

Mrs Aloma Glowacki

# The Glow Rest Home

## Inspection report

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Date of inspection visit:  
07 January 2020

Date of publication:  
13 February 2020

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Glow Rest Home is a residential care home for six older people. There were four people living in the home at the time of our visit, some people were living with dementia.

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

People and their relatives told us they were happy with the care they received and they were kept safe from harm. Incidents were followed up and the home environment was kept clean from the risk of poor infection control. People received their medicines on time, and we received reassurances that medicines were stored safely after some initial concerns were raised. There were enough staff employed to keep people safe. We have also made a recommendation to the provider to complete a fire risk assessment.

The registered manager was approachable and engaged with people and their relatives. There were limited quality assurance checks that took place to monitor the quality of service, including when to submit notifications to the CQC. We have made a recommendation about this and will follow this up at our next inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training that was appropriate for the needs of people using the service, however some of this had expired. We received confirmation after the inspection that refresher training had been arranged by the registered manager. Staff did tell us they were supported well. People were supported to access health services and staff supported them to eat well with regular fluids.

People and their relatives said they were cared for and staff respected their wishes. People were treated with dignity and respect.

Care plans included areas of support that people needed help with and included end of life wishes. People took part in activities within the home.

### Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Glow Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

The Glow Rest Home 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.

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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three care workers. The registered manager was away on the day of the inspection.

We reviewed a range of records. This included two people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with four relatives. We received feedback from one health care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider carried out risk assessments which helped to ensure people were kept safe from harm. These included falls and moving and handling risk assessments which were effective areas where people needed support.
- Appropriate environmental checks were completed which helped to ensure it was a safe place for people to live. We saw test certificates for the fire alarm system, electrical appliance and gas safety.
- A fire risk assessment had been completed but this was dated January 2016. There was a recommendation for this to be reviewed in January 2017, however a more up to date one was not available. A fire safety officer was on site during the inspection and they said their inspection did not flag up any concerns.

We recommend the provider completes a fire risk assessment in line with the recommendation from the previous one.

### Using medicines safely

- We found a number of medicines stored in a kitchen cabinet. Some of these were out of date whilst others were in loose packages and could not be identified who they belonged to. Staff told us these were the registered manager's personal medicines. After the inspection, the registered manager sent us photographic evidence that the kitchen cabinet had been cleared of medicines that were not prescribed to people. We were satisfied with the prompt action the provider had taken.
- People and their relatives told us they received their medicines on time. One person said, "They give me my medicines when it's time."
- Medicine care plans were in place which included a list of people's prescribed medicines and how staff could support to take them safely.
- Staff completed medicine records when they administered people's medicines, and these were completed correctly.

### Staffing and recruitment

- There were enough staff employed to meet people's needs. One person said, "When I press the bell they come." There were four staff, including the registered manager, who covered the shifts. There were three care workers on shift during the day and two at night, one waking and one sleep-in.
- One staff file did not have a signed contract. After the inspection, the registered manager sent us evidence that the contract had been signed by the staff member. Staff files included application forms and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were kept safe from harm. Comments included, "Yes, I'm fine" and "Yes, I do think they are safe there, absolutely."
- There had been no safeguarding concerns since the previous inspection.
- Although records showed safeguarding training for staff needed to be renewed, care workers were able to explain what they understood by the term 'safeguarding' and how they would protect people from harm.

Learning lessons when things go wrong

- Incidents and accidents were recorded in an accident book with details of what took place, the action taken including who was notified.
- There had only been one recorded incident in the past year. Records showed the provider took appropriate actions in response to this incident which helped to ensure the person safety was not compromised.

Preventing and controlling infection

- People and their relatives told us, "They clean my room" and "Its clean."
- The provider had achieved a food hygiene rating of 4 during an inspection from the Food Standards Agency in February 2019. This meant good standards were upheld in relation to hygienic food handling, cleanliness and condition of facilities and building and management of food safety.
- The environment was clean and well maintained by staff. We observed them cleaning bedrooms and communal areas during the inspection.
- Training records showed that care workers had received training in infection control and food hygiene, however these had expired in 2019.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training records showed that training needed to be renewed for all staff, including the registered manager. Although staff received training in topics such as emergency first aid, safeguarding vulnerable adults and medicines, these had all expired, some by around six months and others by around 1 month according to the certificates seen. After the inspection, the registered manager sent us confirmation that refresher training had been booked with a training provider. We were satisfied with the prompt action the provider had taken.
- Care workers told us due to the small staff team, they usually discussed areas of concern and any training issues informally and did not have regular supervision. This was reflected in the lack of supervision records we saw. The provider wrote to us after the inspection to say formal supervisions will start to take place. We will follow this up at the next inspection.

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

- People and their relatives told us they were satisfied with the food choices available to them. Comments included, "I've had breakfast this morning, its adequate" and "Its home cooking, she's had a good lunch and some fruit salad." The menu for the week that we saw did not include any alternate choices but staff we spoke with told us people were always offered a choice if they did not want the meal that was prepared.
- The kitchen was well stocked with plentiful supply of food. Staff followed a weekly menu when preparing meals and the main meal of the day was lunch which was followed by a lighter option for supper which was typically a sandwiches or soup.
- Peoples nutritional needs were considered. Eating guidelines were available and care plans included dietary requirements and any modifications that they needed, such as a soft diet. People were weighed which helped to ensure they were not losing weight as a result of malnutrition.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service which helped ensure their needs could be met. These included assessing any risks to people. Care plans were developed which reflected their assessed risk.
- The provider's policies reflected recognised guidance and standards such as NICE guidance and the pan London safeguarding policy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included their medical history, prescribed medicines and details of any health

professionals involved in their care.

