

Mrs Aloma Glowacki

The Glow Rest 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 

Overall summary

This unannounced inspection took place on 7 April 2015. The Glow Rest Home provides accommodation and personal care for up to six older people. There were six people living at the home and one person was away on the day we visited. Some people at the home had dementia. The home was based on two floors. There were bedrooms and bathrooms on each floor.

The last inspection on 16 January 2014 was part of a themed inspection programme specifically looking at the quality of care provided to support people living with dementia to maintain their physical and mental health and wellbeing. We found the service was meeting the regulations we looked at.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect

Summary of findings

or harm. Staff knew and explained to us what constituted abuse. They spoke about ensuring people had privacy for personal care, that a person had the right to refuse food and about not forcing them to eat.

Care plans showed that staff assessed the risks to people's health, safety and welfare. This helped staff to fully understand the impact risks have on a person's care and well-being.

Regular checks of maintenance and service records were conducted. A recent food standards agency inspection gave the kitchen a rating of four. These checks helped to ensure the home and any equipment used was safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. Staff were always near at hand to give assistance, chat, play a game or help people when required. People were supported by staff to take their medicines when they needed them.

We saw the home was clean and free of malodours. On the day of our visit it was very warm and windows and doors were open and people were enjoying the fresh air.

Staff had a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People were supported to eat and drink sufficient amounts to meet their needs. There was fresh fruit, biscuits, cake and hot and cold drinks available to people throughout the day.

Detailed records of the care and support people received were kept. Staff took appropriate action to ensure people received the care and support they needed from other healthcare professionals.

People were supported by caring staff. We saw that staff were able to speak a variety of languages and could communicate with people in their first language if the person wanted to. We observed the atmosphere in the home was very relaxed and friendly and people treated the home as their own. Care plans and daily notes were kept securely and people's right to privacy and independence was encouraged and supported by staff.

People's needs had been assessed and information from these assessments had been used to plan the care and support they received. Care plans were comprehensive and had considered who the person was. This information was used to build a care plan that was tailored to a person's individual needs.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

On the day of our visit the manager was cooking lunch in the open plan kitchen/dining room, one person was helped with the preparation of the lunch and the washing up. This meant that people and staff were not separated and could chat easily to one another.

Previous fire safety inspections had noted areas for improvement, these had been actioned by the provider and the most recent inspection reported that all areas of the home were meeting with London Fire and Emergency Planning Authority regulations.

The provider had systems in place to assess and monitor the quality of the service. Informal surveys were conducted with people on almost a daily basis. Relatives and friends were able to speak to staff or management whenever they visited the home and could give their suggestions for changes and these would be actioned. Although there were no formal systems to monitor the quality of the service people and relatives we spoke with were happy with this system.

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. People were kept safe because there was sufficient staff to support people and medicines were stored safely.

Individual risks assessments for people were updated as required to reflect people's changing needs. The provider had taken appropriate steps to protect people from abuse, neglect or harm.

Regular checks of maintenance and service records were conducted these helped to ensure the premises and equipment were safe for use.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs.

Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Good



Is the service caring?

The service was caring. People were looked after by staff who were caring and respectful. Their independence was promoted.

Staff were able to speak a variety of languages and could communicate with people in their first language. This helped to ensure people were supported in making decisions about their care.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People's needs were assessed prior to admission to the home, and care plans were comprehensive and had considered who the person was and the care they would like to receive.

Care plans had been regularly reviewed to reflect people's changing needs and where possible people or relatives were involved in these reviews

People were supported by staff to access social, leisure and recreational activities that were important to them.

Good



Is the service well-led?

The service was well led.

Although there were no formal systems to survey people about the quality of the service, the people and relatives we spoke with were happy with these systems that were used.

Good



Summary of findings

People, staff and relatives felt the manager and deputy were approachable and because they were involved in the running of the home, were available to people when needed.

The Glow Rest 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 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 7 April 2015 and was unannounced. It was carried out by one inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC).

During this inspection we spoke with five people living at the home, one relative, two care staff, and the registered manager and deputy manager. We observed care and support in communal areas.

We looked at the care records for six people. We reviewed the medicines records for all the people living at the home, the training and staff supervision records and personnel files for the four staff employed at the home.. We also looked at other records that related to how the home was managed including the quality assurance audits.

Is the service safe?

Our findings

People were safe at the home. Two people said “I am very happy here” and “I am well looked after.” The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk. Staff knew and explained to us what constituted abuse and the action they would take if they had a concern about a person to protect them. There were policies and procedures available to staff which set out how they should do this.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included details of a person's mobility, dexterity, continence and nutrition and personal care. Where risks were identified management plans were in place and included equipment to manage risks. For example the management plan in regards to a person's mobility contained information about any equipment to help them mobilise

We saw that regular checks of maintenance and service records were conducted. We saw that up to date checks were made of fire equipment, including the emergency lighting, fire extinguishers and the fire alarm. Also gas fed equipment, audio monitors, and portable electrical appliances were regularly checked. Staff spoke about ensuring the environment was safe so there were no trip hazards and we could see that people could move around in safety. A recent food standards agency inspection gave the kitchen a rating of four, where one is the poorest score and five the highest score. The temperature of cooked food was monitored and the fridge and freezer temperatures monitored daily. We did see that a few dates for the fridge and freezer temperatures had not been completed and the manager said she would ensure these were checked regularly. These checks helped to ensure the home and any equipment used was safe.

