

Mrs Rashmi Bhautoa

Gledwood Care Homes

Inspection report

63 Gledwood Gardens
Hayes
Middlesex
UB4 0AU

Tel: 02085811488

Website: www.gledwoodcarehomes.co.uk

Date of inspection visit:
04 January 2016

Date of publication:
25 January 2016

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 ●

Summary of findings

Overall summary

The inspection took place on 4 January 2016 and was unannounced. The service was last inspected on 24 April 2014 and at the time was found to be meeting the regulations we checked.

Gledwood Care Home provides accommodation and personal care for up to five adults with mental health needs. There were four people living at the service at the time of our inspection.

Gledwood Care Home was established in 2011 by a group of family members. There was a registered manager in post at the service at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and staff were always available to cover at short notice to ensure people's safety.

Staff had undertaken training about the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and opportunities to make their own decisions.

There were arrangements in place for the management of people's medicines and staff had received training in administration of medicines.

People's nutritional needs were met, and they were involved in devising their menus. Staff supported people with shopping for food, preparing and cooking their meals.

Staff received effective training. The management team carried out supervision and appraisal of staff, although this was not always regular. The registered manager, operations manager and the provider kept themselves informed of developments within the social care sector and cascaded important information to the rest of the team, thus ensuring they were well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect. Care plans were clear and comprehensive and written in a way to address each person's individual needs, including what was important to them, and how they wanted their care to be provided.

A range of activities were provided both in the home and in the community. We saw that people were cared for in a way that took account of their diversity, values and human rights.

People living at the home, their relatives, staff and other stakeholders told us that the management team was approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and their relatives were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensure that areas of improvement were identified and addressed.

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. Staff were aware of the risks to people's safety and supported them to manage these risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

There were enough staff available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected these choices. Staff received food hygiene training.

Staff supported people to access healthcare services and liaised closely with the Community Mental Health Team (CMHT) and GP.

Is the service caring?

Good ●

The service was caring. Feedback from people and their relatives was positive about both the staff and the management team.

People and their relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and involved them in decisions about their care and support.

People's diversity, values and human rights were maintained. People were supported with their individual needs.

Is the service responsive?

Good ●

The service was responsive. People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

A range of activities were arranged that met people's interests both at the service and in the community.

Complaints were investigated and responded to appropriately.

The service regularly conducted satisfaction questionnaires of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good ●

The service was well-led. At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were regular meetings for staff and openness and sharing of information was encouraged between people, staff and the management team.

There were systems in place to assess and monitor the quality of the service.

Gledwood Care Homes

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 checked 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 4 January 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection, the provider 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. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, five staff records and records relating to the management of the service. We spoke with three of the four people who used the service and three staff members which included the registered manager.

Following our visit, we spoke with two social care professionals who are regularly involved with the service, and two relatives, to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with indicated they felt safe living at Gledwood Care Home. One person said, "I like it here, I feel safe and everyone is great!" A social care professional confirmed this and said, "It's an excellent service, they keep people safe and happy." People confirmed they would know who to contact if they had any concerns, and added they did not have any concerns about the service. Staff received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure and a whistleblowing policy in place and staff had access to these. This indicated that people were protected from the risk of abuse.

The registered manager had raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They had also notified the CQC, as required, of allegations of abuse and serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and records we viewed, confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Risks identified included personal safety, self-neglect and financial exploitation. The operations manager told us a care coordinator from the local authority visited monthly to conduct a review of each person living at the service and care records were updated according to the outcome of each review. Risk assessments showed a thorough understanding of each person's mental health conditions and factors affecting risk such as substance misuse and major life events.

People were supported with their finances and each person had a personal financial record which showed every transaction and balance. This was signed by a member of staff and the person who used the service. Some of the people who used the service had been assessed to be at risk of financial exploitation, and we saw that risk assessments and care plans were in place. These were signed by people to indicate they understood and agreed to their plan.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. Emergency contact numbers were accessible. Senior staff lived nearby and were available to help and support the staff and people using the service and in case of an emergency.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately. This included a referral to a healthcare professional, a review and a plan to reduce the risk of re-occurrence for a person who had sustained an injury as a result of a fall.

The provider had a health and safety policy in place, and this was made accessible to staff and people living

at the service. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and workplace safety. We saw evidence that all areas were regularly checked and any requirements were actioned appropriately. This included clear and detailed Control of Substances Hazardous to Health (COSHH) assessments. We saw that all COSHH products were stored safely on the day of our inspection. All windows were fitted with window restrictors to prevent the risk of people falling from heights and records indicated that those were regularly checked.

