

The Salvation Army Social Work Trust

Glebe Court

Inspection report

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Date of inspection visit:
20 April 2022

Date of publication:
16 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

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 30 people living at the home. The home was purpose built and had a specialist unit for people living with dementia.

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

We found improvements with medicines management. However, people did not always receive their medicines as prescribed. Whilst there were improvements to the provider's auditing processes, they had not identified the issues we found with medicines.

The inspection was prompted by information of concern regarding a lack of person-centred care and support to people living at the home. The senior management team were responsive and transparent when the concerns were raised and took immediate action to investigate the concerns.

Throughout the inspection we observed a relaxed, jovial and friendly atmosphere. People appeared comfortable in the presence of staff. The home was clean and well maintained. People were supported in a caring way and their care was tailored to meet their individual needs and interests.

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.

Since the last inspection, care plans had been updated and were electronic. Staff spoke positively about how this had improved how they were recording care and support. The provider had introduced a dependency assessment for assessing staffing levels at the home. At the time of the inspection there were sufficient staffing levels to care for people and staff we spoke with confirmed this. People's nutritional and hydrational needs were met.

Staff spoke positively about the management team. The manager demonstrated a willingness to make further improvements to the service.

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

Why we inspected

We received concerns regarding people not receiving person centred care and support. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led. We carried out a targeted inspection for effective, caring and responsive. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection.

This is because they do not assess all areas of a key question.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glebe Court on our website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider was still in breach of regulation.

Enforcement and Recommendations

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 and will take further action if needed.

At the previous inspection the provider was in breach of regulation 12 and 17. At this inspection we found the provider had made some improvements, but they were still in breach of regulation 12.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question was rated requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

Two inspectors carried out this inspection.

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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The current manager has submitted their application to be registered.

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 four people about their experience of the care provided. We spoke with eight members of staff including the manager, the head of care, two team leaders and care staff. We observed how people were being cared for. We undertook a partial inspection of the premises. We reviewed a range of records. This included three people's medicines records and a variety of documents relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the care records for two people. We sought feedback from eight professionals who work with the service. We received a response from one professional.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Medicines were not always administered safely. We identified three people who were on medications which needed to be taken at least 30 minutes before breakfast, but the night staff were not administering them due to lack of time. The service showed us that advice had been sought about how to safely administer these medications. However, we did not see evidence that this advice had been followed which meant we were not assured these medicines were administered safely.

This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced a new medicine administration system which was online, staff spoke positively about this. Since the last inspection, the provider had introduced new processes for managing medicine stock, and they were returning unused medicines back to the pharmacy. One staff member told us, "It is better than before, a few things have changed. Medication errors have changed, and pharmacy delivers on time. We don't overstock and we request what we need."

- The provider had systems to safeguard people from the risk of abuse. Staff received training in safeguarding adults, and this was discussed during team and individual staff meetings to make sure staff understood what they would do if they suspected someone was being abused.

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

At our last inspection the provider had failed to ensure people received safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12 in relation to risk assessment; however the provider is still in breach of regulation 12 for medicines.

- Risks to people had been assessed and managed. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks. For example, people who were at risk of falls had detailed information to guide staff on how best to manage the possible risk.
- The fire alarm system was checked and serviced in line with manufacturing guidelines and there were personal emergency evacuation plans in place which included information on people's mobility and how they may respond to an emergency.
- The manager understood the importance of learning from incidents and accidents. The provider had clear systems in place to analyse data. This information was used to look for themes and trends and we saw clear action was taken to reduce the risk of future reoccurrence.

Staffing and recruitment

- At our last inspection we recommended the provider review staffing levels to ensure there were adequate staffing in place to meet people's needs.
- Since the last inspection the provider had introduced a new dependency toolkit to assess staffing levels in relation to people's support needs. We reviewed the staff rota and identified that on one occasion there were five agency staff working with two permanent staff. Some permanent staff spoke about the difficulty in shift allocation when agency staff did not know the person. We discussed this with the manager who told us this was a mistake during the planning of the rota.
- Staff confirmed there was enough staff. Comments included, "If someone cancels – they look for agency cover, we do use agency, but we always have enough on" and "There is a good staffing structure in place some people like to get up late or eat in their rooms so we can accommodate that."
- The provider had appropriate systems for recruiting staff to make sure they were suitable and had the skills and experience needed. We saw staff files included records of pre-employment checks and inductions where they were provided with information about the service and their competencies were tested.

Preventing and controlling infection

- The manager had effective measures in place to help minimise the spread of infection.
- Staff had COVID-19 tests in line with national guidance and the manager was recording all the results.
- During the inspection we spoke with domestic staff who explained the cleaning schedule and demonstrated how they cleaned certain areas of the home. People told us staff wore personal protective equipment (PPE) such as aprons and gloves which was in line with the provider's policy.
- The home completed monthly audits in line with their infection control policy. These audits looked at areas such as the kitchen and the general environment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to ensure the home was well maintained and to ensure people's nutritional and hydrational needs were being met and to check if the provider was working within the principles of the Mental Capacity Act. We will assess the whole key question at the next comprehensive inspection of the service.

