Surrey Rest Homes Limited

Glebe House Care 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

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 a maximum of 24 older people in one adapted building. There were 22 people living at the home at the time of our inspection. The home is owned and operated by Surrey Rest Homes Ltd. The provider has four registered care homes providing a total of 124 beds.

This inspection was carried out on 31 January 2018 and was unannounced.

The home had a registered manager. 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. The registered manager was also responsible for managing another of the provider's registered care homes, Heath Lodge. At the time of this inspection Heath Lodge Care Home was rated Good.

Rating at last inspection
At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and 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.

Why the service is rated Good
People were safe because staff understood any risks involved in their care and took action to minimise these risks. There were enough staff on each shift to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse.

The provider carried out appropriate pre-employment checks before staff started work. There was a business continuity plan to ensure people would continue to receive care in the event of an emergency. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained a safe environment, including appropriate standards of fire safety. Medicines were managed safely. People were protected from the risk of infection.

People's experience of living at the home would be enhanced by improvements to their environment. The home was clean and tidy but the décor in some areas was faded and the environment had not been adapted to meet the needs of people living with dementia. We will monitor progress towards improving the environment at our next inspection or sooner if we receive information that the environment is having a negative effect on people's care.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Staff knew people's needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. They met received regular supervision and were supported to achieve relevant qualifications. Language lessons had been provided for staff who spoke English as a second language to ensure they could communicate effectively with the people they cared for.

People's care was provided in line with the Mental Capacity Act 2005 (MCA). Staff encouraged people to make choices about their care and understood that restrictions should only be imposed upon people where authorised to keep them safe. Where people lacked the capacity to make decisions about their care, appropriate procedures had been followed to ensure decisions were made in their best interests. Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority.

People enjoyed the food they ate and could contribute to the menu. The chef knew people's dietary needs and preferences well and regularly asked for people's feedback about the food. Any dietary restrictions were recorded and referrals had been made to appropriate professionals if people developed needs in relation to eating and drinking. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it.

People were supported by caring staff with whom they had established positive relationships. Staff treated people with respect and maintained their privacy and dignity. The registered manager took the lead in promoting dignity in the way staff provided people's care. People's religious and cultural needs were met. Staff supported people to be independent where possible.

People received care that was responsive to their individual needs. People's support plans reflected the care they needed and staff had liaised with relevant healthcare professionals where necessary. People had opportunities to take part in activities they enjoyed. There were appropriate procedures for managing complaints. There had been no complaints about the home since our last inspection.

The registered manager provided good leadership for the home. A relative told us the registered manager made the effort to get to know everyone living at the home and to understand their needs. Staff said the registered manager had supported them to improve the way in which they provided care. The areas we identified for improvement at this inspection had been noted by the registered manager and the registered manager had begun work to address them.

The registered manager had implemented monitoring systems which ensured people received safe and effective care. Staff shared information about people's needs effectively through handovers and team meetings. The registered manager had formed links with other professionals to ensure they remained up to date with legislation and guidance. The registered manager understood their responsibilities in terms of reporting notifiable events and had notified CQC of incidents when necessary.

Further information is in the detailed findings below.

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 remains Good.

There were enough staff available to meet people's needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Medicines were managed and administered safely.

People were protected from the risk of infection.

Is the service effective?

Good

The service remains Good.

Staff had the skills necessary to provide people's care.

Staff who needed to improve their English language skills were being supported to achieve this.

People's needs were assessed before they moved in to ensure staff could provide the care they needed.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were involved in developing the menu. People's nutritional needs had been assessed and were known by staff.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it.

The home would benefit from redecorating.

Is the service caring?

Good

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their dignity.

People's religious and cultural needs were met.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good

The service remains Good.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities and events and maintain links with the local community.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good

The service remains Good.

The registered manager provided good leadership for the service and had supported staff to improve.

People and their relatives had opportunities to give their views about the home.

Staff shared information about people's needs effectively.

The provider had established effective systems of quality monitoring and improvement.

Glebe House Care 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.

This inspection took place on 31 January 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned 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 the PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we spoke with seven people who lived at the home. We also observed the care and support people received from staff. We spoke with the registered manager, the deputy manager, a registered nurse, three care assistants and the chef. We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the service, including the provider's quality assurance reports and audits.

After the inspection we received feedback from a relative by email.

