

Accomplish Group Limited

Glebe Rd

Inspection report

13 Glebe Road
Nuneaton
Warwickshire
CV11 4BJ

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05 July 2023

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Glebe Road is a care home registered to provide accommodation to a maximum of 6 younger adults whose primary needs relate to their mental health. At the time of our inspection 4 people lived at the home and 2 people were on planned leave. Each person has their own flat and there is a communal area for people to meet up and socialise.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and in line with the provider's policy.

Right Care

People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Staff understood their responsibilities to keep people safe and protect from harm. Risks associated with people's care were well managed.

Right Culture

The registered manager promoted a positive culture where support and care of people was the highest priority. The staff team worked in partnership with other professionals to achieve good outcomes for people. Staff felt valued and supported by the provider.

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 7 March 2018).

Why we inspected

This inspection was prompted due to concerns received in relation to the quality of care provided to people and the culture of the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glebe Road on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glebe Rd

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

One inspector carried out this inspection.

Service and service type

Glebe Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glebe Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at Glebe Road and 1 relative to find out what it was like to live at the home and to gather their experiences of the care provided. We spoke with 8 members of staff including the registered manager, deputy, shift leader, senior and support workers. We also received feedback from a professional who works closely with the service.

We carried out general observations of the way people were supported. We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service was operated and was managed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I feel safe here, staff help me to cope when I'm struggling, I can always talk to them." A relative told us, "[Person] is safe and is settled living there."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. One staff member told us, "I would go straight to the manager and know they would follow it through."
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff supported them safely and their care needs were met. One person told us, "The staff are good, I trust them. They have supported me through some difficult times."
- Staff demonstrated a good understanding of how to manage and reduce risks. One staff member confidently described how they would support one person if they became upset and started to self-harm."
- Risks associated with people's care were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care and were regularly reviewed.
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff have received MCA training and demonstrated how they worked within the principles of the Act. One staff member told us, "People have the right to make their own decisions even if they are unwise ones, which I respect. I can discuss with them and offer support but in the end, it is their choice."

Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person said, "There is always someone about and some new staff have just started too."
- During our inspection visit, we observed staff were available when people needed them and people's requests for support were responded to promptly.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly checked.
- Some people took their medicines independently and risk assessments were in place to ensure they could do this safely. One person said, "I take my own tablets and my goal is to have a weeks' worth at a time."
- Clear guidance was in place which informed staff when 'as required' and time specific medicines needed to be given.

Preventing and controlling infection

- 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

There were no restrictions on people visiting the home at the time of the inspection.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Managerial and provider oversight of the service was good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. For example, checks on care records, staff competencies and the environment.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "I've had a lot of training and support from the manager and know I can ask a question if I need to." Another said, "We all work together to ensure we provide the best support we can to the people who live here."
- The manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy with the service provided and spoke positively about the staff team. During our visit we observed positive interactions between people and staff who appeared to know each other well.
- One professional said, "In my opinion the staff always go the extra mile they are extremely helpful in reporting and resolving any issues. They always support people to voice any concerns they have."
- Staff gave positive feedback about the open, honest and supportive culture of the service. One staff member said, "I really enjoy working here, we work well as a team." Another staff member told us, "I'm happy here, morale is good, and the manager is very supportive."
- People were encouraged to provide feedback during regular resident meetings and annual surveys were sent out to relatives to gather their views about the service.
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010. The registered manager said, "We promote and value each person, it's about promoting their wishes, beliefs and aspirations as each person is unique."

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and well being as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with

the responsibilities under the duty of candour.