

Glebe Housing Association Limited

Glebe Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 and 14 September 2016 and was unannounced. At the last inspection of the service on 3 and 4 September 2015 we found breaches of the Health and Social Care Act 2008 in relation to medicines were not always stored, administered and managed appropriately. Staff supervision and appraisals were not always conducted on a regular basis in line with the provider's policy and although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided we found that these were not always followed or were not effective in ensuring the quality of care people received. We carried out this inspection to check the provider's action plan had been completed and outstanding breaches had been met and also to provide a review of the rating for the service.

Glebe Court Nursing Home provides residential and nursing care for up to 51 older people and is situated in the London borough of Bromley. At the time of our inspection the home was providing support to 46 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider was compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were robust systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff were supported through regular supervision and appraisals of their practice and performance.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

Glebe Court Nursing Home

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 was 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 carried out by one inspector and an expert by experience on 13 September 2016 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the 14 September 2016. 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. We reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were 46 people using the service on both days of our inspection. We spoke with seven people using the service and two visiting relatives. We looked at the care plans and records for six people using the service and spoke with seven members of staff including the registered manager, deputy manager, team leaders, care staff and the cook.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Is the service safe?

Our findings

At our last inspection in September 2015 we found medicines were not always stored, administered, managed and recorded appropriately. At this inspection people told us they received their medicines safely and in a timely manner and we saw medicines were stored, administered and managed safely by staff. One person told us, "Medication is all taken care of by staff every day at the same time." A relative told us, "Oh yes, my wife gets her medication when required and on time, and I know that."

The provider had an up to date medicines policy in place which provided guidance for staff in areas of medicines management, administration of medicines, storage and disposal of medicines and medicines errors. We saw that there were effective systems in place to manage medicines errors and reviewing and learning from medicines related incidents. Regular medicines audits were also undertaken by the clinical lead to ensure continued safe practice. Staff we spoke with knew what to do in the event of a medicines incident and we saw these were recorded and acted on appropriately.

Medicines were administered and stored safely. We observed medicines were administered correctly and safely to people by senior staff trained to do so. Staff said they received suitable medicines training and underwent a medicines competency assessment to ensure safe practice. One member of staff told us they had recently completed training on a new electronic medicines administration system which the provider was due to implement in the home to minimise the risk of errors and ensure continued safe practice. We looked at medication administration records (MAR) which were completed correctly with no omissions recorded. People's photographs and known allergies were recorded on MAR's to ensure safe administration. Medicines were locked in secure medicines trolleys that only staff who were trained to administer medicines had access to. We also found controlled drugs were safely stored. Staff told us medicines which required refrigeration were stored appropriately in a medicines refrigerator. Refrigerator temperatures were checked and recorded on a daily basis and temperature readings for medicine rooms were also recorded to ensure medicines were safe and fit for use.

People told us they felt safe living at the home and with the staff that supported them. One person said, "Oh yes, I do feel safe here, the staff are brilliant, they treat me well." Another person said, "I am very lucky to be here, and receiving the best care. I feel very safe here mainly because of the staff." A third person told us, "I feel safe here; staff are really nice and proactive. What makes me feel safe here is the confidentiality of the staff." A visiting relative commented, "I feel my loved one is very safe here because my loved one has a good manager. She manages this home very well."

The provider had up to date policies and procedures in place for safeguarding adults from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse, knew what action to take and told us they felt confident in reporting any suspicions they might have. Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that detailed records of safeguarding concerns and incidents were completed and managed appropriately. Where required the registered manager submitted notifications to the CQC and referrals were sent to safeguarding authorities

as appropriate.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health and wellbeing. Risk assessments were conducted for areas such as falls, mobility, personal care, dementia, behaviour, nutrition and hydration, skin integrity and medicines amongst others. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, one care plan documented the actions staff should take in the event that the person became anxious or distressed when being supported with personal care. We noted there was good documented guidance for staff in using defusing techniques and for offering support and comfort to visiting relatives.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references, history of experience and or professional qualifications and explanations for any breaks in employment. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. People told us there was enough staff available to support them when required and they did not wait long for staff support when requested. One person said, "Well, I often see a lot of staff around, they seem to be doing a good job." Another person told us, "Oh yes, I think there is enough staff around. I never seem to have to wait long for anything." A visiting relative commented, "Well, I always see staff around, so I would assume that there is plenty of staff in here." The registered manager told us that they were currently fully staffed with no staff vacancies available. They told us they reviewed staffing levels often and when required subject to people's change in needs.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. The registered manager told us they completed an analysis of all accidents and incidents within the home on a monthly basis to identify any recurring themes or concerns and to share any learning.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire alarm tests were conducted and records we looked at confirmed this. There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. These included checks on hoists, wheel chairs, beds, gas appliances, electrical appliances, legionella testing, fire equipment tests and general maintenance. The home environment appeared clean, was free from odours and was appropriately maintained.

