

The Glades Health Care Limited

The Glades

Inspection report

Dinnington Hall
Falcon Way
Dinnington
Rotherham
South Yorkshire
S25 2NY
Tel: 01909 568231
Website:

Date of inspection visit: 15 October 2014 and 22 October 2014
Date of publication: 26/02/2015

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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced, and the inspection visit was carried out over two days; 15 October 2014 and 22 October 2014. The home was previously inspected in September 2013, where no breaches of legal requirements were identified.

The Glades is an 11 bed nursing home, providing care to adults with learning disabilities. At the time of the inspection there were eight people living at the home on

a long term basis. A ninth person stayed at the home regularly on a short term, respite basis, however, they were not staying at the home on the days of the inspection.

The Glades is located in Dinnington, a small town in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential part of the town.

The service has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they enjoyed the range of activities available in the home, and staff we spoke with and observed understood people's needs and preferences well. Staff were able to describe to us how people made decisions and how they offered choices to people.

We found that staff received a good level of training; the provider's own records evidenced this, as did the staff we spoke with. Two staff members told us they felt the standard and availability of training compared well to other providers they had worked for.

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity. We asked one person using the service about whether staff protected their privacy and showed them respect. They told us that staff always knocked on their bedroom door and addressed them by their preferred name.

The provider had taken appropriate steps to ensure that, where people lacked the mental capacity to make decisions about their care and welfare, the correct legal procedures were followed to protect the person's rights. However, we found that there were occasions where people were not fully involved in decisions about their care.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date risk assessments.

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?

The service was safe. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Good



Is the service effective?

The service was effective. Staff had an understanding of the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences.

Good



Is the service caring?

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and two staff were designated dignity champions.

Good



Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated and responded to in a timely manner. However, we found that the complaints procedures did not hold accurate information about how people could complain to other bodies apart from the provider.

The arrangements for involving people in their care did not enable people to make meaningful decisions about how they wanted their care to be delivered.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led. The home had a registered manager who understood the responsibilities of their role. People who used the service or their relatives, and staff, told us that the manager was accessible and approachable. The manager had a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Good



The Glades

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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 15 October 2014 and 22 October 2014. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with seven staff, the registered manager, one relative of a person using the service, and three people who were using the service at the time of the inspection. We also checked the personal records of three of the eight people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting

minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication and using specific pieces of equipment to support people. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We contacted seven external professionals who were involved in, or visited, the home, but none shared any feedback.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. This was returned prior to the inspection. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

We spoke with one relative and one person using the service about whether they felt the home was safe. They both told us that they felt it was. The person using the service we spoke with told us they always felt safe at The Glades. They said: “I wouldn’t be here if it wasn’t.” They told us that staff understood times when they were at risk, for example, when experiencing specific health difficulties. They told us that staff did everything that was needed to ensure they were safe. The relative we spoke with told us they had no concerns about their relative’s safety.

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Some of the people using the service had been assessed as requiring one to one support from staff to ensure that their care needs were met and that they were safe. We carried out spot checks of this during the inspection and found that people always had their one to one staff near to them. While the inspection was taking place, one person using the service experienced an incident that required the attendance of additional staff to keep them safe. Staff responded to the call bell quickly and there were sufficient staff available to ensure that the person was protected from injury and received reassurance.

We found that staff received annual training in the safeguarding of vulnerable adults. The home’s clinical nursing manager, and two members of staff we spoke with, told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. The home’s training records showed that every staff member had received this training in the previous 18 months, and that staff whose training was over a year ago had been booked onto further training to refresh their knowledge.

We looked at the arrangements for protecting people from harm which can be caused by restraint. Records at the home showed all staff had received training in Non Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging. Staff we spoke with confirmed that

they had received NAPPI training, but that currently it was not used with anyone using the service. There was a policy in place in relation to the use of NAPPI, and people’s records confirmed it was not currently in use.

