The Cinema And Television Benevolent Fund

Glebelands

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 9 and 10 June 2015 and was unannounced.

We last inspected the service on 24 June 2014. At that inspection we found the service was not compliant with all essential standards we inspected. Care had not been planned to meet all the identified needs for some people to ensure theirs, and others, safety and welfare. At this inspection we found action had been taken to comply with the regulations and care was now planned to meet all people's needs and ensure their safety and welfare.

Glebelands is a care home with nursing that provides a service to up to 42 older people. At the time of our inspection there were 39 people living at the home. The service had a registered manager. 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

Summary of findings

associated Regulations about how the service is run. The registered manager was on leave at the time of the inspection. We were assisted by the business manager and nominated individual.

The home was comfortable and well maintained. Furniture and furnishings were of a good quality and there was a high standard of housekeeping apparent in all areas.

People received effective health care and support. Their wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People were treated with care and kindness and confirmed staff respected their privacy and dignity.

People were protected by robust recruitment processes and staff were well trained and supervised. Staff had the tools they needed to do their work and provide high quality care. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk. People's medicines were stored and administered safely.

People told us they enjoyed the meals at the home and confirmed they were given choices. People were supported to maintain relationships with their family and friends and had access to a busy activity schedule and local community outings.

People were aware of how to make a complaint and told us they would speak to one of the managers. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work. People felt the home was managed well and provided a comfortable, calm and homely atmosphere.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of the fundamental standards. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe. The provider had not deployed sufficient numbers of staff to meet the requirements of the fundamental standards

People were protected by robust recruitment practices. People were protected from risk related to the care they received and the premises and equipment. Medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. Managers had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led an active daily life, based on their known likes and preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident they would be listened to and taken seriously if they did.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit.

Summary of findings

Staff felt supported by the management and felt the training and support they received helped them to do their job well.	

Glebelands

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 9 and 10 June 2015 and was unannounced. The inspection team for the first day comprised two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second day of the inspection.

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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 18 people who use the service and interviewed five others in more depth. We spoke with three visiting relatives, the business manager, the nominated individual, and six care workers. Additional information was provided by the estate's manager, catering staff, housekeeping staff, the wellbeing therapist, the activities team leader and activities assistant. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time on both days observing lunch in the dining room. We also used the Short Observational Framework for Inspection (SOFI) at lunchtime on the first day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. and sat in on an exercise session being run by the wellbeing therapist and activities assistant. Following the inspection we received feedback from two health professionals.

We looked at six people's care plans and medication records, five staff recruitment files, staff training records and the staff training log. Medicines storage and handling, including controlled drugs records, was checked. We saw completed survey forms from the service's annual quality assurance survey for 2015 and reviewed a number of documents relating to the management of the service. For example, utility safety certificates, fire risk assessment, hot water temperature checks, food safety checks and the complaints and incidents records.

Requires Improvement

Is the service safe?

Our findings

The care staff team included the registered manager and deputy manager, six registered nurses (RN), 13 senior care workers and 16 care workers. Staffing levels at the time of our inspection were two RNs and twelve care staff from 8am until 2pm; two RNs and nine care staff from 2pm until 8pm and one RN and seven care staff overnight. The RN oversaw the whole home while the remaining care workers were allocated over the three floors, with a senior care worker leading the team on each floor.

All people told us staff were available when they needed them, although this was not always reflected in our observations. One relative commented staff checked on their relative regularly. Three staff members felt there were usually enough staff on duty, but two of those said there were problems at mealtimes and one added it was difficult at night times. Three staff members felt there were not usually enough staff at all times with one commenting: "We can't give the level of care that you need to give." Another said there were sometimes insufficient staff but the deputy manager would "chip in" and help.

During our observation of lunch on our first day there were two care workers providing total feeding assistance to four people on one table in the dining room. They would each assist one person with the first course and then assist their second person. They then assisted their first person with their main course and then their second person, the same happened with the third course. This meant that for half the duration of the meal, staff had their backs to the person they were not assisting at the time. The people not being assisted had no interaction with anyone and looked withdrawn, with one person dozing in between courses. On another table all the people were able to feed themselves and spent some time chatting. However, once the meals were served we saw no other input from staff. One person had their spoon missing and they were looking around for someone to get them a spoon but no-one was available. Eventually the person managed without assistance by taking a spoon from their neighbour at the table, they were then able to eat their meal.

On the second day of our inspection we again went to observe lunch. We saw none of the four people requiring assistance from the previous day were in the dining room, although the first two courses of lunch had already been served. We asked staff why and were told that, on the floor the people lived on, staff were running over half an hour late so no-one needing assistance from that floor had been given their lunch. Staff told us they usually remained on their allocated floors and provided all care to the people living on that floor throughout their shift. We asked about dependency levels of people at mealtimes and were told that on one floor seven people needed full assistance with lunch, but only three people on another floor and two people on the final floor. Staff deployment at lunchtime did not reflect the dependency levels of people needing full assistance with their lunch. This meant seven people had to wait over half an hour for their lunch while care staff on that floor completed their other care duties.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in July 2014 we found the provider was non-compliant with regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Care had not been planned to meet all the identified needs for some people to ensure theirs, and others, safety and welfare.

