assessed over the phone or a referral was made via the local authority. Once an initial assessment was completed the registered manager would arrange for the person to visit the home. This policy was amended during the pandemic and a virtual tour was carried out.

- We reviewed the records for one person who had recently been admitted to the home and there was clear information about their needs and how they wished to be supported. We saw evidence of staff working with the person and their relatives to ensure the transition to the home was appropriate to the person's individual circumstances.

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

- People were supported to have a balanced diet. Food was provided by an external catering company, which was prepared and frozen off site and then delivered to the home. People and their families were aware of this process and were consulted on food choices and options.

- We observed staff supporting people, who required it, at mealtimes and this was done in a caring and friendly manner, at a pace set by the person.

- People's weight was regularly monitored and discussed in care meetings if people required specific support such as referrals to dieticians this was done.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs had been assessed and there were care plans relating to these.

- Staff supported people to receive support from other healthcare professionals including dentists, opticians and chiropodists. People were also supported to access specialist healthcare professionals and attend hospital appointments when required.

- The provider had assessed people's oral healthcare needs. Staff were recording daily when people were supported with their oral care. People were seen by the dentist every year or when required.

- People had regular consultations with their GPs when needed and district nurses visited regularly.

Comments included " I get more attention here from the medical profession than when I lived at home." and "Chiropodist, dentist and optician, we see everyone and If I wanted to see a doctor I could. You only have to ask."

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The home was purpose built and was arranged over two floors accommodating wheelchairs. The home was bright and welcoming, and the design and the layout of the building told a story about the local areas, for example one corridor was designed and furnished to tell the story about a local ballroom in the area.
- The service had recently moved into the home so there was still a programme of works being completed. At the time of the inspection staff were just finishing a little shop which would sell toiletries and confectionary.
- People's rooms were personalised to their individual preferences, and they were bright and clean.
- There was a well-maintained garden and there was a programme of activities scheduled to make the best use of the outdoor space.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was following the principles of the MCA. Where people did not have the capacity to maintain their own safety in the community the registered manager had applied for authorisation to deprive a person of their liberty.
- The provider had obtained consent from people using the service, or their legal representatives where appropriate, regarding their care and support at the service.
- For people who did not have the capacity to consent we saw that best interests' meetings were held and staff appropriately involved those who were authorised to make decisions on a person's behalf.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to deliver care to people living at the home. However, the provider did not always have an overview of the training staff had completed and the training record was not always up to date. We identified that some staff were unable to complete some of their training as they were unable to log on to the training portal. Senior staff told us they were aware of this technological issue, but they provided evidence on how they were trying to address this during the inspection.
- Staff received an induction prior to starting at the service. Senior staff told us previous background and experience in working in the care field determined the length of staff's induction.
- Part of the staff induction included completing the care certificate. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people well and with respect. Comments included " The staff are nice. They're very easy-going and they are so kind – really. They can't do enough for us. There are always surprises being arranged, especially on a Friday " and "They come round with ice-creams - things like that. If you ask for a cup of tea at two in the morning, they will get it for you. They're so good."
- Staff were aware of people's backgrounds, their culture and their religious preferences. Staff were respectful of people's individual needs and beliefs particularly for people who were living with dementia. We received feedback from one professional who told us, "Glebe court may be a 'care home' (not a nursing home), but they deal with a number of [people] with complexity well, particularly with dementia and behavioural problems."

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

- People were involved in making decisions about their care and support. Within people's care plans there was detailed information to guide staff to help people make decisions. For example, what personal care they could do for themselves and what support they required.
- Staff communicated well with people and involved them in the support being provided. We observed staff speaking to people in a kind and caring way, for example, when finishing an activity and preparing people to go to the dining room for lunch. People were encouraged to do what they could but also supported when required.
- The registered manager had made referrals to advocacy services when required. Advocacy services are trained professionals who support, enable, and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent. During the inspection we observed staff encouraging people to do things for themselves and people also confirmed this. One person told us, "I need support, that's why I'm here. However, I can still maintain a certain amount of independence. I'm happy with that. " One staff member spoke about the importance of encouraging people to do as much as they can for themselves.
- People told us their privacy and dignity were always maintained. Comments included, " All of my personal care is done very well and with dignity. It never feels awkward" and "All the personal care is done with great dignity – it's an everyday occurrence for the staff so there is no fuss. It never feels awkward."
- The service upheld people's dignity by ensuring people had individual itemised labels for their clothes. This meant people's laundry was not pooled and it did not get lost in the process of being laundered.