We checked three people’s care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people’s safety. We asked three members of staff about how a specific person was kept safe. The staff, two nurses and a support worker, could describe in detail what they needed to do to ensure the person was safe and protected from harm or injury.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider’s senior management team carried out a monthly audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home’s manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission. We identified, however, two incidents which had occurred in the month prior to the inspection which should have been alerted to safeguarding and CQC, but this did not take place. The registered manager described that this had occurred due to a failure of the systems in place, and described measures they would take to address this.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and provide two referees. One staff member we spoke with told us that when they commenced work at the home, one of their references had been delayed, so the provider would not allow them to begin employment until it was received.

There were appropriate arrangements in place to ensure that people’s medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says

Is the service safe?

should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

Medication was only handled by members of staff who were qualified nurses. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people. In addition to holding nursing registration, the home's clinical nurse manager told us that these staff members also received annual training from the pharmacy in relation to the use of the medication system.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood the appropriate procedures. People's care

records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other idiosyncratic signs that the person may use to display that they might require this medication.

Medication was audited on a monthly basis by the home's manager, and any issues identified were followed up with records of action taken. We checked the two most recent audits and saw that correct procedures were followed. The medication system was also audited by the supplying pharmacy. This audit had taken place in the same month as the inspection, and one recommendation was made. The registered manager told us that plans were in place to adopt this recommendation.

Is the service effective?

Our findings

We asked one person using the service, and one relative, about the food available in the home. They were both positive about their experience of the food. The visiting relative told us that staff appeared to understand their relative's preferences and dislikes in relation to food. The person using the service told us that the food was "perfect." They told us that sometimes they found the dining room noisy and so at those times they preferred to eat their meal in the lounge. They said that staff supported them to do this. We cross checked this information with their care records, and found that there was guidance for staff to ensure they supported this person in relation to their mealtime preferences.

We checked three people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition. When we spoke with staff, every staff member we spoke with exhibited a good understanding of the nutritional needs and dietary preferences of everyone living at the home. We asked four staff about the arrangements for ensuring people were involved in mealtimes and meal planning. They told us that each day people were supported to contribute ideas and suggestions for that day's meal. Where people had difficulty communicating staff used visual prompts to help people contribute. We observed this happening during the inspection. When people had decided what they wanted to eat that day, staff supported them to shop for any ingredients that were required. Again, we saw this took place during the inspection. One staff member told us about how people were supported to be involved in meal preparation. They said that one person liked peeling vegetables, and another enjoyed picking food when shopping. The staff member told us that staff and managers within the service all felt it was very important for people to be involved in planning for meals and helping to prepare food.

We asked the clinical nurse manager about whether anyone was deprived of their liberty at the home. They told us that they had recently made applications for consideration to deprive a person of their liberty (DoLS) in respect of seven people living at the home. This was with regard to using a coded keypad to enter and exit the

building, in order to ensure the seven people's safety. The application had been authorised with respect to one person on 1 September 2014. However, by the second day of the inspection, 22 October 2014, the provider had not formally notified CQC of the outcome of this DoLS application, which they are required by law to do.

We also asked the clinical nurse manager about the arrangements for people who do not have capacity to consent. They told us that people's care records contained the details of mental capacity assessments and, where appropriate, records of best interest decisions. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest. We checked the care records of two people who lacked the capacity to consent to their care, and found that appropriate arrangements were in place in relation to this. Where best interest decisions had been reached, they were reviewed on a monthly basis to ensure that they remained in the person's best interest.

We asked three members of staff about whether they felt supported by the provider and the home's management team. They told us that they did. One staff member told us that the home's manager had "an open door." Another told us that they felt the provider was particularly supportive in comparison to other providers they had worked for.

The three staff we spoke with told us that they had received training in the Mental Capacity Act and DoLS. They spoke with knowledge about this aspect of caring for people, with one telling us how this was used to ensure people were protected. We checked this information against the provider's training records and saw that all staff working at the home had received this training.

Two of the staff we spoke with told us about the availability of training within the home. They were positive in their accounts of this, and said that there were ample training opportunities. One staff member told us the provider had offered to support them to undertake a nationally recognised qualification in care. Both staff had a good understanding of how to support people with challenging behaviour, and had received training in this area.