Adapting service, design, decoration to meet people's needs

- The home was clean and well maintained. The garden was in the middle of the building which meant it was accessed from all corridors on the ground floor. There was plenty of seating for people to enjoy the sun or sit in the shade.
- The manager told us the home had been designed to ensure it met the needs of people living with dementia. People's bedroom doors were painted in different colours to help people recognise their rooms. People's rooms were personalised with objects which were important to them.
- At the last inspection we were told the home would be opening their inhouse shop, but this still had not been completed. We raised this with the manager, and they told us they were planning to open the shop in the coming months.

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

- People were supported to maintain a balanced diet. Catering for the home was outsourced to an external catering company which delivered the food to the home. The menu was displayed on boards throughout the building but there was no menu in the dining room. This meant people may not know what was available to choose from. We raised this with kitchen staff during the inspection who said they would make the manager aware.
- Mealtimes were relaxed and not rushed. There was a friendly jovial atmosphere between staff and people. People were supported to eat in a considerate way. They were asked what they would like to eat and given options. People told us they were happy with the food. One person told us, "The food is very good, exactly as ordered."
- During lunch we observed some people who needed extra support. Staff were responsive to people's needs and were respectful of people's wishes and asked their permission first.
- Staff spoke knowledgeably about the importance of ensuring people remained hydrated and well nourished.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Senior staff had effective recording methods in place for managing the residents' DoLS applications.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Senior staff were aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications.

Is the service caring?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the caring key question at this inspection.

The purpose of the inspection was to ensure people were treated and supported well. We will assess the whole key question at the next comprehensive inspection of the service.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People we spoke with were happy with the care and how they were treated. One person told us, "I am happy here. The staff are nice and respectful." Staff spoke positively about caring for people. One staff member said, "People get could care and residents are put first at the heart of the service."
- There was a calm, welcoming, and friendly atmosphere at the home. People were treated with consideration and kindness. Staff were pleasant in their approach and offered reassurance and support appropriately. All staff were wearing their name badges which meant people were able to call them by their name.
- The manager told us they wanted to respect and support people to practice their faith and as a result they ensured they had regular visits from different faith groups.
- We observed staff respecting people's dignity and privacy throughout the inspection, for example staff asked people how they wanted their care to be delivered.
- People were encouraged to manage their independence wherever possible. One staff member said, "We always ask people what they want and ask permission before we do anything, especially around personal care. It's important to let people do things for themselves if they can."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the caring key question at this inspection.

The purpose of the inspection was to ensure people were receiving person centred care and support. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection we rated this key question requires improvement. This meant people's needs were not always met. We have not changed the rating as we have not looked at all of the responsive key question at this inspection.

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

- Staff supported people in a person-centred way. Since the last inspection, there had been significant improvements to care plans. All care plans were now recorded electronically. Staff spoke positively about this process as it meant it was easier to record care notes.
- People's care plans were detailed and showed information about people's health needs, their histories, likes and dislikes and their personal preference on how they wished to receive care and support. One person told us they were supported to go places which were important to them.
- The home encouraged people to participate in a range of activities which were programmed around their interest and abilities. These events ran in the morning, afternoons and at weekends. One person enjoyed art and the activities worker ensured there was specific activities to engage in.
- People were supported to engage in activities like quizzes and ball games. People were given choices on what activities they could participate in. On the morning of the inspection, activities were held in the garden so people could enjoy the sun.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated requires improvement. The rating for this key question has remained 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.

At our last inspection the provider did not have robust arrangements to assess, monitor and improve the quality of service provided to people. This was a breach of regulation 17 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we identified that the quality assurance processes the provider had in place were not effective and auditing was not happening in a timely manner. At this inspection we identified that improvements had been made. However, medicines were still not managed safely as people did not always get their medicines as prescribed.
- There was not always effective communication between the management team when audits identified issues. Senior staff and the manager spoke about needing more time to implement the changes that were required at the home. They acknowledged they were dealing with tasks which should have been delegated.
- The manager spoke about the importance of empowering senior staff to take more responsibilities but needing to support this change in work practice.
- There was improved communication between managers and staff. Staff spoke positively about the changes since the last inspection. One professional spoke about how committed the new manager was regarding a recent incident, they told us, "What was highlighted was the passion and integrity of the new manager. She was willing to look at failings and any improvements required at the care home."
- Staff confirmed they attended regular staff meetings and one member of staff spoke positively about how the handover process had improved. Staff received their supervisions and appraisal in line with the provider's policy.
- The management team were aware of their roles and responsibilities including what events they needed to notify CQC about.
- Information related to people and staff was stored securely and treated in line with data protection laws.

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 responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong. The ethos of the service was to be open, transparent and honest.

Working in partnership with others; Continuous learning and improving care

- The manager had a good working relationship with commissioners of care and had effective communication processes in place. The management and staff team had developed positive working relationships with health and social care professionals.
- One professional commented, "Glebe Court has always had a partnership approach. The care home has shown that they have the interest of the service users at the centre of care and is willing to change approach or take steps if there are carers who are not adhering to the values of the organisation. They have always worked with us in a professional manner and will ensure that their systems and processes are above board."
- The management team and staff attended training updates to improve their practice, and this was recorded within staff files.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)