Avenues London

Glebe House

Inspection report

Glebe Road
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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

About the service:
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. Glebe House accommodates 12 people in one adapted building. At the time of our inspection 12 people were living there. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:
● People told us they were happy with the care provided at Glebe House. One person said, "I'm happy with the service."

● There were safeguarding procedures to keep people safe from abuse.
● People were risk assessed to keep them safe from harm.
● There were sufficient staff at the service. Suitable staff were recruited to work with people.
● Staff knew how to manage medicines safely.

● People's needs were assessed before moving into the service.
● Staff were trained how to do their jobs and were supervised in their roles.
● People were supported to access health care professionals.
● 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 service supported this practice.

● People told us staff were caring.
● People and their relatives were involved with their care and consented to their treatment.
● People's privacy was respected and their independence promoted. However, we found some paperwork that should have been locked away. We have made a recommendation about this.

● People's care plans recorded their needs so staff knew how to best work with them.
● People told us they knew how to make complaints.
● The service was not providing end of life care to people but stated they could.

● People were happy with the management of the service.
● The registered manager was supported in their role by a deputy manager and a regional manager.
● The service had links with other agencies to the benefit of people using the service.
● The provider used audits, spot checks and surveys to drive improvements in the service.

Rating at last inspection: This service was previously rated 'Good' at inspection in 2016.

Why we inspected: This was a planned inspection that was part of our inspection schedule.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. The next inspection will be planned for a future date based on our rating.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Glebe House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
There was one inspector.

Service and service type: This service is a care home that accommodates people with mental health issues. It provides nursing and personal care to people living at the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

Inspection site visit activity started on 12 March 2019 and ended on the same day.

What we did:
- Before the inspection we looked at notifications we received from the service. We also spoke with the commissioning local authority about their views of the service.
- During our inspection we spoke with five people who used the service. We looked at two people's care records and medication records. We also looked at records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We spoke with four members of staff; two carers, one deputy manager and an area manager.
- After the inspection we received feedback from two relatives of people living at the service and spoke with the registered manager who had been on leave during our inspection.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I feel safe. I would talk to someone if I didn't feel safe."
- There were safeguarding systems in place. No safeguarding alerts had been raised recently, but we saw evidence of historic alerts. Staff members received safeguarding training and knew what to do if they suspected abuse. One staff member said, "First thing is speak to [deputy manager] or [registered manager] if I didn't feel could approach them then the Regional manager and above." This meant that people were kept safe as possible from risk of abuse.

Assessing risk, safety monitoring and management

- The service completed risk assessments for people to monitor risks to them and keep them safe from harm. Risk assessments focused on different aspects of people's lives. Risk assessments included risks in the community, communication and choices, relationships and health and wellbeing. Risk assessments contained actions for people and staff to follow to minimise risks to people.

Staffing and recruitment

- People told us there were enough staff. One person said, " Yes [there are enough staff]."
- We saw the service rota and that the management had taken steps to ensure there were sufficient staff
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Using medicines safely

- People told us their medicines were managed safely. One person said, "I take a lot [of medication that staff support me with], so don't know it all but staff would tell me no problem, if I asked. I get it when I need it."
- There was a medicines policy in place. Staff were trained how to administer medicines and their competency was supported by nurses who also worked for the service.
- Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by the nurses and management. This meant that people's medicines were managed safely.

Preventing and controlling infection

- Staff told us they knew how to prevent infection. One staff member said, "By using the right equipment, aprons and gloves. In the kitchen we have different colour gloves. We have separate buckets and a separate bathroom."
- There was a personal protective equipment policy in place that staff followed. Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

Learning lessons when things go wrong

● There was an incident and accident policy in place. There had been no incidents or accidents recently but we saw the system used to monitor such events. Learning was shared in team meetings. This meant that people would be kept safe as the service learned lessons when things went wrong.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they began using the service. Assessments were comprehensive and covered different areas of people's life where they may need support.
- Assessments covered support needs, their personal safety and risks, their social networks and community access, as well as a variety of other topics that provided insight into people's needs and preferences. In completing these assessments, the service was able to ensure whether they could meet people's needs or not.

Staff support: induction, training, skills and experience
- People told us staff knew how to do their jobs. One person said, "Yes I do [think staff know how to do their jobs]."
- Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people.
- Inexperienced staff completed the Care Certificate, a recognised qualification that provides a foundation level of training for beginning work in health and social care. Staff also completed mandatory training as set by the provider that assisted them to support the people they worked with. One staff member told us, "Yes, they're good for training."
- All staff received supervision and appraisals, where their competency in their role was checked Staff had ongoing spot checks completed with them to see how they did their jobs.

Supporting people to eat and drink enough to maintain a balanced diet
- People thought highly of the food at the service. One person said, "The food here is great." Another said, "It is quite nice. There's always a healthy option."
- People's care plans recorded their dietary needs so that carers and kitchen staff knew what people could and couldn't eat.
- People were able to choose with the chef what they ate each week and we saw the menu provided a variety of choice. This meant people were supported to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care
- We saw daily notes that demonstrated that staff shared relevant information with each other and recorded interaction with other agencies who supported people's needs.
- Staff also held handovers between each shift, so that important information was passed from one shift to the next.