At this inspection we found the registered person had taken appropriate action and care was now planned to meet all people's needs and ensure their safety and welfare. All people's care plans had been rewritten into a newly introduced format. The new care plans included in-depth risk assessments related to all areas of their care and support. Where a risk was identified reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, a risk was identified that pressure mattresses were not always set at the correct pressure for the person in the bed. The service devised and introduced a form to ensure mattress pressures were checked before helping the person into bed and every two hours thereafter. Bed rail risk assessments were carried out and padded bed rail covers were used to reduce the risk of entrapment where indicated.

People were protected by robust recruitment processes. Staff files included all recruitment information required of the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. We also saw reasons for leaving previous employment with vulnerable

Requires Improvement

Is the service safe?

adults had been verified. The service was in the process of advertising some staff vacancies on the care team. At the time of our inspection they were using agency staff from three agencies to cover both day and night shifts due to staff vacancies. The service had introduced a form requesting confirmation from agencies that the agency had collected all required recruitment information. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk. All staff told us they would report to their manager, in line with the organisation's policy. Staff were confident safeguarding concerns would be taken seriously by the management. We found not all staff were aware of actions that their managers would then take and were not all clear of the local, Berkshire, safeguarding procedure. We passed this information to the provider during the feedback at the end of our inspection and the provider planned to refresh their knowledge of the local safeguarding procedures with all staff.

Staff were aware of the company's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management. People felt safe living at the service. One person told us they felt safe and added: "Absolutely" We asked if staff encouraged and supported people to be independent. One person said: "I am independent but they would help me if I needed it." A relative commented: "Yes, they are very patient."

People were protected against environmental risks to their safety and welfare. Staff routinely monitored those potential risks, such as hot water temperatures and legionella, as part of their routine health and safety checks. We found the bath hot water temperatures were all within the safe range and the maintenance team had just replaced a thermostatic monitoring valve that had been found faulty during a routine check. All upstairs windows were restricted and appropriate measures were in place regarding infection control. The provider monitored other risks and we saw an up to date gas safety certificate, electrical installation certificate and legionella test certificate. Other household equipment and furniture was seen to be in good condition and well maintained. Service contracts were in place to regularly service equipment in use, such as hoists and fire equipment. Emergency plans were in place, for example cold weather plans. All people had personal evacuation plans in place in case of fire.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration records were up to date and had been completed by the staff administering the medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained.

New staff were provided with induction training. This included introduction to the people living at the service, familiarisation with the premises and the company's policies and procedures. Induction training followed the Skills for Care Common Induction Standards (CIS). Practical competencies were assessed for topics such as moving and handling and the administration of medicines before staff were judged to be competent. The service was aware of the new Care Certificate and were developing plans to move staff induction over to the new Care Certificate training.

People felt staff had the skills they needed when supporting them. One person told us: "I can never find any fault with them." Another person commented: "Yes and they are very friendly, they have a nice way about them." Ongoing staff training was monitored and we saw all training deemed by the provider as mandatory was up to date. The mandatory training included: first aid, moving and handling, food hygiene, infection control and health and safety. Staff were also provided with training specific to the people they supported. For example, training in dementia awareness and pressure area care. Staff felt they had been provided with training they needed to deliver high quality care and support to the people living at the service.

People benefitted from staff who were well supervised. Staff had regular, three monthly, one to one meetings (supervision) with their manager to discuss their work. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests. Managers had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Not all care workers were clear on the meaning of the MCA. We passed this information to the provider during the feedback at the end of our inspection and the provider planned to revisit MCA training with all staff.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had assessed people living at the home and, where applicable, had made DoLS applications to the local authorising body appropriately. The authorisations were kept in people's files and dates when they were due for review had been noted.

People received effective health care and support. All people confirmed they could see their GP and other health professionals such as dentists and opticians when needed. Care plans showed that specialist health professionals were consulted as necessary. These included: skin viability nurses, Parkinson's disease nurse specialist, dialysis nurses, occupational therapists and physiotherapists. Care plans had incorporated advice from health professionals where given. For example, one care plan contained detailed instructions from a speech and language therapist. The instructions set out precautions staff had to take to ensure a person with severe swallowing problems was protected from identified risks of choking. Health professionals we spoke with confirmed the service worked well with them and sought referrals appropriately. One health professional felt the staff team had a good core of staff who had been at the service for a long time and were open to training provided. They commented "I thought [name] was very well looked after." Another health professional told us they were happy staff did things they were asked to, and in a timely manner.

People told us they enjoyed the meals at the home and confirmed they were given choices. One person said they couldn't complain about the food: "It's usually very good." A visitor told us their relative had not been eating in hospital but was eating since moving into the home. People confirmed there were alternatives available if they did not want the choices offered. Staff used a nationally recognised malnutrition screening tool to identify people at risk. People were weighed every month. The care plans showed, where someone had started to lose weight, a GP referral had been made and on-going referrals to a dietitian had been arranged when needed. Where there were

Good

Is the service effective?

concerns regarding someone's food and/or fluid intake the staff had kept records of what they had eaten and drunk.