The registered manager described the systems in place for staff training. She told us that several staff members were trained as trainers in various topics, including safeguarding, infection control and moving and handling. She said that

Is the service effective?

this meant training was tailored to the service, to better meet the needs of people living there. We checked the provider's training records and saw that staff had received training covering the needs of people with learning disabilities, and training in challenging behaviour. Two staff had recently received training in dementia awareness, and all staff had received training in the needs of people on the autistic spectrum.

The clinical nurse manager talked to us about the systems in place for ensuring people received effective care. They said that additional support from external healthcare

professionals was readily available, and they were confident in making referrals to and gaining support from such resources. They said that we would find evidence of this in people's care records. We checked three people's care records to corroborate this, and found that external healthcare professionals had been accessed where required. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

Is the service caring?

Our findings

We asked one person using the service about their experience of the care and support they received. They told us that they had “not one bit of worry” about how the staff supported them. They said: “If I have [a health difficulty] they are extra caring. I wouldn’t say a bad word.” They told us that staff had taken the time to understand their concerns and hopes for the future, and that they felt staff respected these hopes and concerns. They told us that they preferred to be addressed by a variation of their forename. Staff we observed routinely did this, and when we checked the person’s care records we saw that their preference in relation to how they should be addressed was recorded there.

We asked the same person whether they felt staff respected their privacy. They told us that staff always knocked on their bedroom door. They told us that when they use the bath, they needed staff to be nearby for their safety, however, they said: “They’re on the other side of the door, it’s my privacy.”

We saw that staff addressed people with warmth and kindness, and understood people’s needs well. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and try to understand their needs and wants. One person approached staff and indicated that they wanted something. We observed two staff discreetly discuss what the person may be indicating, and how they could best fulfil their needs. Another person, who was preparing to go out shopping with staff, showed their pleasure at the staff’s actions and the planned activities by hugging them.

During this observation we saw that the atmosphere within the home, and the interaction between staff and people

using the service, was warm, friendly and engaging. Staff showed concern for people’s wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable.

We spoke with two staff about how they respected people’s privacy and dignity. They described the steps they routinely took, including how they protected people’s dignity when providing personal care. One staff member told us that they believed respect and dignity were the most important aspect of their job. The provider’s Provider Information Return (PIR) stated that there were two staff who were dignity champions. We checked this with two of the staff we spoke with during the inspection and they knew about this initiative, and who the dignity champions were.

We asked two staff about people’s personal histories and preferences. The staff could describe in detail their knowledge about these areas. One person had very specific preferences, and staff demonstrated their knowledge of this when supporting the person in a way which met their needs.

During the inspection, one person experienced an incident which meant they required additional staff support in one of the communal areas of the home. Staff asked other people if they would mind leaving the area for a short while so that the person could receive the support they needed in privacy, upholding their dignity. Staff did this in a discreet and respectful manner ensuring that everyone received the support they needed.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The Clinical Nurse Manager and Home Administrator told us that the home used a local advocacy service, which is a voluntary organisation supporting people with learning disabilities to exercise their independence. However, at the time of the inspection they were involved with just one of the people using the service. The clinical nurse manager said that other people could access the advocacy service if required.

[SK1]

[SK2]?what does this mean

Is the service responsive?

Our findings

People told us they enjoyed the activities available to them in the home, and the activities they were supported to do outside the home. There was an activities board in one of the communal areas, with activities planned out for the week, and the home employed a fulltime activities coordinator. One person told us that they liked to go out every day to visit family and spend time in the locality. They said that staff ensured they were also able to do this, and helped them manage their money to ensure they were always able to go out. They told us that this was really important to them, and they valued the way that staff enabled it to happen. When we asked staff about this, the two staff we asked demonstrated a clear understanding of why this mattered to this person, and told us that it was important to ensure they were supported to continue engaging with the local community in this way.

We asked two staff about the activities available. They described the approach as very flexible, and said that at breakfast times people made plans about what they wanted to do that day. On one of the days of the inspection we saw that some people were going out for lunch and shopping, while others were going to the cinema. These plans had been made that morning in accordance with people's preferences.

We asked the clinical nurse manager about the arrangements for people's friends and relatives visiting the home. They told us that they could visit at any time. We asked one relative if this was their experience and they said that it was. They told us they'd never felt there were any restrictions on when they could visit and they were always made very welcome.