Supporting people to live healthier lives, access healthcare services and support

● People were supported with their health care needs. One person told us, "They [staff] would contact a doctor if I needed it, they haven't had to. Staff support me with other health care professionals."
● Care plans recorded people's health care needs and daily notes demonstrated that if needs be, staff would contact health care professionals, like the GP or pharmacist, to assist people.
● Staff also recorded observations of some people so that they could provide a holistic picture of behaviour for mental health professionals. This meant people were supported to live healthier lives.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● We found the service to working within the principles of the MCA. One person told us staff sought their consent, "They ask my permission. I am able to make choices."
●Staff were trained in the MCA and sought people's consent to care. We saw that care plans contained mental capacity assessments, best interest decisions where appropriate and also DOLS authorisations.
● Where appropriate people were supported by Independent Mental Capacity Advocates (IMCA) and Court of Protection (COP) appointees. Records demonstrated that IMCA and COP recommendations were followed.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
● People told us they were happy with their care. One person said, " They [staff] are good." Another person said, "I am happy here." A relative told us, "Yes they are, they are always welcoming." They continued, "In general we have been very impressed with their care."
The service sought to treat all people equally. Staff told us, "I treat residents how I'd like to be treated." People's care plans were personalised and individual. They were informative about how people liked to be treated and identified their cultural needs and how best to meet them. Care plans highlighted the importance of people's human rights around faith, sexuality, diversity and choice.

Supporting people to express their views and be involved in making decisions about their care
● People told us staff listened to them. One person said, "They do [listen to me]." A relative told us they were involved in the planning of care, they said, "We were [involved] in the beginning but he seems well settled."
● People's preferences were recorded in their care plans. Care plans held various documentation that captured people's views and preferences towards their care and treatment. Where people lacked capacity, appointees were involved and there were best interest decisions made on people's behalf.
● People were also able to provide input into their care during the regular care plan reviews that occurred every month. One person said, "I generally look at my care plan and review once a month."

Respecting and promoting people's privacy, dignity and independence
● We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices. However, we found a person's observation notes left in an unlocked room. We spoke with the deputy manager about this and they assured us that these notes would be locked away in future. We recommend that the service follow best practice on confidentiality.
● People told us their privacy and dignity was respected. One person said that, "Yes they respect my privacy and dignity."
●People told us staff promoted their independence. One person told us, "Yes. I come and go as I please." Another person said, "I get to do what I want within reason." A staff member said, "We encourage them to do what they can and promote their independence." This meant staff knew what people wanted to do and when to encourage them.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care plans recorded their needs and preferences in detail. They were personalised and contained information about what was important to people, their support plans and records that supported their health needs. They held useful information that assisted staff to provide care and treatment that people liked.

● Care plans focused on how people liked things done and the best way to provide treatment. For example, one care plans stated, 'Ensure I have my meds, be tolerant with me, encourage me to participate in activities and always listen to me.' This meant that staff were explicitly instructed how best to support people and know their likes and dislikes.

● Care plans identified activities people liked to do. One person said, "They do activities - we get to choose." Another person said, "Usually they arrange days out for us, go for a meal and things like that."

● We saw that information about activities people liked to do was updated regularly through their monthly key work sessions and also in the fortnightly community meetings.

● We observed people leaving the service to attend an activity on the day we attended and we saw numerous photos throughout the service where people had been supported to undertake interesting and meaningful activities. These included attending cafes, day centres, parks, farms and theatres.

Improving care quality in response to complaints or concerns

● People told us they knew who to complain to. One person said, "Yes, [registered manager] I never had to make a complaint."

● There was a complaints and compliment log in reception for people or relatives to complete should they wish to. The service had not received any complaints recently but were able to show us their system for following complaints.

End of life care and support

● At the time of our inspection, there were no people using the service who were at the end of their life. The service showed us they were able to support people at the end of life and captured their wishes.

● People's care plans contained information about their end of life preferences. This included their cultural and religious needs, their wishes for burial or cremation, how they want their resting place noted and what to do with their possessions.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements & working in partnership with others

- People and staff thought highly of the staff. One person said, "Yes, I think the home is well managed." One relative told us the registered manager was well respected, "Yes they have been with the organisation for a long time and they are well respected."
- The registered manager was supported by the Deputy Manager and Regional Manager. There were effective management systems in place to ensure the service operated well in the registered manager's absence
- We saw that the service had forged links within community. These included links with local businesses, who had donated gifts and furniture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility & continuous learning and improving care

- The provider had quality assurance systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, staff observations, supervision and questionnaires.
- There were regular audits and monitoring reports completed by the service for the local Clinical Commissioning Group (CCG) and the provider. We also saw that the local authority, the Court of Protection and the pharmacy had completed audits or monitoring reports. Audits we saw included medication, health and safety and fire safety. The deputy manager told us that any action or recommendations were discussed at management and staff meetings before being implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People held fortnightly meetings with staff. One person said, "Yes. Every two weeks. They are good - we can ask to go places, they try to work it out." Minutes showed that people were reminded of upcoming appointments, security was discussed, options for activities and house chore schedules.
- A relative told us they had attended meetings too. They said, "I have been to meetings about [person's] care and about their medication etc."
- Staff attended monthly team meetings. One staff member told us, "Team meetings are held monthly. They're good." Minutes of meetings we saw showed the staff discussed people's wellbeing and behaviour, training, information governance, policies and procedures and audits.
- People and relatives completed satisfaction questionnaires. One person said, "I have [completed one]." A relative told us, "I had a form to fill in some months ago." Questionnaire responses we saw were all positive

and cited people felt safe and supported.