Glebe Care Limited

Glebe House Care Home (Nursing)

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

Overall summary

Glebe House is a residential home which provides nursing care, and accommodation for up to 41 older people with physical health needs some of who are living with dementia. One person said “The staff are well qualified, they are very caring people.” Respite care is also provided (Respite care is short term care which gives carers a break by providing care away from home for a person with care needs).

On the day of our inspection there were 38 people living in the home. This inspection took place on 10 March 2015 and was unannounced.

The home did not have 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person in day to day charge was in the process of becoming the registered manager.

People told us care staff treated them properly and they felt safe. We saw staff had written information about risks to people and how to manage these in order to keep people safe. Staff had received training in safeguarding adults and were able to tell us they knew the procedures to follow should they have any concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. People did not have to wait to be assisted. One staff member said they had never had a role in care work before and were nervous about manual handling of people, but the training was good and gave them the confidence to move people in a safe way.

Processes were in place in relation to the correct storage and auditing of people's medicines. Medicines were administered and disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted to keep them safe.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. The manager said that people could regularly go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit or leave the home.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors' and opticians' visits had been recorded in people's care plans.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The provider had quality assurance systems in place, including regular audits on health and safety, infection control and medication. The manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were processes for recording accidents and incidents.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good

Is the service caring?
The service was caring.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People felt there were regular opportunities to give feedback about the service.

Good

Is the service well-led?
The service was well –led.

Good

Summary of findings

There was not a registered manager employed in the home. The person in day to day charge was in the process of applying to become registered.

The staff were well supported by the manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Glebe House Care Home (Nursing)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2015 and was unannounced. This meant the staff and provider did not know when we would be inspecting . The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with eight people who lived at Glebe House, six care staff, two relatives, the manager, and three health care professionals. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different units within the building, the main lounge and dining area.

We reviewed a variety of documents which included six people's care plans, 12 staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete 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 last inspected the service in September 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; "I've felt very safe here" and "To my knowledge, everything is very safe, they are very friendly."

The provider and staff had taken steps to help protect people from avoidable harm and discrimination. We saw a poster at the entrance to the home which encouraged people to speak up if they suspect abuse. The manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us, If they weren't sure if someone was safe doing something they would check the care plan or ask a senior member of staff, rather than taking a risk.

The risks to individuals and the service; for example health and safety, were managed so that people were protected and their freedom was supported and respected. The manager ensured staff assessed the risks for each individual and recorded these. Staff were able to describe risks and supporting care practices for people.

We checked a sample of risk assessments and found plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One staff member said, "We have to read people's risk assessments to know what support to give." They added that where necessary, a physiotherapist provided guidance for staff regarding people who were at high risk of falling or using the stairs, while trying to become more independent. The home promoted people to remain as independent as possible and to worked with people maintaining their mobility for as long as possible.

People's medicines were well managed and they received them safely. One person told us "I have medication when I need it and I do get painkillers". Another person said "I have my medication when I expect it" and "I self-medicate and they give me some and check I take it" and If I had a headache, I could ask for painkillers."

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given.

We observed the nurse giving out medicines to one person. They gave the person their tablets with a glass of water and observed the person whilst it was taken. After people had taken their medicines the nurse signed the medicines administration record (MAR) and we saw staff returned the trolley and secured it to the wall.

Staff said there were enough staff on duty. They told us they had time to sit and socially interact with people. One staff member said there were enough staff to keep people safe. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and phone colleagues to help people when needed. One person said "The staff do talk to me; you get anything you ask for." The provider used a dependency tool to assess the staffing levels were in place to meet the needs of the people.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work. The provider had ensured that qualified staff had the correct and valid registration.

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the manager and the staff were aware and able to describe the action to be taken in such events.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff are well qualified, they are very caring people."

The manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. One staff member said the training was really good and they had shadowed senior colleagues before working on their own. One member of staff told us, "The organisation is very good with training." The provider had supported staff to learn other skills to meet people's individual needs, such as training for staff to become dignity champions. They said that this training had helped them understand and develop best practice when caring for people. One staff gave us the example of asking people haw they wished to be addressed. One person said to us; "The staff are very friendly, they call me by my Christian name as I have asked them to."

