

Surrey Rest Homes Limited

Glebe House Care Home

Inspection report

The Broadway
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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 Care Home provides accommodation, care and support for a maximum of 20 older people, some of whom were living with dementia. There were 18 people using the service at the time of our inspection.

The inspection took place on 18 September 2015 and was unannounced.

There was a registered manager in post. 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 the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments had been carried out to protect people from avoidable harm. Staff were aware of safeguarding procedures and how to report if they suspected abuse.

Summary of findings

People were protected by the provider's recruitment procedures. There were enough staff to keep people safe and meet their needs in a timely way. People's medicines were managed safely.

Staff had access to the training, supervision and appraisal they needed to do their jobs. Staff knew people's individual needs well and provided care in a consistent way. Staff communicated information about any changes in people's needs effectively.

Staff asked people for their consent before providing their care. The service provided care and treatment in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People enjoyed the food provided and were supported to maintain a balanced diet. People were supported to stay well and to obtain treatment when they needed it.

People had positive relationships with the staff who supported them and received their care from staff who were considerate, friendly and helpful. Staff were attentive to people's needs, treated people with respect and promoted their independence.

People's needs were assessed before they moved in to ensure that the service could provide the care they needed. Care plans reflected people's individual needs and preferences and provided guidance for staff about the delivery of care.

People were supported to take part in activities and to maintain relationships with their friends and families. The service listened to people's views and responded to their feedback. The provider had a written complaints procedure and people were confident that any complaints they made would receive an appropriate response.

The registered manager provided good leadership and encouraged people, their relatives and staff to contribute to the development of the service. Staff were encouraged to develop their skills and to work towards further, relevant qualifications.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately. The registered manager had implemented systems of quality checking that ensured standards in key areas of the service were monitored.

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.

Staff were aware of safeguarding procedures and how to report if they suspected abuse.

Risk assessments had been carried out to protect people from avoidable harm.

There were enough staff to keep people safe and meet their needs in a timely way.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had access to the training, supervision and appraisal they needed to do their jobs.

Staff knew people's individual needs well, which enabled them to provide care in a consistent way.

Staff communicated information about people's needs effectively.

Staff asked people for their consent before providing their care.

The service provided care and treatment in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food provided and were supported to maintain a balanced diet.

People were supported to stay well and to obtain treatment when they needed it.

Good



Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them and described them as kind and caring.

Relatives said their family members received good care from staff who were considerate, friendly and helpful.

Staff were attentive to people's needs and ensured their wellbeing and comfort when providing their care.

Staff treated people with respect and promoted their independence.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed before they moved in to ensure that the service could provide the care they needed.

Good



Summary of findings

The service supported people effectively when they had moved from another health or social care service.

The service listened to people's views and responded to their feedback.

People were supported to take part in activities and to maintain relationships with their friends and families.

People were confident that any complaints they made would receive an appropriate response.

Is the service well-led?

The service was well led.

The registered manager provided good leadership and encouraged people, their relatives and staff to contribute to the development of the service.

The registered manager encouraged staff to develop their skills and to work towards further, relevant qualifications.

The registered manager had clarified the visions and values of the service to staff.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

There registered manager had implemented systems of quality checking that ensured standards in key areas of the service were monitored.

Good



Glebe House Care 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 was 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.

The inspection took place on 18 September 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The

provider had completed 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.

During the inspection we spoke with eight people who lived at the service, a relative and a visiting healthcare professional. We observed the care and support people received and the interactions they had with staff. We also spoke with the registered manager, one registered nurse and five care staff.

We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The service was last inspected on 17 May 2013 and there were no concerns identified.

Is the service safe?

Our findings

There were enough staff deployed to meet people's needs. People told us they felt safe at the service and when staff were providing their care. They said that staff supported them in a way that maintained their comfort and dignity. People told us that staff were always available when they needed them and that staff responded promptly when they used their call bells. One person told us, "They're always popping their head round the door to check I'm all right." Another person said, "They're with me very quickly when I ring the bell." Relatives were confident that there were always enough staff available to meet people's needs in a timely manner. We observed during our inspection that people's needs were met promptly and staff told us there were always enough staff available to enable them to provide people's care in an unhurried way.

People were protected because staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They told us that safeguarding had been discussed at team meetings and the registered manager had made clear the requirement to report any concerns they had about abuse or poor practice. Staff were aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. There was information about safeguarding on display for staff, people living at the service and visitors.

Staff had carried out risk assessments to keep people safe and reviewed these regularly to ensure they continued to reflect people's needs. We checked a sample of risk assessments and found that actions had been taken to minimise any likelihood of harm identified. For example staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers.

Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. The

provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as severe weather or IT failure. The provider carried out checks to ensure the premises and any equipment were safe for use. For example the provider had obtained testing certificates for water, gas and electrical safety, including portable appliances, and standards of food hygiene in the service.

The provider had taken steps to ensure that people were protected in the event of a fire. Evacuation procedures were in place and staff had attended fire warden training. Fire-fighting equipment had been recently serviced and staff carried out weekly checks of equipment, fire doors and escape routes. A fire risk assessment had been carried out and an action plan put in place to address areas identified for improvement.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. The arrangements for managing medicines were also checked periodically by the dispensing pharmacist. The most recent pharmacy audit in July 2015 identified no concerns with medicines management. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

People were supported by staff that had the necessary skills and experience to provide effective care. People told us that they received their care from staff who were familiar to them and that staff knew their needs. One person said of the staff, “They’re all very good, they know how I like things done.” Relatives told us that the staff who supported their family members were competent and professional. They said staff knew their family members’ needs well, which meant they provided care in a consistent care way. One relative told us, “They all know her very well, which means she gets the care she needs.”

Staff told us that they had shadowed an experienced colleague during their induction, which had enabled them to develop an understanding of people’s individual needs. Staff said they had familiarised themselves with people’s care plans during their induction, which provided guidance about people’s care and their preferred routines. For example how they liked to spend their time, whether they preferred a bath or a shower and what time they liked to get up and go to bed.

Staff had access to the training and support they needed to deliver effective care. Staff had an induction when they started work and told us they had access to regular supervision and appraisal. They said they were encouraged to contribute their views to these discussions. We found evidence that staff had attended core training including food hygiene, infection control, safeguarding, first aid and moving and handling. We also saw that staff had attended training relevant to people’s needs, such as tissue viability and dementia awareness. Staff told us they had received training in the safe use of equipment, such as slings and hoists.

Staff communicated information about people’s needs effectively. The minutes of team meetings demonstrated that the registered manager used these opportunities to discuss any changes in people’s needs and to reinforce best practice. For example we found the registered manager had used one meeting to remind staff about the importance of regular repositioning to prevent pressure ulcers and another meeting to ensure that staff always sought people’s consent before providing their care.

People told us that staff asked them for their consent when they were supporting them. They said staff encouraged

them to make decisions and supported their choices. Team meeting minutes demonstrated that the registered manager had reminded staff of the importance of seeking people’s consent before providing their support.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some staff had attended training in the MCA and DoLS and further training had been booked for those who had not yet attended. The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner. The registered manager had identified where DoLS authorisations were necessary and had made applications for authorisations to the local authority.

People told us that they enjoyed the food provided and that they could have alternatives to the menu if they wished. One person told us, “The food is very good.” and another person said, “If I don’t like what’s on the menu they’ll do me something else.” We observed during our visit that one person did not like the meal on the menu and that the cook prepared them an alternative meal. There were enough staff available to support people with eating and drinking where necessary. We observed that staff provided this support in a manner that maintained people’s dignity and allowed them to eat at their own pace. Relatives told us that their family members enjoyed their meals and that any specific dietary needs they had were met. One relative told us their family member needed a soft diet and that this was always provided. The relative said of their family member, “She enjoys the food. It’s well prepared and there’s always plenty of it.”

People’s nutritional needs were assessed and any dietary needs recorded in their care plans. Where necessary, food and fluid charts had been implemented to monitor people’s nutrition and hydration. We checked food and fluid charts and found that staff were recording appropriately. We observed that there were enough staff available to support people with eating and drinking where necessary. Staff provided support in a way that maintained people’s dignity, ensuring that they ate at their own pace and were unhurried.

People told us that staff supported them to make a medical appointment if they needed one. Relatives said that the

Is the service effective?

service liaised well with healthcare professionals to ensure that their family members received the care and treatment they needed. The outcomes of healthcare appointments and were recorded on people's care plans. Staff advised that they always discussed people's healthcare needs at handovers and were informed of any changes by the nurse

on duty. Staff knew which people needed repositioning in bed to minimise the risk of pressure ulcers. Staff knew how to reposition people safely and at what intervals they needed to be repositioned. We checked repositioning charts and found that staff were recording each time they repositioned someone.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person said of the staff, “They’re all very friendly” and another told us, “The staff are very kind.” Relatives said that their family members received good care from the staff. They told us staff were considerate and sensitive to their family member’s needs. One relative said, “The staff are all very friendly and helpful.” Another relative told us, “The care is very good” and said of their family member, “She’s very happy here.”