Our last inspection of the home was on 18 September 2015 when we identified no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and relatives were confident their family members were safe. One person said, "They [staff] are with me very quickly because they know I can't walk on my own." Another person told us, "They [staff] keep me safe." A relative said of their family member, "I can confidently say that he is in a safe, clean and caring place."

There were enough staff deployed on each shift to keep people safe and meet their needs. People told us staff were available when they needed them and that they did not have to wait when they needed care. The rota was planned to ensure that there was an appropriate skill mix in each shift's team, including nursing, care, catering and cleaning staff.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. All staff attended safeguarding training in their induction and refresher training in this area was provided regularly. They were able to describe the potential signs of abuse and the action they would take if they suspected abuse had occurred. One member of staff told us, "I would report [concerns] straightaway to the manager" Staff said the registered manager had reminded them of the need to report any concerns they had and knew how to raise concerns outside the home if necessary.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

People were protected from avoidable risks. Staff had assessed the risks to people in areas such as moving and handling, falls and developing pressure ulcers. Staff attended training in the use of any equipment involved in people's care. Accidents and incidents were recorded and reviewed by the registered manager to identify any themes or actions needed to address risks. For example referrals had been made to the Falls Prevention Team if people had experienced fall at the home.

Two people were nursed in bed due to their frailty. Staff had taken action to reduce the risk of these people developing pressure ulcers by implementing tissue viability care plans. If people had developed pressure areas staff monitored these appropriately through body maps, wound assessment charts and photographs. Pressure-relieving equipment, such as air mattresses, had been obtained for people and staff regularly checked to ensure these were set correctly.

Staff carried out regular health and safety checks on the premises. Equipment used in delivering people's care, such as hoists and adapted baths, was serviced every six months by engineers. We saw evidence of gas, electrical and water safety. There was a fire risk assessment in place and staff were aware of the procedures to be followed in the event of an emergency. There was a personal emergency evacuation plan in place for

each person. The Fire Officer had identified no concerns with fire safety during their most recent inspection of the home in October 2017. Staff attended fire safety training in their induction and regular refresher training thereafter. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely. Staff authorised to administer medicines had completed appropriate training and had undertaken a competency assessment where their knowledge was checked. There were protocols in place for medicines prescribed 'as required' and staff were aware of these. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Medicines audits were carried out regularly and an external pharmacist checked the management of medicines annually. The provider's own audits and the pharmacist's report provided evidence that staff were managing medicines safely. The provider's PIR stated there had been no medicines errors in the previous 12 months.

People told us the home was always clean and tidy. A cleaner was employed every day and there was a checklist in place to ensure all areas of the home were cleaned regularly. We saw that each element of the cleaning checklist had been signed off each day. Staff attended infection control training and followed good practice guidelines, such as wearing gloves and aprons, when providing people's care. Infection control audits were carried out regularly and these had identified no concerns regarding standards of infection prevention and control. There were appropriate procedures for the storage of clinical and disposal of waste.

Good

Is the service effective?

Our findings

Staff had access to the training they needed to provide people's care. All staff had an induction when they started work, which included shadowing colleagues before they provided people's care. Staff also attended core training during their induction, including health and safety, moving and handling, infection control, food hygiene and first aid. Staff attended regular refresher training in these areas and had access to training relevant to people's individual needs, such as dementia, dysphagia and diabetes. Nursing staff attended training appropriate to their roles, such as venepuncture, tissue viability, palliative care and the management of percutaneous endoscopic gastrostomy (PEG) tubes.

The provider's PIR stated that all staff received regular supervision and we saw evidence to confirm this. Staff also had an annual appraisal at which they were able to discuss their performance and training needs. Staff told us supervision sessions gave them the opportunity to discuss any support or further training they needed. They said supervision sessions were valuable and that they felt able to raise any concerns they had. Staff told us the provider had supported them to achieve relevant vocational qualifications, such as diplomas in health and social care. One member of staff said, "I have just finished my level 3 [diploma]. The home helps with that." The registered manager told us that all staff were expected to register for and work towards vocational qualifications

The registered manager acknowledged that some staff who spoke English as a second language needed to improve their fluency in the language. This did not impact negatively on people's care as staff knew people well and provided the care they needed. The registered manager had introduced English lessons for staff who needed them to ensure they were able to communicate effectively with the people they cared for.