Staff said they had annual appraisals. This is a process by which a manager evaluates an employee's work behaviour by comparing it with pre-set standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their manager on a one to one basis monthly to discuss their work or any concerns they had. This was confirmed in the staff files we read.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff had received training in the Mental Capacity Act (MCA) 2005and Deprivation of Liberty Safeguards (DoLs). People were not restricted in the home. One person said, "I am free to move around." Another person said; "The layout here is OK for me, I walk a little" and "I am free to move about myself." The manager and staff demonstrated their understanding of DoLS. People were not restricted or deprived of their freedom to move around or leave the home and we observed this on several occasions. One staff member said they understood MCA and DoLS and told us "I wouldn't use bed sides, if a person could get up or they had capacity."

People's nutritional needs were met. One person said; ""The food is lovely" and "The menus are weekly and vary, we order our lunch the day before" and "If I was not keen on something I like, they would do something else for me" and "They check on my fluid intake and they top up my drink." Another person said; "The food is very good, there is choice and adequate portions for me" and "There is enough fluid during the day, they top up my water" and "I'm sure if I didn't fancy something, they would do something else."

The chef said they had a list in the kitchen of people's dietary requirements. They were able to identify those people who were on liquidised food. The chef updated this information each week, but if someone's dietary requirements changed substantially the nurses would inform them immediately (e.g. someone going from soft food to liquidised food).

The chef said all food was labelled with a person's name when it went out of the kitchen, which we observed. This was to ensure that people received their choice of food.

Some people said that the food did not arrive hot to them upstairs. The manager told us they were in the process of purchasing heated trollies to convey the food from the kitchen to the upstairs floor. We received confirmation that the heated trollies had been purchased from the manager after our inspection. One staff member said they had a microwave to warm up food if they felt it was getting cold. We noted that a choice of fruit juices was being offered throughout the meal. Everyone was allowed to eat at their own pace whilst staff circulated checking that people were enjoying their dinner, offering extras and discreetly assisted several people by cutting up the meat. We noted one person had a plate guard to help them maintain their independence in eating their meal them self.

The menu was displayed outside of the dining room and included the main meal of the day, together with the alternatives on offer including a vegetarian option. We saw drinks served prior to lunch, people were offered sherry or lemonade and some crisps. During the day people had drinks in front of them and tea and coffee was offered throughout the day.

Good

Is the service effective?

The manager said that they promote collaborative care. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the speech and language therapist (SALT), the falls team, district nurse or the dementia nurse when required. One person said; "The doctor visits every day and we see the chiropodist and dentist." Another person told us "They would call the doctor to see me if needed at any time, even on Sundays." and "I see a chiropodist, but if I needed anyone else, I'm sure they could organise it."

We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner. The staff actively encouraged collaborative care. Another external health care professional said "People recovered as expected and didn't deteriorate, as the care staff followed our guidance. There is good communication between us and the care staff." One member of staff said "One person who was unable to get out of bed had been supported by the physiotherapist daily and can now get out of bed on her own and take a few steps."

Good

Is the service caring?

Our findings

People told us that the staff were very caring. One person said; “They (staff) are so nice, I cannot fault them at all.” Another person said; “The staff are all lovely, there’s not one of them that is nasty” and “They call me by my Christian name, they have all got to know me now” and “I like it so much here, I don’t want to move.” A relative said “My relative has recently arrived here and she has been well looked after.”

During the inspection, we saw a number of people visited by family and friends. From what we saw, staff had a caring approach and this was confirmed by the professionals, relatives and people themselves. One relative said “My mum has recently arrived here and she has been well looked after. She will not be going home, and does not want to.”

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people’s care records. This showed us that staff were aware of the up to date needs of people within their care. We saw staff support a person to transfer from wheelchair to armchair. Staff spoke reassuringly to the person encouraging them to be as independent as possible. Staff also placed a screen around the person so that their dignity was protected.

People were treated with dignity and respect and we observed examples of this. One person said; “Staff do knock on my door, you see them quite often” and “I don’t mind who looks after me, the girls are nice” and “If they attend to me, they close the door and draw the curtains.” We saw one member of staff brought someone a drink during the morning. They sat in the conservatory and the staff member took them a call bell, should they need to use it. We observed another member of staff patiently encouraging a person to eat a banana. The staff member sat closely, at their level and spoke quietly throughout. We also saw staff knocking on bedroom doors and asking permission before entering.

