

Parkcare Homes (No.2) Limited

Glebe House

Inspection report

7 South Dale
Caistor
Market Rasen
Lincolnshire
LN7 6LS

Tel: 01472852282

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07 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the home on 7 November 2018. The inspection was unannounced. Glebe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to 24 people.

On the day of our inspection 24 people were living in the home.

At our last inspection on 20 May 2016 we rated the home as 'good.' At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks in relation to people's daily life were assessed and planned for. There were enough staff to ensure people received care and support when they needed it and safe staff recruitment procedures were in place and used. Medicines were managed safely and people received their medicines as prescribed. People lived in a clean and hygienic environment and were given appropriate support to manage their lifestyles and behaviours in the least restrictive way.

People continued to receive an effective service. Staff had the knowledge and skills to provide safe and appropriate care and support for people which included meeting their nutritional needs. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice. The principles of the Mental Capacity Act 2005 (MCA) were followed.

People had developed positive relationships with the staff who supported them. Staff understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. They promoted people's privacy, dignity and independence.

People continued to receive a responsive service. People were involved with assessing and planning for their care needs and regularly reviewing their progress. They were supported to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure in place and people knew how to use the procedures when required.

The home continued to be well led. The culture within the home was open, transparent and person-centred. People were encouraged to give their views on how the home was run and there were systems in place to monitor and improve the quality of the service provided.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains effective.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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 comprehensive inspection took place on 7 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the home such as notifications. These are events that happen in the home that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the registered provider and considered the information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home and the services provided, what the home does well and improvements they plan to make.

During the inspection, we spoke with eight people who lived in the home to gain their views about the service they received. We spoke with the registered manager, deputy manager, six care staff, a visiting health professional and a relative of a person who lived at the home. We also spent time observing how people and staff interacted and how care plans were being implemented.

We looked at specific parts of three people's care plans and observed how they received their medicines. We also looked at information provided by the registered manager related to the running of the home.

Is the service safe?

Our findings

There were processes in place to minimise the risk of abuse and incidents. Staff were able to recognise the signs of potential abuse and knew how to protect people from harm. They knew how to report any issues including how to contact external organisations such as the local authority. All of the people we spoke with told us they felt safe living in the home. One person said, "I feel anxious and a bit unsafe because of my illness sometimes but the staff know what to do with me." Another person told us, "This is the first time in a long time I've felt settled and safe." A family member told us how 'relieved' they were that their relative finally had a safe place to live.

Risks were assessed and planned for. Staff recognised how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. We saw an example in which staff used calm verbal interaction and diversion techniques to minimise the known risk of a person displaying physical aggression in certain situations. The person was then able to control their anxiety levels and continue with their usual daily routines. This approach was documented in the person's care plan. The Provider Information Return (PIR) indicated that restrictive physical intervention had not been used to manage behaviours in the home since we last inspected. We confirmed this when we spoke with people who lived there and staff.

People told us there were enough staff on duty to support them. They told us time was set aside regularly to spend with their keyworkers and staff were available when they needed support attend appointments or community based activities. We saw that duty rotas were prepared at least four weeks in advance to ensure the correct numbers of staff were available for people at all times. Staff told us there were enough staff available to provide the support people needed and they worked as a team to cover absences such as sickness.

The PIR indicated that safe recruitment procedures continued to be followed. Three newer members of staff confirmed this for us. They told us, for example, they had completed identity checks and Disclosure and Barring Service (DBS) checks and provided references prior to employment. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People described how they received their medicines and this indicated to us that they were supported in a person centred way. One person told us, "I've only been here a short time but I want to be independent with my tablets so they're helping me to do that with like a training programme." Another person told us, "The staff look after my drugs; I know what they're for because the staff tell me. I've never run out and I get them at the right time." We saw a member of staff administering medicines and they followed good practice guidance and safe procedures. Staff told us they were trained to manage medicines and had regular competency assessments to make sure they maintained their skill and knowledge. The registered manager had regular audits and checks in place to make sure medicines were managed safely.

Staff received training to understand their role and responsibilities for maintaining high standards of

cleanliness and hygiene in the premises. We observed that all areas of the premises looked clean and there was equipment in place to reduce the risk of infection. A member of staff had been identified to support the team with up to date practice regarding infection prevention and control. They attended regular meetings with external professionals to maintain their knowledge and skills.

The registered manager described how they reviewed reports of safeguarding events and accidents or other incidents on a regular basis. This was to enable identification of any themes and help to improve future practice.

Is the service effective?