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 (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights under the MCA were respected. Assessments had been carried out where appropriate to establish whether people had capacity to make decisions. If people lacked capacity, appropriate procedures had been followed to ensure decisions were made in their best interests, including consulting people's families and healthcare professionals.

Staff supported people in a way that encouraged them to make choices about their care. Staff understood

that any restrictions should only be imposed upon people where authorised to keep them safe. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority.

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The registered manager told us they carried out all assessments. The registered manager said they discussed the outcomes of assessments with nursing staff to hear their views before offering a place. People's healthcare needs were monitored effectively and people were supported to obtain medical treatment if they needed it. People told us staff supported them to see a doctor if they were unwell. Care plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. The outcomes of appointments with healthcare professionals were recorded in people's care plans. Any guidance about people's care issued by healthcare professionals was implemented by staff.

People enjoyed the food provided and said they had a good choice of meals. One person told us the food was "Superb" and another person said, "The food is pretty good." People said they were able to have alternatives to the menu if they wished. They told us the chef knew their preferences and would prepare something they liked. People were able to give their views about the food and these were taken into account. The chef told us they regularly spoke with people to hear their feedback about the food and planned the menu based on people's views. The chef had worked at the home for ten years and knew people's individual needs and preferences well.

People's nutritional needs had been assessed before they moved into the home and were kept under review. Referrals had been made to healthcare professionals, such as a speech and language therapist, if people developed needs that required specialist input. Guidance given by healthcare professionals had been included in people's care plans and communicated by care staff to the chef. Staff ensured that people who required assistance to eat and drink received this support. An additional member of staff was deployed at lunchtime to support people who needed assistance to eat in their bedrooms.

The registered manager acknowledged that people's experience of living at the home would be enhanced by improvements to their environment. Staff kept the home clean and tidy but some of the décor in the home was faded through age and woodwork was chipped in some places. When staff identified maintenance issues these were addressed but we saw that although staff had recorded in their monthly checks that people's bedrooms would benefit from redecoration, this had yet to take place. Some people at the home were living with dementia but the environment had not been adapted to meet the needs of people with this condition. For example colour schemes had not been used to help guide people living with dementia around the home. People did not report dissatisfaction with their environment and this was not having a detrimental effect on their care but the provider should consider best practice guidelines regarding the care of people living with dementia. The CQC will monitor progress towards improving the environment at our next inspection or sooner if we receive information from people or relatives that the environment is having a negative effect on people's care.

Good

Is the service caring?

Our findings

People told us they were cared for by consistent staff whom they liked and trusted. One person said the staff were, "Ace. Absolutely superb." Another person told us, "I am quite happy with the way they are looking after me."

The home had a core team of staff who had worked at the home for some time. Staff had got to know people's needs well, which enabled them to provide the care they needed in the way they preferred. People told us they liked the staff who supported them and enjoyed their company. One person said of staff, "They are all very good. I do have a few favourites." Another person told us, "I get on very well with them." A third person said, "I am very happy here, I am well looked after."

A relative told us their family member received compassionate care from staff. They said staff always supported their family member to maintain their dignity and personal appearance. The relative told us, "[Family member] is always washed, shaved, dressed smartly and well fed. I would have no qualms about recommending Glebe House to anyone."

Staff treated people with respect and maintained their privacy and dignity. The registered manager had a commitment to ensuring people were treated with dignity and took the lead in promoting this within the staff team. The registered manager coached staff through observation and feedback to ensure they maximised people's dignity in the way they provided their care. The registered manager told us, "Respect and dignity are the most important things. We should treat people like one of our family."

Staff supported people in a kind and caring way during our inspection. They were attentive to people's needs and took time to ensure they were comfortable. Staff spoke with enthusiasm about their work and the people they cared for. One member of staff told us, "I am very happy, I love this job. To me, the residents are like a second family." People were supported to maintain relationships with their friends and families. Friends and relatives could visit whenever they wished and were invited to events at the home.

People's religious and cultural needs were met. Staff had created a shrine area in one person's bedroom to enable the person to pray in privacy. Staff had also accompanied the person to temple to enable them to worship. The chef was aware of the person's dietary needs related to their religion and ensured the person received food that met their needs and preferences.