We heard staff speak nicely to people and show them respect. There was a good sense that people and staff knew each other well and they spoke to each other in a relaxed jovial manner. We observed staff sitting with people and engaging in conversation.

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations e.g. Parkinson's Society and Age Concern. We saw the reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding.

We asked people and family members if they had been involved in their care planning or the care of their relative. They all felt that they were included and kept up to date by the manager and the staff at the home. One person said “Communication about my relatives needs by the staff is good.”

One relative who held lasting power of attorney said “The staff are helpful, caring, and very inclusive. They keep me informed always talk about progress being made.”

Good

Is the service responsive?

Our findings

One person said, “The staff do help those people who need it” and “I think I get what I need” and “We go out sometimes in a minibus.” Another person said “There is enough for me to be interested in” and “I don’t need much care but they give me what I need and would, if things change.”

Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people’s needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person’s background and were then able to talk to them about their family or life stories.

Personalised care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible. For example: some people like to have a cigarette, risk assessments were in place to support people maintain their lifestyle choice.

Staff were responsible for a number of people individually which meant they ensured people’s care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

Individual care plans contained information which related to people’s preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people’s weights. People were weighed regularly and staff calculated people’s body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs.

One person told us they could do whatever they liked, “I can get up when I like, eat when I like and go out when I like.” Their relative said “There are no restrictions to my visits, I can come at any time and I am made feel very welcome” and “I am aware of the relative’s meetings.”

There were regular activities going on throughout the week. An activities coordinator was employed who had specific responsibility for planning social activities. One external healthcare professional said “There was always a buzz in the place – morning and afternoon. We often saw care staff and nurses joining in on the activities and felt guilty when they had to take them away.” We saw a poetry session took place in the lounge. People seemed to enjoy it. Following this, music was put on. The activities person checked throughout the day that people were happy to participate in the activity and asked for suggestions from people of how they would like the activity to run. She assisted care staff in getting people drinks or their lunch and was very proactive. The activities person said “I undertake one to ones, when no group activities are on and for people who are unable to get out of bed.” They told us that they had spoken to each person and had tried to provide a mixture of group and individual activities to meet peoples’ likes and preferences.

People told us they knew how to make a complaint if they needed to. One person told us “I’ve no complaints, but I would if I needed to, I would tell the management or the head nurse.” Another person said, “I’ve never complained, but would to the staff if I needed to.”

We saw how the manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said; “There is a suggestion box at the front if you think of something you can make a note and put it into the box. Any suggestions are discussed at the residents’ meeting.” The last meeting was held in January 2015. One

Good

Is the service responsive?

suggestion from people was for a specific area for parking in the car park for people with mobility needs. This had been agreed by the home manager and they were waiting for quotes from contractors.

Good

Is the service well-led?

Our findings

The home did not have a registered manager. The manager was in day to day charge and in the process of applying to the CQC for registration as manager. After our inspection the manager confirmed they had had their interview and had been successful in obtaining registration as manager of Glebe House. People and relatives we spoke with all knew who the manager was and felt that they could approach them with any problems they had. One person said "I've seen the manager a few times, she is very nice." another person said "The management of the home is fine."

We observed the manager interact well with the people. An external healthcare professional said "The manager is excellent." Care staff said "She is fantastic. She's hands on and when you need her she's always there for you."

Staff were positive about the management of Glebe House. They told us they felt supported by management and could go to them if they had any concerns. One member of staff said it was a good group of staff who worked well together and there was good communication. They had staff meetings in which they could speak openly and make suggestions. Staff had recently suggested ensuring cupboards on each floor were stocked properly to save staff time running between floors. This had been done and enabled them to work more efficiently. This showed us that manager was consistent, led by example and was available to staff for guidance and support. That they provided staff with constructive feedback and clear lines of accountability.

One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure they put these aims into practice. Any issues identified would be covered in an individual or group supervision session. Which would develop consistent best practice and drive improvement.

The manager said that they had introduced 'mock' CQC inspections so that staff and people living at the home where aware of what to expect during an inspection, and the reasons why inspections took place.

The quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medication and infection control. This enabled the manager to identify deficits in best practice and rectify these. The manager explained that regular health and safety meetings and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings including the handover forms and answering call bells. This showed that the manager was continually assessing the quality of the home and driving improvements.

The manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home.

Staff were open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being.