Is the service effective?

Our findings

At our last inspection in September 2015 we found that staff did not receive regular appropriate training, supervision and appraisals in line with the provider's policy. At this inspection staff told us that they received regular supervision and appraisals and that they had undertaken lots of varied training. One member of staff said, "The training has much improved. There is lots available to us and it's very good." Another member of staff commented, "The training is good. I have regular supervision and I do feel very much supported to do my job."

Training records demonstrated that staff received up to date training appropriate to the needs of the people using the service and which also met the needs of staff and their development. We saw the provider's mandatory training included safeguarding adults, Mental Capacity Act 2005, manual handling, nutrition, equality and diversity, health and safety and infection control amongst others. There was also a specialised training list which included training relevant to nursing staff and senior care workers such as wound care, pressure ulcers, dietician speech and language and pain management. We spoke with the providers training and development organiser who informed us they had sought additional training for staff since our last inspection which included both computer and class based training. During our inspection we observed non care staff were receiving classed based manual handling training.

Staff told us they were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. The registered manager told us the provider's policy detailed staff supervisions were to be conducted every three months with an appraisal of staff performance conducted on an annual basis. There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included completing the provider's mandatory training and shadowing experienced colleagues.

People told us they were involved in the decisions about their care and were able to express their preferences to staff. One person said, "I can say staff know what we need or want and what our likes and dislikes are." Another person commented, "Oh yes I'm always involved. They always ask and respect my wishes." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. We saw that DoLs authorisations made followed guidance and conditions that were in place. This demonstrated that decisions were made in people's best interests and the service was working within the principles of the MCA.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People told us they enjoyed the meals on offer and were offered enough to eat and drink throughout the day. One person said, "I love the food here, good choices too." Another person said, "Oh yes, I do like the food. There is also a choice of food on the menus." A visiting relative told us, "Food is good here. I eat here myself with my loved one. I cannot complain and there is always choice too."

The cook and kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring soft meal options were available where required. The cook told us they often visited people to discuss the meals on offer and make suggestions or changes to food offered on the menus. We visited the kitchen which was clean and fully stocked with a choice of fresh and frozen foods. We noted that the Food Standards Agency had visited the service in June 2014 and had rated them five stars. We observed the lunchtime meal in the dining room on both floors of the home. Staff used pictorial menus and sample plates to support people in making their choice of meal. Suitable cutlery and equipment was available for people to help maximise their independence when eating. Some people did not require any support during the mealtime but we saw staff were available if requested. Staff maintained people's care records to show how their choices were supported at meal times and people's nutritional needs were assessed and monitored on a regular basis.

People told us they had access to health and social care professionals when required. One person said, "The GP visits often and if I'm not feeling well I can see them but thankfully I'm well at the moment." Another person commented, "Oh the staff are very good and if I need to see anyone they just arrange it." Care plans and records showed that, where appropriate, staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs.

Is the service caring?

Our findings

People spoke positively about the care and support they received and told us staff treated them with kindness and respect. One person said, "The staff are really good to be honest. They treat me with respect and dignity at all times, they are always respectful." Another person commented, "Oh the staff are amazing here. They are extremely caring and are always asking if I'm ok or if there is anything I need." Throughout our inspection we observed positive interactions between staff and people using the service.

Some people using the service were not able to communicate their views to us about the service. We therefore observed the care and support being provided and saw staff displayed kindness and respect toward people using the service and addressed people by their preferred names. Interactions between staff and people using the service indicated that staff had developed good relationships with people. One person told us, "The staff are lovely. They are like my family." We observed that staff had good knowledge of people's personalities and behaviour and were able to communicate effectively with people.

Staff respected people's choice for privacy as some people preferred not to participate in planned activities. People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when providing personal care and sought people's permission to enter their bedrooms before doing so. People's bedrooms were personalised and contained some of their own items such as family photographs and pictures.

People were supported to maintain relationships with their families and friends and visitors were seen to visit throughout the course of the inspection with no restrictions placed upon them. One person told us, "My family always visit. They can come at any time." A visiting relative told us, "I visit often and I'm always made to feel welcome."

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Staff told us they received equality and diversity training which enabled them to understand and support people better when meeting their needs and wishes. Staff supported and enabled people to practice their faith and to attend services that reflected people's cultural or religious needs. People had been involved in the development of their care and when appropriate people's relatives were involved and invited to review meetings and events. People's end of life care needs and wishes were assessed and recorded within care plans to ensure their wishes and choices were respected. The home achieved accreditation through the Gold Standards Framework (GSF). GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life.

Is the service responsive?