- Regular monitoring of people's, blood pressure and pulse were taken which helped to ensure that appropriate action could be taken if they were not feeling well.
- Appropriate referrals to health care professionals were made and we saw evidence of visits and appointments with community health care services. One person said, "They will take me to see the doctor if I'm not feeling well." One relative said, "She has a regular chiropodist and district nurses come in and they help."
- Guidance, for example for the management of pressure sores was available for staff to refer to if needed.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff asking people for consent before supporting them with personal care. Staff understood the importance of doing so and told us the ways in which they did this. One staff said, "We ask their permission before helping them."
- Relatives told us they were involved and consulted in decisions about their family members if needed.
- None of the people using the service were subject to a DoLS and were not under any restrictions or continuous supervision and control.

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

- The home was suitably adapted for people using the service. There was a communal kitchen and dining area and a lounge for people and their relatives to socialise in. There was a large garden which was well maintained for people to socialise in.
- Bedrooms were large and furnished with individual mementos and according to people's taste.
- The decoration and furnishings throughout the home was of a good quality.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives all told us the staff, including the registered manager were caring and friendly. They had no concerns about the care that was delivered. Comments received included, "They look after me", "They are friendly and caring", "The staff are attentive" and "I'm very happy. It's very homely."
- There was a pleasant, calm atmosphere in the home. Staff demonstrated a caring attitude towards people.
- People's religious needs were respected. One person was supported to attend church on a regular basis. Care plans included a section for cultural and religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning their care. Their views were considered told us they were able to live their life according to how they wanted.
- Care records included details about people's background, important people in their lives and any special interests or hobbies.
- People's preferences such as how they liked their food prepared and how they wanted aspects of their persona; care to be delivered were recorded.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff treated them with respect and dignity.
- Staff were aware of the importance of respecting people's privacy. Personal care that was delivered in the privacy of people's room was done in a sensitive manner with doors closed. One person said, "I can go to the bathroom myself with the help of the frame."
- Relatives told us they were able to visit their family members at any time and important relationships were encouraged. One person went out with their family member when they visited. The provider encouraged people to maintain relationships that were important to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had individual care plans in place which included their support needs and how staff could support them in these areas. Areas of support included personal care, mobility, medicines and health. These were reviewed on a regular basis.
- Relatives told us their family members received care in line with their care plans and according to their needs.
- One health professional said, "I have visited the Glow Rest Home several times in my capacity. I have had no concerns about the personal care that the residents receive. The manager informs us if she has any concerns about any of the residents health."
- At the time of the inspection, nobody was receiving end of life care support. Care plans did include people's wishes about how they wanted to be cared for towards the end of their life and after their death including any relatives that needed to be informed and funeral arrangements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person using the service was hard of hearing. This was recorded in their care plans and staff were aware of this. We observed them communicating with this person in an appropriate manner, in line with their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback from people and relatives about the activities provision within the home. Comments from people and their relatives included, "[My family member] still reads and plays word puzzles every day, spending far more time on these than in watching television. She also loves Scrabble. [Staff] play as often as time permits", "There is not much in terms of activities", "I tend to stay in my room" and "I do go downstairs and read."
- Care workers completed daily records which included activities that people took part in. These records did not indicate any meaningful activities within the home. People's daily activities sheet for typically recorded activities such as 'relaxing in her room', 'watch and read newspaper', 'spent time with [family member]' and 'walked around the room/house'. We raised this with staff during the inspection. After the inspection, the registered manager sent us additional evidence which showed that people took part in other activities such

as manicures, hand massages and exercises.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints. They felt they would be able to speak with staff or the registered manager if they were not happy and that, if they did so, their concerns would be acted upon. One relative said, "Never had a problem."
- There had been no recorded complaints since the last inspection.
- The complaints procedure was available to people and their relatives and was included in their care records and their signed contracts.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found there was one incident where a person had sustained a fracture as a result of a fall. Although records seen showed the provider took appropriate action, they had failed to notify the CQC about this incident. This was the only notification that we had not received, all other notifications had been submitted.
- There were no formal audits that were in place to check and monitor the quality of service. Having these in place would have meant the provider identifying at an earlier stage some of the areas of improvement we identified at this inspection, such as medicines storage, training and supervision records.
- Care records, risk assessments and other records such as environmental safety checks were up to date.

We recommend the provider reviews its processes and implements effective quality assurance checks. We will follow this up at the next inspection of this service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, their relatives and staff all said the service was managed well. They said there was a homely, relaxed feel to the service with a personal touch. They said the registered manager was approachable and supportive. Comments included, "They keep us informed", "The whole team is great, very approachable" and "Any member of the team will call us."
- Relatives said they were kept informed if any incidents took place or if there were any changes to the support and care their family members were receiving. They felt the provider was honest and communicated with them well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us there were no formal residents or relatives' meetings that took place due to the size of the service. However, they felt they were able to express their views about the care and other areas if the need should arise.
- Staff told us they did not have any formal meetings as they all worked very closely together and because they were such a small team, they spoke to each other every day.

- The provider worked with other agencies and community teams to meet people's care needs. This included care reviews with local authorities, district nursing teams and the GP.