One person said “Staff are lovely and always around to chat to.” We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. This was a small home of only six people; one person was away when we visited. There were four members of staff on duty including the manager and deputy manager. We observed that people could choose to stay in their rooms and staff were always near at hand to give assistance, chat, play a game or help people when required. The home also had personal call bells that people could wear so that they could summon help from anywhere inside the home or in the gardens. We saw that one person had a voice monitor in their room so that staff could hear the person should they call out.

We looked at four staff files and saw the correct recruitment process had been carried out. Files contained a completed application form, two references and a copy of a criminal records check.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored in a locked cupboard in the main office and the manager made regular checks of the medicines storage and procedures. These checks and the safe storage of medicines helped to ensure that people were safe from medicine errors.

A visitor said “The home is always clean and welcoming”. We saw the home was clean and free of malodours. Staff told us that as well as their caring duties they also cleaned people's rooms and the communal areas including bathrooms and toilets. On the day of our visit it was very warm and windows and doors were open and people were enjoying the fresh air. The kitchen had a separate cleaning rota and we saw that it was clean and the equipment well maintained.

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support. Records showed staff had attended recent training in safeguarding vulnerable adults, medicines awareness, manual handling, and understanding dementia and fire safety. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

Because this was a small staff team of four, meetings were held every day between the manager, deputy and two care staff. Formal one to one supervision did not take place but yearly appraisals did. Staff said if they needed to they could speak to the manager or deputy in private and staff spoke positively about the support they received from the manager and deputy and through training. One staff member described the home as "Peaceful, like your own home and the people who live here are very nice." Another staff member said "I like working here; you have time to talk to people and I like that."

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager explained it had not been necessary to carry out any assessments on people in relation to making specific decisions at this time but they may need to in the future. Staff encouraged people to make their own decisions and gave them the time and support to do so.

The provider had policies and procedures which provided them with clear guidance about their duties in relation to the MCA and DoLS. We saw that people could access all areas of the home including the garden when they wanted to. One person was enjoying the sunshine in the garden during our visit and other people were going back and forth to their bedrooms, the lounge, kitchen and conservatory

when they wanted to. The main door to the home opened onto a busy road and this was kept locked but people knew where to locate the key and could go out when they wanted to.

We saw that two people shared a large room. The family of one of the people told us they had done this for about five months and that the families and people had agreed to the share, but we did not see any information in people's care plans about this agreement. We asked the manager about this and they said the arrangement had been a verbal one between the people and families and they did not have a written agreement. They said they would ensure a written agreement was put in place for this arrangement.

People were supported to eat and drink sufficient amounts to meet their needs. One person said "The food is enough, it changes every day." Two people spoke about having a choice in what they ate, we saw one person liked to have a salad in the evening and this was given to them. When we arrived two people were sitting in the conservatory/kitchen area and had drinks both hot and cold available to them. There was fresh fruit, biscuits and cake available. We saw that people who had stayed in their room were being helped to enjoy a drink and snack. One staff member said "People have the right to refuse food and you mustn't force them to eat" and another staff member spoke about "making sure people had the food in accordance with their religious beliefs". Staff monitored people's weight on a monthly basis. During the inspection we observed the lunchtime meal and saw that everyone came down to the dining table to enjoy their meal together and where people needed help to eat staff were available. People were treated with kindness and dignity.

Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and medical and health care visits. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. The manager told us about one person who had been in hospital and the staff visited them every day. This helped to give the person continuity of care and reassurance.

Is the service caring?

Our findings

People were supported by caring staff. One person said “It’s [the home] very, very nice, I’m glad I’m here.” Another said “I could spend my last days here”, “Staff are polite” and “Staff are very kind and helpful.”

We saw that people living at The Glow Rest Home came from many different backgrounds and countries and staff were able to speak a variety of languages and could communicate with people in their first language if the person wanted to. One person had a newspaper from their original home country and was happy to tell us about the political situation in that country and what it meant to them. Another person was reading the paper and completing the crossword. One person in their room had a photo album and staff were sitting with them going through the photos and talking about the people in them.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision. Staff could use practical formats to help the person such as showing them the choice of food or drinks. Staff also spoke in the person first language which helped ensure people understood what decision they may need to make.