The atmosphere in the service was calm and relaxed during our visit. Staff treated people with respect and it was apparent that people had positive relationships with the staff who supported them. We observed that staff were attentive to people’s needs and were friendly and proactive in their interactions with people. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

People were supported in a way that maintained their privacy and dignity. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Relatives said they could visit whenever they wished and that they could always meet with their family members in private. They said that staff were available if they needed to discuss their family member’s care and that staff communicated effectively with them.

Relatives said staff were respectful and polite to their family members and that they promoted people’s independence where possible. One relative told us, “Staff treat people with respect” and another relative said, “They encourage her to do what she can.” Team meeting minutes demonstrated that the registered manager had reminded staff of the importance of providing people’s care in a manner that maintained their privacy and dignity. Staff were able to explain how they promoted people’s independence, such as encouraging people to walk with assistance and to eat their meals with a minimum of support.

People were encouraged to be involved in decisions that affected them and the service consulted people’s friends and families where they needed support in making decisions. Staff explained how they involved people in decisions about their day-to-day lives. They told us that they used visual cues for people to assist in decision-making, such as showing people several outfits and encouraging them to choose one.

People had access to information about their care and the provider had produced information in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people’s private and confidential information would be managed. Staff had signed a confidentiality agreement when they started work and understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's needs were assessed before they moved in to ensure that the staff could provide the care and support they needed. The registered manager told us that they visited people thinking of moving to the service to carry out the assessment. The registered manager said they encouraged the involvement of people and their relatives in their assessment to ensure that all their needs and preferences were recorded.

A care plan was developed for each person based on their pre-admission assessment. We found that care plans were person-centred and reflected people's individual needs, preferences and goals. They provided information for staff about how to provide care and support in the way the person preferred. For example how people preferred to spend their time, whether they preferred a bath or a shower and what time they liked to get up and go to bed. Care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

The service had provided effective support for people when they moved from another service, such as a hospital or residential care home. We saw evidence that the registered manager liaised effectively with other health and social care professionals to ensure that people's transfers were well planned. For example the registered manager had obtained all relevant information about people's care before they moved in to ensure their needs could be met.

The service listened to people's views and responded to their feedback. People had been encouraged to give their views about their care and support and to suggest any changes or improvements they would like to see. Relatives told us that they had been asked to comment on the quality of care their family members received and said that any changes they requested had been implemented.

Staff provided activities during the day of our inspection and encouraged people to take part. Relatives told us that in-house activities, such as arts and crafts, took place regularly and that entertainers occasionally visited the service. People were supported to maintain relationships with their friends and families. Relatives told us that they were invited to summer and Christmas events and that birthdays and other occasions were celebrated at the service.

People and their relatives knew how to make a complaint if they were dissatisfied. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. The complaints procedure was displayed in the service. We checked the home's complaints record and found that no complaints had been received since 2010. None of the people we spoke had made a complaint but all were confident that any concerns they raised would be dealt with appropriately.

Is the service well-led?

Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People and their relatives told us the registered manager had encouraged them to speak up if they were dissatisfied with any aspect of the service and responded appropriately if they raised concerns. Relatives said that the registered manager was available if they needed to speak with them about their family member's care. They told us the registered manager was approachable and willing to make changes to accommodate their wishes. For example one relative said that the registered manager had ensured their family member's preferred food items were provided when they asked for these to be made available.

Staff told us that the registered manager provided good leadership and support. They said the registered manager carried out all one-to-one supervision sessions, which meant they had the opportunity to speak with the registered manager on a regular basis. Staff told us that they discussed their training and development needs at supervisions and that the registered manager had encouraged them to work towards further qualifications in care.

Staff said the registered manager had clarified the visions and values of the service and made clear the commitment to providing high quality care and treatment. Staff said that they met regularly as a team and that they had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way. Team meeting minutes demonstrated that the registered manager used these meetings to embed the principles of

treating people as individuals and to uphold the values of dignity and respect. One member of staff said of the registered manager, "She is very supportive" and another told us, "She is supportive but strict about standards as well, which is good for the residents."

The registered manager had access to support from the provider. They said they regularly met the provider for supervision and that these meetings provided opportunities to discuss the management of the service. The registered manager also attended regular meetings with registered managers of other services operated by the provider. This enabled the registered manager to discuss key areas of the service, such as staff recruitment, retention and training, and to share best practice.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake, the medicines they were given and the activities they took part in. The service had effective links with other health and social care agencies and worked in partnership with other professionals including dietitians and speech and language therapists to ensure that people received the care they needed.

The registered manager had implemented effective systems of quality monitoring and auditing. Staff carried out a programme of regular audits checking standards in key areas of the service, including medicines management, risk assessments, accidents and incidents and infection control. There was evidence that action had been taken to address any shortfalls identified during the audit.