Avenues London

Glebe House

Inspection report

Glebe Road
Rainham
Essex
RM13 9LH

Tel: 01708554711
Website: www.avenuesgroup.org.uk

Date of inspection visit:
06 July 2022

Date of publication:
13 October 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Glebe House is a residential care home which was providing personal care and treatment for injury, disease and disorder to 11 people at the time of our inspection. All people living at the service had mental health conditions. The service can support up to 12 people in one adapted building over two floors.

People's experience of using this service and what we found
Medicines were not always managed safely. We found gaps in people's medicine administration records. Protocols for staff to follow when people were prescribed to take medicines as and when required, were incorrect in one instance and missing in another. The provider had not realised there were concerns with medicines management as their quality assurance systems had not identified the issues we found.

Following the inspection, the provider sent us evidence to indicate they had made changes to improve medicines management.

People were kept safe. There were systems in place to help protect people from abuse. People's risks were assessed and monitored. There were enough staff working at the service and recruitment processes were robust. Infection control practice sought to keep people safe from infection. Visitors were permitted as per infection control guidance. Incidents and accidents were recorded, and actions completed which showed the service learned lessons when things went wrong.

A positive person-centred culture was promoted. People and staff thought highly of the service management. The provider understood duty of candour and acted appropriately in this regard. Staff understood their roles. The registered manager fulfilled the service's regulatory requirements. People and staff were able to be engaged and involved with decisions that affected the outcomes of the service. The service worked with other agencies to the benefit of people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good, published on 27 March 2019.

Why we inspected
We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified a breach in relation to safe care and treatment at this inspection. We have also made a recommendation to follow best practice guidance around quality assurance.

The overall rating for this service has now changed from "Good" to "Requires Improvement."

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector, a pharmacist specialist, 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.

Service and service type
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.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including three care staff, one nurse, the deputy manager and the registered manager.

We reviewed a range of records. During the inspection we reviewed medicine administration records and care plans. This included two people's care records and multiple 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 policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found, this included risk assessments and updated information about medicine management.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Managing medicines safely

● Medicines were not always managed safely. Staff did not always administer people's medicines as prescribed. We saw a number of gaps on people's Medicine Administration Record (MAR) charts. In explanation of these gaps staff told us one medicine was out of stock for 3 days and that for another gap staff had forgotten to sign the previous day.

● We noted the nurse who administered medicine did not sign the MAR charts as they went along but waited until all medicines were done for every resident on the floor before they signed all the MAR charts at the same time. This meant that the administration process was not completed for each patient before moving on to the next patient. Therefore, we were not assured that if a particular medicine was missed during the administration round that this would be correctly recorded once the round was complete.

● Some people were prescribed to take some medicines as and when required. Where this happens best practice dictates protocols in place to guide staff. We found these protocols were not always available. For example, we saw one resident prescribed one medicine as and when required but the protocol used was for a different medicine.

The provider had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Following the inspection, the provider sent us a response to our inspection feedback stating they believed the incidents we found were isolated and did not reflect practice delivered elsewhere in the service. They told us medicine administration on the day was impacted upon as they had been visited by a new pharmacist. They also told us about actions they had subsequently taken to improve how they would manage medicines moving forward; including discussion and reflection of our findings, implementation of counter signatures and further quality assurance checks for medicine administration, named persons completing stock checks and refresher training for staff. We will check on these changes at this at our next inspection.

● People were happy with how the service supported them with this. One person said, "Medication, I do it myself. It's in my room in a safe and I take it myself. Staff check it." Another said, "My medication is in a locked cabinet in my room. Staff come in and unlock it and give it to me."

● The service ensured that people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP. STOMP stands for "Stopping over

Medication of people with a learning disability, autism or both" and is a national project seeking to improve people's quality of life. Medicines were stored safely and securely.
● Staff followed national practice to check that people had the correct medicines when they moved into a new place or move between services.
● We saw evidence that staff who administer medicines had received appropriate training.

Systems and processes to safeguard people from the risk of abuse
● There were systems and processes in place to safeguard people from risk of abuse. People told us they felt safe. One person said, ""I feel safe, it's a secure environment."
● Staff were trained in safeguarding adults from abuse and told us they would report it should they suspect it. One staff member told us, "Report it [any safeguarding concern] to the manager." The service had a safeguarding policy which staff followed, and which was up to date.
● The service looked after some people's money to keep it safe as some people were at potential risk of financial abuse. We counted two people's money to check whether it was correctly recorded and ensure it was stored appropriately. We found everything in order.
● The service recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Assessing risk, safety monitoring and management
● People's risks were assessed, monitored and managed. Care plans recorded risks to people. These were personalised and focused on people's needs and preferences and raised potential areas of concerns appropriate to each individual. Where risks were highlighted, there were actions to assist the service mitigate risk. Risks assessments had been completed on areas such as choking, community pursuits and family, friends and relationships.
● Risk assessments sought to promote 'positive' risk taking and people's choices. For example, we saw one person's risk assessment identified positive outcomes in regard to their mental health even though the action identified was considered a risk. This demonstrated the service prioritised people's choices and decisions.