We saw that food stored in the fridge was labelled with the date of opening, use by date and that fridge temperatures were monitored daily. This indicated that people were protected from the risk of eating food unsafe for consumption.

The service had taken steps to protect people in the event of a fire, and we saw that a general fire risk assessment was in place and this was reviewed yearly. We saw evidence that checks of all fire safety equipment were carried out regularly. These included the fire alarm system and fire extinguishers. The service carried out regular fire drills and fire alarm tests and staff were aware of the fire procedure. People's records contained personal emergency evacuation plans (PEEPS). They included appropriate action to be taken in the event of a fire according to people's abilities and needs.

People and relatives told us they were happy with the staffing levels. The staffing records we viewed confirmed there were always sufficient staff on duty at any one time to provide care and support to people. The operations manager told us they never needed to use agency staff as they worked as a team to ensure that there was always a full team on duty.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Arrangements were in place for the management of people's medicines and all medicines were stored securely in locked cupboards. Senior staff were trained in the administration of medicines and received yearly updates. Medicines policies and procedures were in place and senior staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines. One person who used the service had been assessed as able to manage their own medicines and we saw there was a risk assessment in place, which was regularly reviewed. We checked the medicines administration records (MAR) charts for all the people who lived at the service which had been completed over a month. They showed that staff had administered all the medicines as prescribed, and there were no gaps in signing. Senior staff carried out regular audits and they had not identified any errors. The registered manager told us the pharmacist delivered the monthly medication and checked all stock with the staff on duty. The service carried out checks on the storage, recording of receipt, handling and returning of medicines. This indicated that people living at the service were protected from the risk of not receiving their medicines as prescribed.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. Every person who used the service had been assessed as having the capacity to make decisions about their care and support.

Staff told us they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence on the day of our inspection and in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

One social care professional told us the service had been "excellent" and they had noticed a great improvement in their client's wellbeing and confidence since they moved into the service. A relative confirmed this and said, "They have been so patient and supportive, [person] is now much more independent."

People were supported by staff who had appropriate skills and experience. All staff were subject to an induction process that included online and classroom based training, including safeguarding adults, health and safety, first aid, medicines administration, food hygiene and infection control. They also undertook training specific to the needs of the people who used the service which included MCA, understanding mental health and managing aggression. Each training course included a written test to ensure staff had understood the content of each course. All staff including the management team were undertaking the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

The management team told us that most of the supervision they provided had been informal due to the fact that they were all family members and were supportive of each other. However, the provider had recognised the importance of formal supervision and had started to make this a regular process. Records we viewed confirmed this. They told us that this had provided an opportunity for them to address any issues and to

feedback on good practice and areas requiring improvement. A yearly appraisal process was also in place to provide an opportunity for staff and their manager to reflect on their performance and to identify any training needs or career aspirations. This meant that people who used the service were cared for by staff who were suitably supervised and appraised.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. Staff told us they assisted people with shopping and cooking their meals according to their preferences. One person told us, "The staff know what I like, they understand me, I eat what I want when I want." A second person said, "It's good quality food that keeps me healthy." The registered manager told us people could have their meals whenever they wanted, and choose whatever they wanted. We saw evidence of this on the day of our inspection.

People told us they had the support they needed to stay healthy. One person said, "The staff take me to my appointments and help me see a doctor when I need one." One relative told us that staff had gone above and beyond the call of duty when their relative was in hospital. They said, "They were brilliant! They visited [person] every single day." They added that the service was good at monitoring the health of people who used the service and listened to advice given by healthcare professionals. The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information. Records of healthcare appointments included the date, name of the person, the outcome of the appointment, any action needed and the next appointment date. These included routine appointments and specialist appointments.

The registered manager told us that people were given a choice of how to decorate their own rooms, but all of them were happy with the current colour scheme. People we spoke with confirmed this. One person told us they liked their bedding to be a particular colour and that choice had been respected. We saw that people's bedrooms were nicely decorated and people had been able to personalise them to their own requirements.

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person said, "They are all lovely. I like all the staff here." Another said, "They are caring and helpful." One relative told us that the staff and management team were caring and made people happy at the service. Another relative said, "The team have taken to time to understand [person] and to simply get to know him as a person, they are respectful and care for [person] very well." A social care professional told us that people were "very well cared for".