Our findings

People told us they received care and support in accordance with their needs and wishes. One person said, "The staff know me very well. They know just how I like things to be done and they do it. They are very good." Comments from visiting relatives were also positive. One relative told us, "They know just how to support my loved one. The staff are very responsive to their needs." Another relative said, "I have seen my loved ones care plan and I am very much aware of what is going on. It is reviewed quite often as well."

Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. People were allocated a keyworker to coordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's past history, preference and choices.

Staff assessed and documented people's needs in areas such as personal care, physical and mental health, nutrition and hydration, communication, medicines, spiritual and cultural, social and end of life care. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. Care plans were reviewed on a regular basis in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs. Health and social care professional's advice was recorded and included in care plans to ensure that people's specific health needs were met.

People's diverse needs, independence and human rights were promoted and respected. People had access to equipment that enabled greater independence and promoted dignity. For example walking frames, hoists, wheelchairs and electronic bathing equipment. Care plans contained guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks and routine servicing when required.

People's need for social interaction and stimulation were met. People told us they enjoyed the activities on offer at the home. One person said, "Yes, I like the activities here. There is always something happening." Another person commented, "We have sing a longs and stuff like that, I do enjoy them." A visiting relative told us, "There are a few activities here. For example during St Patrick`s day, staff did a special meal which my loved one enjoyed very much." Staff supported people to attend a range of local community based activities that met their needs and reflected their interests. The registered manager told us they regularly arranged trips out for lunch at various restaurants which people enjoyed. Activities were provided throughout the week and large pictorial weekly activity information sheets were displayed on each floor of the home so people were aware of the activities on offer. Weekly activities available included trips out, singing, fitness, games, films, arts and crafts and Namaste relaxation therapy. Namaste relaxation therapy is a holistic therapy to connect with people living with late stage dementia through comfort and sensory

stimulation. External entertainers also visited the home on a frequent basis and people told us they enjoyed this. During our inspection we observed a visiting music therapist providing a session of music therapy which people appeared to be enjoying.

People and their relatives felt able to express their views about the care provided. The home routinely and actively sought people's views on how the service was run and how they wanted their care to be delivered. We noted there was a comments and suggestions box for people to provide feedback about the service and people were also asked for their views about their care at regular residents and relative meetings.

People and their relatives told us they were aware of how to raise a concern and felt confident their concerns would be listened to. One person said, "I would tell the staff if I had a problem but I have never had to." A relative commented, "I would see the manager if I need to. I have never had any cause to complain." There was a complaints policy and procedure in place and information on how to make a complaint was on display. Information provided guidance on the complaints handling process and how complaints could be escalated. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people.

Is the service well-led?

Our findings

At our last inspection in September 2015 we found that although the provider had procedures and systems in place to evaluate and monitor the quality of the service, these were not always followed or were not always effective in ensuring the quality of care people received. At this inspection staff told us they felt the service was well led and systems in place had improved. One member of staff said, "The training is very good now and I have regular supervision. I feel very supported, the manager always listens." Another member of staff commented, "We have much more robust systems in place now to ensure people are safe and cared for."

People and their relatives told us staff were friendly and the registered manager was supportive and approachable. One person said, "I know the manager well. She always makes a point of seeing me. We talk for quite a while." Another person said, "The manager is always around. I can speak with her if I want." A relative commented, "I know who the manager is and her deputy as well. She is a good woman, I must say."

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. We saw the registered manager spent time with people using the service and staff. Staff told us the manager was supportive and open to any suggestions they had. One staff member said, "I always feel I can approach her at any time. She is very supportive." We saw there was a 'positive comments' folder in place which provided people, their relatives and staff with the opportunity to feedback on the service and practice within the home. Comments included, "You're an excellent leader with a good heart and we are lucky to have an amazing manager", and "I express my thanks for all your help and advice" referring to the manager.

We saw that there were effective lines of communication promoted within the home providing staff with the opportunity to meet and communicate on a regular basis. There were daily staff handover meetings held which provided staff with the opportunity to discuss people's daily needs. Team meetings were also held on a regular basis so various disciplines within the home for example care staff and registered nurses could meet and discuss people's needs and share best practice. Minutes of meetings held showed that topics discussed included care plans, training, team work and uniforms. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being.

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. Audits and checks, including visits from external auditors were conducted on a regular basis to ensure any required actions from previous audits were completed. Audits we looked at included care plans, medicines, call bells, falls, accidents and incidents and health and safety amongst many others. Audits were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate.

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis and also sought feedback with staff and visiting professionals surveys. We looked at the results for the resident's survey that was conducted in September 2015 as the registered manager told us this year's survey had not yet been completed. Results were largely positive showing that 87% of residents said that staff treated them with kindness and respect and 97% said the home was well kept, clean, tidy and comfortable.