We checked care records belonging to three of the eight people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed.

The care records we checked showed that consideration had been given in relation to whether people preferred to be supported by staff of one gender. We asked the registered manager about this, and she told us that there was never any difficulty in ensuring this was upheld.

We asked one staff member to tell us about a time when people's needs had changed and what had been done to ensure their needs were still met. They told us that a new system had recently been implemented to ensure everyone's needs were better met during the morning period. This had been suggested by staff and the management team implemented it. They told us that the outcome had been that people received the support they required when they required it.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans, although there were no formal arrangements in place for consulting people using the service about whether they wanted their families to participate in this.

We asked three staff and one person using the service about how people contributed to their care planning. The staff told us that this was not an area that people had been meaningfully involved in, but they said that people's families had recently begun to attend reviews of their relatives' care. A person using the service told us that they did not know what was in their care plan. We checked three care plans and could not find evidence that people had been involved in planning their care. We asked one of the nursing staff, and the clinical nurse manager, whether meetings took place for people using the service, but they told us they didn't. We recommend that the service explores relevant guidance related to involving people in their care.

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, which was a document setting out what people using the service could expect from the home. However, it did not give people accurate information about who they could complain to if they were unhappy with the provider's internal complaints processes. We checked records of complaints received, although there had only been a small number received. Where complaints had been received, we saw that the home's manager had conducted a thorough investigation and interviewed all relevant parties. They had also ensured that stakeholders, where relevant, had been informed of the outcome.

Is the service responsive?

We asked one person who was using the service about how they would make a complaint. They told us they would “tell the boss” and said they were confident they would be listened to.

Is the service well-led?

Our findings

The service had a registered manager and a clinical nurse manager. The clinical nurse manager deputised in the registered manager's absence, and we found this was effective on one of the days of the inspection when the registered manager was on annual leave. The clinical nurse manager also had their own areas of responsibility, including auditing some areas of the service and supervising some staff.

Staff told us that they found the management team within the home to be very approachable. One staff member described the manager as having an "open door" and another said they could "always talk to" the manager. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. We asked two staff about the provider's whistleblowing arrangements, and they confirmed that they knew what this was.

We spoke with one relative of a person using the service. They told us that they knew who the members of the management team were, and said they were always available. They corroborated what staff had told us about the manager having an "open door policy."

We asked the clinical nurse manager how managers ensured they monitored the day to day operation of the home. They told us that the management team sometimes worked within the rota, working shifts so that they could monitor care delivery and staffing at different times of the day. On both days of the inspection, a member of the management team was working within the rota.

We asked three members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision, which all three said they found useful. One member of staff told us that the arrangements for allocating supervisors had changed and they felt this had enabled supervision to take place more regularly. The three staff described that they received appraisal on an annual basis.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. Two staff told us that team

meetings took place regularly and were well attended. We checked minutes from two recent team meetings, and found that the discussions recorded showed staff had been able to contribute to decisions about the service.

In order to promote a positive culture within the home, the provider held an annual awards scheme where staff could nominate colleagues who they felt had shown particular qualities, such as those who were deemed to have been inspiring, nurturing or to have achieved excellence. There was a high level of participation in this, and the awards ceremony had recently taken place. In addition to this internal scheme, the service was working towards achieving Investors in People (IIP) accreditation. IIP is a scheme which means that accredited employers have demonstrated high standards of staff management and development.

There was a quality audit system which was used within the service. It comprised of monthly checks carried out by the registered manager, looking at the quality of care records, the medication system and infection control arrangements. Other areas were also audited by the manager within this system on a six monthly basis. In addition to this, a senior manager visited the home to carry out an audit every month. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. When we checked the document, we found that it did not hold all the information that it was legally required to have, and some of the information was out of date. In addition to this, although the registered manager told us they reviewed the document annually, they had not notified CQC of any changes to it and were not aware of the legal requirement to do so.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. During the inspection that year's survey was under way, so we looked at the surveys from the previous year. We found that the provider had summarised the findings and devised a plan to incorporate people's feedback into the way the service was managed.