Our findings

People had their needs assessed before they came to live at the home to ensure that their needs could be met. One person spoke with us about their experience of the assessment and admission process. They said they had been able to talk about what they needed support with and how they would like support provided. They added that they were able to visit the home and stay over before they moved in so that they could decide if it was the right place for them. They told us this gave them confidence that staff understood their needs and would help them achieve their personal goals.

The registered manager had ensured that people had access to information that enabled them to understand their care needs and the health services available to them. For example, we saw a range of accessible 'easy-read' documentation was in place. No-one who was living in the home at the time of the inspection required information to be available in, for example, other languages or audio formats. However the registered manager told us that this could easily be provided if required. People told us that staff helped them to understand information where required. One person described how their keyworker helped them to understand financial information when they struggled to complete a form.

All of the people we spoke with told us they thought staff were well trained. One person said, "Well I think they are [well trained]; they know what I need... motivation... and they're good at that." Staff told us they had a thorough induction to the home and had been able to extend their induction to help them build confidence in situations they had not experienced before. They told us they had access to a range of on-going training. One staff member said, "There's a lot of training available and it helps to develop our skills." Throughout the inspection we observed staff supporting people. They demonstrated confidence in what they were doing and had the skills needed to care for people appropriately.

Staff told us they had regular supervision from the registered manager and were given feedback on their performance. They said they were able to discuss any issues they encountered as part of their work and their own learning and development needs.

People were supported to eat and drink enough and maintain a balanced diet. A nationally recognised assessment tool was used to identify if people were at nutritional risk and we saw that staff worked with external health professionals to appropriately manage any identified risks. The choice of food was varied, and there was fresh fruit available throughout the day for people to eat as they wished. Specialist diets such as those for diabetes were provided and catering staff had a clear understanding of people's individual needs. They told us care staff communicated clearly with them and kept them up to date with any changes in people's requirements and they showed us records to confirm this.

People had access to the healthcare services they required. We saw there was a range of external health professionals involved in people's care, including Speech and Language Teams (SALT), psychologists and community psychiatric nurses (CPN's). An external professional told us that staff knew how to support people and understood their needs. They said, "Everything is ready when I visit, all the staff know the up to date information about the person and so far they are meeting [the person's] needs." They added that there

was clear communication processes between the staff and themselves. People told us they could see their GP or other health professionals when they needed to. One person told us how staff supported them to attend a regular health clinic and another person said, "If I don't feel well they get me to the doctor or my consultant, they don't hang about."

The premises and environment met the needs of people who lived there. The environment was accessible for people who had mobility needs. There was a warm and comfortable outside space for those who smoked. There were various lounges on both the ground floor and first floor for people to use as they wished. Kitchen facilities were available on both the ground and first floor to enable people to access food and drinks as they wished and to develop their skills of independence. Some areas of the home had been decorated and refurbished since our last inspection and the registered manager told us they had a generous budget to refurbish the home in the coming year.

The registered manager and staff had a clear understanding of how to support people to make decisions and choices about their lives within the guidelines of The Mental Capacity Act 2005 (MCA). 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.

Throughout the inspection we saw people were supported to make decisions about their day to day wishes and preferences. We observed people decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. We saw staff understood how to present choices in a way people could understand and gave them time to make those choices. A staff member explained that, for example, one person found it difficult to make choices or decisions first thing in the morning and later in the day was a better time to support them with this. People were confident that staff would act in their best interest if they were unable to make their own decisions or choices. One person said, "When I'm not well in my head they know what I would want them to do; when I'm back to normal they talk to me about it, it's good."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people living at the home had DoLS restrictions in place and we saw that staff followed the conditions set out in the authorisation.

Is the service caring?

Our findings

Relationships between staff and people were friendly and positive. We saw people engaging in everyday conversations with staff and having jovial banter with them. People were comfortable to join staff in office spaces when they wanted to. We saw staff, including catering and maintenance staff, sitting and socialising with people in communal lounges and in the garden area.

Throughout the inspection staff demonstrated that they knew what was important to people and made time to listen to what people wanted. They knew what things could cause upset for people and may trigger anxiety and took steps to reduce the risk of this happening. One example was how staff used gentle voice tones and clear explanations to help a person remain calm whilst waiting for an outing.

Staff demonstrated their commitment to supporting and promoting people's independence. We saw people being encouraged to prepare food and drinks for themselves and engage in household chores. Staff were also supporting people to plan and visit potential independent housing options. One person told us that they were due to move on to independent living and staff had helped them to look for suitable accommodation and prepare to move in. Another person said, "I don't really want to leave here but they are helping me to be more confident about living on my own." We also saw an example of staff supporting a person to become more independent with their own healthcare by arranging for them to learn how to administer their own daily injection. This meant the person had more control over how they planned their day.