The staff we spoke with spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. Staff received training in person-centred care and we saw that people were treated with care and respect and according to their individual needs. Every member of the management team we spoke with demonstrated a sound knowledge of people's individual needs and wishes and we saw that the culture of the service was based on providing care that met each person's unique needs, this included understanding the meaning of a particular gesture which indicated that a person was stressed or scared. This enabled staff to respond appropriately and provide reassurance, therefore reducing the person's exposure to stress inducing triggers and increasing the person's wellbeing.

Staff told us they ensured that people's privacy and dignity were respected. We observed this to be the case on the day of our inspection. The operations manager sought consent from people before showing their bedrooms to the inspector, and knocked on the doors to obtain permission to enter. This indicated that people's privacy and dignity were respected. Staff promoted people's sense of dignity and self-esteem by encouraging them to do what they enjoyed doing. This included a person who enjoyed housework and knitting and another who liked meal preparation and shopping.

Where it was appropriate, the registered manager discussed people's end of life wishes as part of their care plan. This discussion covered all aspects of their care including where they wished to end their life. Only one person had recorded their wishes and we saw evidence of this in their care plan. They were written by the person and were detailed and specific.

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. A relative told us that they had been involved in the initial assessment. The registered manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped staff understand each person and their individual needs. One social care professional told us that the staff team provided a service according to people's individual needs.

The care plans we viewed were comprehensive and contained detailed information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, one person wished to have coffee in a particular mug. This had been recorded and we saw on the day of our inspection that staff respected this wish. Some people told us they were involved in making decisions and in the care planning process. Care plans included people's assessed needs, interventions and outcomes. This included the creation of "get to know you" sessions for a person who found it difficult to trust people. These sessions enabled staff to build up trust and a rapport with the person, therefore facilitating a less stressful transition from a previous service. We saw that records were signed by people, which meant that they had understood and agreed what had been recorded.

Staff encouraged and supported people to undertake activities of interest to them. One person told us they attended a day centre and enjoyed it very much. Another person said, "It's good here, I can go out and visit my family and friends and play football." There were a range of activity materials available at the service and people had access to them whenever they wanted. Most people came and went as they pleased and staff supported them to undertake activities of their choice. One person said, "I am supported to do my activities during the day." Some people were independent and went out to see friends whenever they liked. One person told us that they liked cleaning and tidying up and staff supported them to do that.

The service had a complaints procedure in place and this was available to staff and people who used the service. A record was kept of all the complaints received. Each record included the date, initials of the person making the complaint, nature of the complaint, action taken and outcome. The service received very few complaints but where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included a complaint which had been referred to the local authority's safeguarding team. The provider told us and records showed that they had worked with the local authority to investigate the matter and responded to the complainant in a timely manner. People and their relatives told us they were confident that if they had a concern, the staff and management would address it. One person said, "I have nothing to complain about, I like everything here." A relative said, "I have never had any problem. They keep me informed of everything, everything is always sorted out quickly, no concerns at all." A social care professional confirmed this and said, "They keep us informed of everything, they are very hands on and responsive." We saw a written comment from a

relative which said, "Any concerns raised have been dealt with in an efficient manner, what a brilliant service you provide to us!"

People were supported to feedback about the service through informal individual meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall high level of satisfaction. Relatives were also consulted and the results showed that they were satisfied with the service. Some comments from people who used the service included, "Excellent! I am very contented in this home", "Nine out of nine, excellent service!" and "Staff know me well and are very supportive, everyone works well with me." Relatives' comments included, "Total reassurance that my relative is well cared for" and "We have regular discussions, I am very happy with the way the home is run."

Is the service well-led?

Our findings

The management team consisted of a provider, an operations manager and a registered manager. They and the rest of the staff team were all related, and worked closely together to provide care and support to people who used the service.

People and their relatives were complimentary about the registered manager, the provider and the operations manager and told us they were approachable. One person said, "I like all of them, they are all very good." One relative told us the management team were excellent and said, "They are so helpful and hands on, always supportive and approachable." Another relative said, "It is clear this service is well-led. The team works very closely with each other and relevant agencies to keep people stable and safe." One social care professional said, "The management team is very good, I have no concerns at all."

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular. This meant that the registered manager would be able to address any areas of concern promptly.

Staff told us they had fortnightly team meetings and records confirmed this. The items discussed included feedback from people's reviews and discussions, safeguarding, housekeeping, health and safety, quality monitoring, policies and procedures, training needs and complaints. We saw evidence that where a person had expressed a wish for a particular food, this was discussed during a staff meeting and recorded in their care plan. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Meetings also included important information about social care provision and the Care Quality Commission.

The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service.