Staff supported people to be independent where possible. People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent where their care plans indicated they could manage aspects of their own care, such as eating and mobilising.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's individual needs were reflected in their care plans and staff provided care in line with professional guidance. For example one person had suffered a stroke, as a result of which they had dysphagia and were at risk of choking. The person's care plan demonstrated that a referral had been made to a speech and language therapist, who had assessed the person's needs and put guidance in place in place for staff. Staff had also implemented measures identified to reduce the risk of the person choking, such as ensuring the consistency of their food and drink was appropriate.

One person had been identified as requiring support to regain their mobility after suffering a stroke. The person had received an assessment from the local community rehabilitation team, carried out by a physiotherapist and an occupational therapist. Following the assessment guidance was put in place for staff to enable them to provide the support the person needed. Some people had a primary diagnosis related to their mental health. Staff had supported these people to access support and treatment from appropriate mental health professionals. One person was receiving palliative care. Staff had liaised with the palliative care team and developed an end of life care plan to ensure the person received the care and treatment they needed.

People had access to activities they enjoyed. An activities programme was displayed in the home people told us an activities co-ordinator visited the home regularly. One person said, "We have [activities co-ordinator] coming in three or four times a week. We can do arts and crafts or exercises." People told us they were supported by staff to go out in warmer weather and we saw people enjoying activities organised by staff during the inspection.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives were issued with information about how to make a complaint. The provider's PIR stated that no complaints had been received in the previous 12 months and the complaints log confirmed this. No complaints about the home had been made to the CQC.

Good

Is the service well-led?

Our findings

The registered manager provided good leadership for the home. We received positive feedback from a relative and staff about the impact the registered manager had on improving the care people received. A relative told us, "The manager of Glebe House is a very nice person. She shows a personal interest in all her residents in care. She is approachable and is always willing to listen, help and make any adjustments that may be required to make her residents comfortable. She has a very good understanding of [family member's] personality, thoughts and needs and she can only know this by getting to know each resident personally. She is zealous in making sure their well-being is priority. It also appears that [registered manager] has a very good rapport with her staff. They are motivated and equally zealous in their roles for ensuring the residents are tended to as and when required."

Staff told us the registered manager supported them to improve. They said the registered manager had a 'hands on' approach to developing the service and improving the care staff provided. One member of staff told us, "If you don't know something you can ask her and she will help. She is a good teacher." Another member of staff said, "She is very good. She talks with everybody and she always knows what is going on with everyone." Staff told us the registered manager demonstrated care, compassion and respect in their approach and promoted these values amongst the staff team.

The areas we identified for improvement at this inspection had been noted by the registered manager. The registered manager acknowledged that redecorating the home would improve people's experience and told us they were involved in discussions with the registered provider about a refurbishment programme. The registered manager also acknowledged that the English language skills of some staff needed to improve to ensure they could communicate effectively with the people they cared for. The registered manager had made English classes available and confirmed that staff who needed them would be required to attend these until they achieved an appropriate level of proficiency. We asked the registered manager to keep us up to date with progress towards achieving these improvements.

Staff shared information about people's needs effectively. Staff attended a handover before they started work which updated them about any changes in people's care. Team meetings were held regularly and the registered manager used these to reinforce key messages and to hear staff feedback. There was a plan in place for each shift which ensured accountability for key tasks, such as administering medicines. Staff said their roles were clearly assigned on each shift. One member of staff told us, "We have an allocation to say which carer is doing what. We share out jobs." Staff told us they functioned well as a team to provide the care people needed. One member of staff said, "We work well together." Another member of staff told us, "We work as a team."

People and their relatives had opportunities to give their views about the home and the care provided. The provider distributed satisfaction surveys and collated the results. The results of the most recent surveys provided positive feedback about the care people received, with 14 out of 15 people rating the quality of care as good or excellent. Twelve out of 13 respondents rated staff attitudes as good or excellent.

The registered manager had implemented effective systems of quality monitoring and improvement. Regular audits were carried out of key areas of the service, such as health and safety, medicines and infection control. The registered manager had formed effective links with other professionals to ensure they remained up to date with current guidance and legislation. For example the registered manager was a member of the local care providers' association, which met regularly to share information about good practice. The registered manager told us that the home had also been able to access good quality training through the care providers' association. The registered manager understood their responsibilities in terms of reporting notifiable events to relevant agencies and had notified CQC of significant incidents when necessary.