A family member told us that they felt very welcome when they visited the home. They said staff kept them well informed of their relative's needs and progress and shared information in a timely manner. They told us that the atmosphere within the home had a positive impact on their relative by enabling them to develop their social life and engagement with others. A person who lived in the home told us their family members visited them more often since they had moved in because they enjoyed the atmosphere and felt welcomed. The person said this had 'really made a difference' to their relationships.

The registered manager and staff demonstrated they had the knowledge to support people to access advocacy services if they required such. There were information leaflets around the home for people to use if they wished. Everyone we spoke with told us they knew about advocacy services and knew how they could access them. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

People told us that staff were 'very good' at maintaining their privacy and dignity and respecting them 'as a person'. They made comments such as, "No-one comes in my room unless I let them"; "They talk to me like I'm important" and "I can talk to them in private whenever I want to." We saw that where people wanted locks on their bedroom doors these were provided; people's personal information was kept in a secure area and staff were discreet when providing personal support. We also saw that staff encouraged people to respect the privacy of others they lived with.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. They were involved in planning their care and their preferences and wishes were recorded. One person told us how they wanted to achieve independence with managing their medicines and their care plan set out the support they needed to do this. Another person told us and the registered manager they preferred a progress monitoring system that they had used in the past to the one they had now. The registered manager reassured the person that they could use this system again and agreed to speak with the person's keyworker. A family member told us how their relative had progressed due the care and support they received from staff. They told us their relative was a 'different person' now and added that this had 'given them their life back'.

People were fully involved in reviewing their changing needs. One person described how they regularly reviewed at their care plan with their keyworker and said this helped them to 'keep on track' with their life. The registered manager demonstrated how the review of people's needs had led to positive changes in people's lives. One example of this was were the review process identified that the frequency of contact with family for one person caused them to experience heightened anxiety. As a result the registered manager secured extra staff funding to enable the person to visit their family more frequently thus reducing their anxieties.

People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. For example, one person told us how staff supported them to watch ballet at the theatre and another person told us they were supported to work with the gardener as they liked to be outdoors. We also saw that a range of activities such as pool, art and crafts and musical entertainment were on offer if people wished to engage with them. During the inspection we saw people joining in with a craft session. One person told us, "It wouldn't normally be my thing but I like the social side of it."

People and their families had access to user-friendly information about how to raise any concerns or complaints they may have. People told us they knew how to make a complaint and trusted that the registered manager and staff would deal with any issues appropriately. One person said, "If there's anything wrong I just tell them; they always sort it out." Since we last inspected the registered manager had received two formal complaints. We saw that they had been managed and resolved in line with the registered provider's policy.

The registered manager recognised that people's preferences and choices for their end of life care was a very sensitive matter for people and their families to consider and this may impact on people's mental health needs. With this in mind the subject was approached in a range of different ways with people and there was an acceptance that people and their families may not wish to discuss the matter at all.

Is the service well-led?

Our findings

The home had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager also had responsibility for managing another, smaller, nearby care home owned the registered provider. She described how she appropriately divided her time between both homes and had a deputy manager in each home to support her.

We found that the registered manager promoted a transparent and an open culture for people who lived at the home and for staff. People who lived at the home and the staff team told us that the registered manager was visible and made herself available to them when they needed to speak with her. They felt she provided a good level of support and managed the home well.

When engaging with people and staff the registered manager demonstrated a clear overview of what was happening within the home on the day, such as how staff were deployed, who was attending appointments and what visitors were due. She demonstrated that she had an up to date knowledge of people's needs and wishes and how best they liked their care and support provided.

There were regular staff meetings to ensure information was shared effectively and staff were up to date with issues that affected the running of the home. Staff told us they were confident that the registered manager and the registered provider would respond quickly to any concerns they had. They were aware of whistleblowing procedures and who to contact if they felt their issues were not being acted upon by the registered manager or the registered provider.

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. This included notifying us when DoLS applications had been submitted and granted.

The latest CQC inspection report rating was on display at the home and on the registered provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

There were systems in place to monitor the quality and safety of the services provided for people. Audits had been effective and were used to improve the quality of the service.

People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through meetings and surveys. Records of meetings and surveys were available in the home to demonstrate their involvement. People told us they felt listened to and how

improvements they suggested were acted upon. They gave us examples such as having new garden and lounge furniture purchased, water coolers being provided in lounge areas and changes made to the food menu.

In their Provider Information Return (PIR) the registered manager told us how they used up to date guidance and good practice initiatives to help improve the services provided. During the inspection we saw that they had embedded best practice guidance into the care and support processes.

The home had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing. For example, the registered manager had developed links with a local school for the benefit of people who lived at the home and arranged voluntary work placements in a local café for two people.