- Staff understood the principles of maintaining confidentiality and protecting people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were person centred but we identified some gaps in how senior staff were recording information. This was because some care plans were printed, and others were updated online. Care plans were meant to be reviewed every six months, but 18 care plans had not been reviewed. This meant that care plans did not always accurately record people's changing care needs. The registered manager told us this was because staff were transitioning over to an online care plan, and this was causing the delay. The registered manager had an action plan in place to ensure care plan reviews were being prioritised.
- Notwithstanding the above, care plans had clear information on what was important to people and some care plans were very informative and provided staff with good information about people's past lives and their wishes, for example we read about the importance of talking about pets, and doing activities like gardening, singing and reading clubs.
- Staff were using a computerised care planning system. Daily records of care were recorded on handheld devices which staff could access when they were supporting people. This allowed staff to record their care in real time and staff spoke positively about this.

Improving care quality in response to complaints or concerns

- The provider was not always responding to complaints in line with their policy as the policy stated that people would receive an outcome letter once the investigation was completed. We raised this with senior staff, and they told us they would ensure the policy was followed going forward.

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.

- If people required communication plans, they were in place and they provided information on people's specific needs and how these could be met.
- The provider had started to use face masks with a vision screen for people who needed them. This helped people to see staff faces and mouths and improved communication.

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

- People were supported to participate in meaningful activities within the service that were relevant to them whilst ensuring their safety in line with COVID-19 government guidance.
- People told us that they were able to maintain contact with their loved ones during the pandemic as the provider used technology to ensure people had regular contact with their relatives.
- People were supported to attend religious services if they wished. One person said, " We are well catered for regarding prayer services: there's something going on almost every day. There are other people here who follow different faiths, and all seem happy with the services provided."
- There was regular singing and musical workshops and other activities for example, one person enjoyed playing pool, so the home had purchased a pool table.
- The service had a dedicated art room and there were daily activities scheduled.

End of life care and support

- People's end of life wishes were recorded. Information included people's religion, future, concerns and final days. We also saw evidence of the registered manager speaking with relatives and their family about how end of life care could be delivered.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these were not robust enough to identify the issues found during this inspection. Furthermore, audits and checks were irregular and some of these had not been carried out for several months.
- The provider's processes for the management of medicines had not been effective and we found that people were not always receiving their medicines as prescribed. For example, the registered manager was aware staff were not following the home's medicine policy when errors occurred, but they did not seek professional guidance. This placed people at risk.
- At times there was not enough staff to care for people which meant people were at risk of receiving unsafe care and support.
- Accurate, complete, and contemporaneous care records were not always maintained. A new electronic care records systems had been introduced and whilst this had improved the recording of daily activities and assessments of people's needs, we saw that further improvement was required for staff training and ensuring risk assessments and care plans contained sufficient information about risks to people's safety and the mitigation of those risks.
- The lack of detail or no detail recorded following an accident and incident meant that the registered manager and senior managers had minimal management oversight of these. Learning and improvements were not always safely implemented to prevent future re-occurrences.
- The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 their legal responsibility and were open and honest during the inspection. The registered manager admitted that they "had taken their eye off the ball" and this had resulted in people not always receiving safe care and treatment. The registered manager and the senior leadership team were open and transparent about the issues we raised during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and professionals spoke well about the registered manager however some staff felt that the registered manager was not always responsive to their requests for support and help. We raised this with the registered manager during the inspection and they agreed that at times they should have been more responsive.
- The registered manager had regular staff meetings where relevant issues were discussed, for example health and safety, and issues affecting people living at the home. Staff however felt that when they raised issues with the management team in these meetings issues did not always get addressed. This meant staff did not always feel they were listened to. We raised this with the senior leadership team during feedback.
- The provider conducted an annual survey for people living at the home. Overwhelmingly the feedback was positive which told us people were happy living at the home.

Continuous learning and improving care; Working in partnership with others

- Stakeholders told us; they would like to have some improved communication with the provider as at times they felt they were not always informed of important events which affected the day to day running of the service. For example, the phone lines had stopped working and they were not informed which meant communicating with the service at the time had proved challenging.
- The registered manager told us they had good working relationships with visiting healthcare professionals and the local authority. One senior staff member told us it was important to have these relationships particularly during the pandemic. We received feedback from one professional who told us, "Staff collaborate extensively with other services for the benefit of the residents such as CHIT (psychiatry in care homes), adult psychiatry teams, district nurses, palliative care and family members. "
- Staff worked with healthcare professionals who provided support, and advice. We saw evidence in people's files of staff working with the local hospital, mental health professionals, falls clinic and the local authority.
- People's views about the service were sought through a range of measures such as resident and relative meetings and questionnaires.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements in place to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care.</p> <p>Regulation 17 (1)</p>