This meant they had a record to give the doctor and/or dietitian. On the days of our inspections we saw people were enjoying their lunch which was served hot and was well presented.

Good

Is the service caring?

Our findings

People were treated with care and kindness. Comments made by people included: "They are very kind here." "They are excellent." and "They are all very nice."

People told us they, or their relatives, had been involved in drawing up their care plans. They confirmed they were consulted if things changed. People felt staff listened to them and acted on what they said.

People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. When asked if they felt staff treated people with respect one relative commented: "completely." and another: "definitely." One person told us: "They are all very kind."

We witnessed one incident where someone had slipped from their chair to the floor. Someone pressed a call bell and four members of staff were there within a matter of seconds. They spoke softly to the person on the floor putting them at their ease. The person was relaxed and was joking with staff, who were responding. At each step staff informed the person what they were doing. Once staff had determined the person was not injured, and another member of staff arrived with a hoist, the person was assisted back into their chair. The incident was dealt with quickly, efficiently, professionally and without fuss. All through the incident the staff were caring and took steps to help the person maintain their dignity.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and maintain people's independence.

Staff had received training in 'equality and inclusion', and 'dignity and respect'. People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's needs were regularly assessed and care plans reviewed monthly or as changes occurred. Since our last inspection the registered manager and management team had developed and implemented a new care planning system, designed to put the person at the centre of their plan.

People's likes, dislikes and how they liked things done were explored and set out in a section of their care plan entitled: "All about me." which covered most areas of their lives. Their likes, dislikes, preferences and abilities were then incorporated into their care plans. People, or their representatives, had signed their plans to say they consented to the content. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any increased dependence was noted in the daily records and added to the care plans.

Each care plan was based on a full assessment carried out prior to them moving to the home. All people living at the home had a new assessment carried out when the new care planning system was introduced late in 2014. This meant all people's needs had been recently assessed. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the home and were offered hot drinks during their visit. Visitors could also join their relative for a meal on the day they visited, if they wished to.

People had access to a busy activity schedule and local community outings. The home employed an activity team leader and an activity assistant as well as a wellbeing therapist. Facilities inside the home included a cinema/ theatre for films and stage events. Activities included gardening, games and quizzes, exercise classes, bingo and baking. Complimentary therapies offered by the wellbeing therapist included reflexology, Indian head massage and back, neck and shoulder massage. Some people spoke about the recent boat trip they had been on and enjoyed. People were involved in the local community and visited local shops, churches, pubs and restaurants. The service had its own vehicle to facilitate trips when needed.

People were aware of how to make a complaint and told us they would speak to one of the managers. Complaints were dealt with quickly and resolutions were recorded along with actions taken. A relative told us they had made a complaint and they had been happy with the way it was handled, saying the investigation was: "very thorough." One person told us they had never had to complain but knew what to do if the need arose. They added: "Any one of the staff would listen."

Good

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service. One person said: "I think so, they don't change much, there is not a big turnover of staff." A relative told us the atmosphere was always calm, comfortable, clean and homely when they visited. They said the registered manager took her job seriously and took the view that "The People Matter."

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff told us they got on well together and that management worked with them as a team.

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the home. Those meetings included: quarterly residents and relatives meetings, quarterly staff meetings and Friends of Glebelands meetings. Other meetings included: management meetings, estates meetings, senior care workers and registered nurse meetings. We sampled the minutes and saw the meetings were well documented and included actions to be taken. One staff member told us they felt management listened to the staff and acted on what they said. For example, the staff had pointed out to managers that they did not have enough mobile hoists and more had been purchased. A relative told us they were invited to a meeting with the management every quarter and the minutes were then circulated. They said: "The management listen, they don't just sit in offices, their commitment is excellent, and they are out on the ground."

The home had carried out a recent survey of people living at the home. The completed survey forms had been returned. They covered a variety of topics and focussed on people's care, the premises and maintenance, housekeeping and meals. Once analysed and correlated the registered manager would be writing a report of the results and an action plan to deal with any issues raised.

The provider had a number of quality assurance and health and safety audits in place. The on-site maintenance team dealt with those related to the premises, utilities and equipment. The registered manager, deputy manager and registered nurses monitored care plans and related documentation. The registered manager and deputy oversaw staff supervision and annual staff appraisals and the business manager monitored and recorded staff training. Food safety and checks were carried out by the chef and kitchen staff. The home was awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 8 October 2014.

The service had a registered manager in place and all other registration requirements were met. The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service. They felt encouraged to make suggestions and one told us of a suggestions box that was in the staff room so that any staff could make suggestions for improvement. A relative told us the staff all seemed to be happy working in the service and from what they had seen: "The manager is wonderful the atmosphere seems nice and the service is well managed." Another relative thought that the staff were happy working together and there was no air of dissatisfaction. They confirmed they had been asked for their opinion on how things were run. They thought the service was managed well and said: "Very much so, they keep me informed and involved."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements of Part 3 of the regulations. Regulation 18(1).