● The provider completed regular checks on equipment people and staff used. These checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment
● They were enough staff to meet people's needs. People told us they were enough staff to meet people's needs. One person said, "There is not a problem with staff, there's enough. Staff are always around if you need anything."
● Staff rotas showed there were sufficient staff on shift at all times. There were also systems in place to ensure people needs were met by staff in a timely manner, such as using existing or agency staff to cover shifts.
● Recruitment processes were robust. The provider completed checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Infection Control
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
●The service permitted entry to visitors and worked with them to prevent the spread of infection. Checks were made with visitors to minimise the spread of infection, such as testing and temperature checks, which were in line with government guidance at that time.

Learning lessons when things go wrong
● lessons were learned when things went wrong. Incidents and accidents were recorded, and improvements made when things went wrong. All incident and accident records were reviewed by a member of the management team and were also visible at a senior level to the provider who used this information to check on trends and seek improvement at different services. Immediate actions were taken at the service to keep people safe following incidents and the provider followed this up with further actions to limit recurrence of incidents as much as possible. Learning was shared with staff and families as appropriate.

Requires Improvement

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 our last inspection we rated this key question Good. At this inspection the rating has changed 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.

Continuous learning and improving care

- Quality assurance systems were not sufficiently robust to identify all concerns. The service sought to continuously learn and improve care, however quality assurance at the service had not found the issues we discovered with medicines at the service. This meant their systems weren't working as well as they should have been. The service did respond to our findings with a number of measures, including bolstering already existing quality assurance measures, though the issues we found should not have occurred in the first place and were overlooked by existing systems.

We recommend following best practice guidance on quality assurance and review of all existing systems

- There were quality assurance systems in place to monitor both the care and safety of people in the home. Aside from medicine management, these systems identified shortfalls so the provider could make improvements where possible.
- These systems included audits completed by internal management, visits by provider, employers and external professionals. For example, we saw monitoring completed by the local authority.
- Other regular audits we saw included medicines audits, information governance, and, health and safety. Registered managers from the providers services completed audits at Glebe House to provide more impartial quality assurance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was good place to live and staff and management were positive. One person said, "The manager is very nice. It's a good home." Another person said, "If I get upset, they are there to comfort you…they listen to me."
- The provider promoted a positive and open culture. Staff spoke positively about the management team and the provider. One staff member said, "As for me in Glebe House we are a family and we work together and we support each other."
- Staff at the service understood what person-centred care was and sought the best outcomes for people. Care plans were person-centred, and staff worked to meet individual needs, in line with people's preferences and the provider's policies.

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

● The provider understood duty of candour and was open and honest when things went wrong. Responses to complaints and actions from incidents highlighted the registered manager's transparency. Apologies were made when the provider had been found to be at fault and there was recognition the service always wanted to do better.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Staff were clear about their roles. Staff had job descriptions for their job roles so knew what was required. Staff knew they were required to report concerns and knew to report these concerns to the registered manager.

● The registered manager understood risks to people and the regulatory requirements for the service. They notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

● People, staff and relatives were able to engage with the running of the service. We saw minutes of meetings and survey responses and analysis. One person told us, "We have meetings with everyone, we talk, and staff listen." Survey responses were all positive.

● People were able to discuss things they wanted to at residents' meetings. We saw people were happy with the service provided by staff and the activities, such as a summer barbecue, were discussed before they occurred. This demonstrated to service sought people's input and feedback about what happened at the service.

● People's equality and diversity was considered when gathering feedback. We saw equality and diversity was discussed as a meeting topic with people and their specific communication and cultural needs were considered when seeking feedback. Feedback was gathered in means that suited people. For example, in writing when people couldn't verbally communicate or felt uncomfortable to do so in public forums.

● Staff were able to engage with the provider through regular meetings and surveys. Minutes of meetings showed staff involvement and engagement with the service. Staff supervisions also provided this opportunity. Meeting discussions covered medicines, COVID-19 testing and fire safety among other things.

Working in partnership with others

● The service worked in partnership with others. Numerous agencies and professionals worked alongside service staff so people living at the service received the care and support they needed and wanted. This included health care professionals, social workers and other local community organisations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. We found gaps in peoples medicine administration records and staff were not always using the correct protocols when administering medicines as and when required.