On the day of our visit the manager was cooking lunch in the open plan kitchen/dining room and could chat to

people sitting in the dining area. One person told us they helped in the kitchen preparing vegetables and with the washing up. The deputy manager told us when he was undertaking any maintenance in the home or garden he was often assisted by one of the men at the home. After lunch staff and people played a game of scrabble at the table in the conservatory. Other people and staff were talking together and one person was singing. A relative told us “The care is very good, it’s very relaxed here, and I’m happy with the care my relative is given” and “They have the people’s interests at heart and this makes it good.” We observed the atmosphere in the home was very relaxed and friendly and people treated the home as their own. We could see the manager, deputy and staff knew people well.

We observed when providing personal care this was done in the privacy of people’s rooms. Staff spoke to us about how they would maintain people’s privacy and dignity, by locking bathroom doors, pulling the curtains and asking people how they would like to be treated. We saw where people shared a bedroom a curtain could be used to divide the room when personal care was given and this helped to retain people’s dignity and privacy.

The home had an open door policy and families and relatives could visit at any time. One relative said “I can visit at any time, I often just pop in when I’m passing.”

Is the service responsive?

Our findings

People's needs were assessed and information from these assessments had been used to plan the care and support they received. We showed two people their care plans and asked them if they had been involved in their development. One person said "I haven't seen that before." We asked the manager about this comment and she said the person could not always remember everything that happens, but they had shown it to the person. Another person said "I know what that is but I've got my own one in my room." This person then showed us the information they had, which related to their GP appointments, eye tests and other personal records. We asked a relative and they confirmed they had been involved in the assessment and initial development of their family member's care plan, but not in any reviews of care. We asked the manager whether families were involved in the review of care plans and they confirm that where possible they were.

Care plans were comprehensive and had considered who the person was, their background, life style, knowledge and wishes of how they would like to be cared for. Care plans were tailored to a person's individual needs. The care plans were up to date and had been reviewed six monthly or when a person's circumstances changed, where possible people were involved in these reviews. Each care plan had a daily schedule of what people would like, when to get up

and how, such as 'slowly with a cup of tea.' One person told us they had a shower every day and one of the male staff assisted them, they said this made them feel very happy, because someone was helping them and was kind.

Goals for a person's progression, for example for mobility, their health, the activities they were involved in, were set and evaluated monthly. People were not able to tell us if they had been involved in setting these goals but we saw that some people were independently mobile and other people were engaged in activities of their choice. Daily notes and appointments were all kept in a person care plan and on a calendar in the office, so that staff could see quickly who was doing what each day.

Where a person had a certain medical or physical condition, dementia, arthritis, diabetes, a one page information sheet was in their care plan to explain in easy terms what impact this could have on a person's life and how the condition was treated and the person cared for. These information sheets helped staff to understand a person's needs and respond accordingly.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the manager would deal with any concerns promptly.

Is the service well-led?

Our findings

We could see that people who lived at The Glow Rest Home knew who the manager and staff were by name and could freely chat with them at any time. No-one we spoke with made a specific comment about the manager or deputy but two people did say that all the staff were nice and kind.

The service was led by a registered manager; they were supported by a deputy manager. From our discussions with the registered manager, it was clear they had an understanding of their management role and responsibilities and their legal obligations with regard to CQC requirements for submission of notifications, which they had submitted in a timely manner.

People who lived in the home had a clear idea of the structure of the management team. The manager and deputy both worked each day in the home with people. This helped to ensure people were cared for by staff and managers that were involved in the running of the home and available to people when needed.

The manager had responded positively to minor recommendations made by the London Fire and Emergency Planning Authority (LFEPA) who conducted a fire safety inspection in 2014. A recent fire safety inspection reported that all areas of the home were compliant with LFEPA regulations. This showed the manager was concerned for the safety and well-being of both staff and people who lived at the home and ensured these were promoted whenever possible.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. We saw some of the policies had not been updated or if they had they had not been signed and dated to say they

had been reviewed. As far as we could see none of the policies contain inaccurate information. We spoke with the manager about this and they said they were in the process of updating the policies and would ensure they were dated and signed at each review and that staff were notified of any changes that had occurred. Staff said they had access to the policies and any changes were discussed on a daily basis.

The small staff team which included the manager and deputy spoke together every day. The manager gave staff updates on the running of the home and on people's changing health if required. Staff were encouraged to give suggestions on improving the running of the home and the services offered. The two care staff we spoke with felt able to raise any concerns or ideas they might have about the home with the manager, and were confident they would be listened to. These meetings occurred everyday so formal minutes were not kept but notes were put in the diary of changes or ideas that had been suggested.

The provider had systems in place to assess and monitor the quality of the service. Informal surveys were conducted with people on almost a daily basis, people were asked about the food they were eating and whether they would like any changes made to the menus. People were asked if they were happy with the care given to them by staff and changes were made where necessary. Relatives and friends were able to speak to staff or management whenever they visited the home and could give their suggestions for changes and these would be actioned. Although there were no formal systems to monitor the quality of the service people received, the informal methods used by the provider at the time of the inspection identified the areas that needed to improve within the service and relatives we spoke with were happy with this system.