

Mrs Rashmi Bhautoa

# Gledwood Care Homes

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Gledwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Gledwood Care Home provides accommodation and personal care to five adults with mental health needs. The 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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.

Checks were carried out during the recruitment process to ensure only suitable staff were employed.

There were arrangements in place for the safe management of people's medicines and regular checks were undertaken.

The service was clean and had effective systems to protect people by the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met, and they were involved in the purchasing and cooking of their meals if they wished to.

People were supported by staff who were suitably trained, supervised and appraised.

Staff were caring and treated people with dignity and respect. Care plans addressed each person's individual needs, including what was important to them, and how they wanted to be supported.

People were involved in undertaking activities of their choice, both in the home and the community. People were cared for in a way that took account of their diversity, values and human rights.

Where appropriate, people's end of life wishes were discussed and recorded.

People living at the home, their relatives and stakeholders told us that the management team was approachable and supportive. 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 for improvement were identified and addressed.

The registered manager kept themselves informed of developments within the social care sector and cascaded important information to the rest of the staff team.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# 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 comprehensive inspection took place on 3 January 2018 and was unannounced. The inspection was carried out by one inspector 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.

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. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During our visit, we spent some time observing staff delivering care and support to people, to help us understand people's experiences of using the service. We also looked at records, including four care plans, four staff records and records relating to the management of the service. We spoke with the five people who used the service, one relative, three staff including the registered manager, the provider and the operations manager. Following our inspection, we emailed three social care professionals and obtained feedback from one.

# Is the service safe?

## Our findings

People we spoke with indicated they felt safe living at Gledwood Care Home. Their comments included, "There's always staff around. Everyone is nice. I can go and ask for help when I need it", "They look after us well and give us our medicines at the right time", "What makes me feel safe is the supervision. The staff are nice. Immediately staff help me" and "Staff are excellent." A relative echoed this and said, "The home is absolutely safe."

Staff said they 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. There had been no safeguarding concerns since the last inspection.

Arrangements were in place for the management of people's medicines and all medicines were stored securely in a locked cupboard. Most people required support with their prescribed medicines. One person was able to self-medicate and we saw that there was an up to date risk assessment in place. Staff were trained in the administration of medicines and received yearly updates. Medicines policies and procedures were in place and staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines.

We checked the medicines administration records (MAR) charts for all the people who lived at the service which had been completed over the last three months. We saw that all the MAR charts were completed and signed appropriately. We checked a random selection of boxed medicines to see if the amount corresponded to the staff signatures and found all to be correct. The registered manager carried out regular medicines audits in order to identify any shortfalls. We saw that there had not been any errors in the last three months we checked. This provided reassurance that people were receiving their medicines as prescribed.

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 self-neglect, harm from/to others, falls, absconding and substance abuse. Each risk was thoroughly analysed and included guidelines for staff to understand how to support the person effectively. It also included what had been helpful in the past, such as 'Increasing family contact' and what had been unhelpful, such as 'Illicit drug use and alcohol misuse'.

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 were available to help and support the staff and people using the service 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. Incidents and accidents were rare but when they happened, we saw evidence they were responded to appropriately and care plans were updated following any incident or accident. This included an incident where a person using the service had fallen outside. We saw that they

had been supported to see their GP who had prescribed appropriate treatment.

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. We saw evidence that all areas were regularly checked and any requirements were actioned appropriately. People were protected from the risk of infection and staff used appropriate protective equipment. All areas of the home were clean and tidy and free of any hazards and all cleaning products were safely locked away.

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. 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). These 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. Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had 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 was completed.

## Is the service effective?

### 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 and support. Assessments included background information which helped staff understand each person and their individual needs. Relatives and a social care professional thought that the staff team provided a service that met people's individual needs.

People were supported by staff who had appropriate skills and experience. All staff were family members and the provider had not had to employ new staff recently. All staff undertook training the provider considered mandatory such as health and safety, safeguarding, fire safety and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act (MCA), understanding challenging behaviour and equality and diversity training. All staff employed at the service had achieved a recognised qualification in Health and Social Care, and had achieved or 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.

People were cared for by staff who were suitably supervised and appraised. The staff we spoke with told us that they received regular supervision and records we viewed confirmed this. They told us that this had provided an opportunity for them to address any issues and to receive feedback on good practice and areas requiring improvement.

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.

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. Staff demonstrated a good knowledge of the principles of the MCA and DoLS. At the time of our inspection, nobody was being deprived of their liberty unlawfully.



People told us they enjoyed the food at the service. Their comments included, "I get my own meals. I also cook fish pie, pizza and jacket potatoes", "I am supervised when I cook, for example rice and pasta", "I go to the restaurant", "The food is excellent, like spaghetti Bolognese and chilli con carne" and "The food is good. There's a set menu. We get vegetables with everything."

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.

People told us they had the support they needed to stay healthy. Their comments included, "I have a flu jab every year", "Every two weeks, I visit the clinic", "The doctor explained the care I needed" and "I'd speak to [staff member] if I was unwell. They'd give me cough medicine if I had a cough. I have my eyes checked every year. I go to the dentist." 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 outcome of the appointment, any action needed and the next appointment date. These included routine appointments and specialist appointments.

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. They also liaised with consultants and care coordinators when people were placed at the service. The registered manager told us that by working together, they were able to ensure they could meet people's needs prior to them moving in. We saw evidence of this where two people with complex needs had settled well and had made improvements since living at the home.

The environment was comfortable and warm. People told us they liked their bedrooms and did not want to change anything. One person had requested particular colour bedding and we saw that this choice had been respected. The provider had built a smoking shelter in the garden and we saw people using this during the day. The garden was fairly large but plain and did not have any plants or shrubs. We discussed this with the registered manager and management team who told us they would improve this and provide people with a more attractive and welcoming garden in the near future.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received. One person told us, "They look after me properly and equally and fairly. We get along fine" and another said, "The caring is good." A relative confirmed this and said, "The care is just excellent" and "Staff are kind and positive." A social care professional echoed these comments.

The staff spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. We saw that people were treated with care and respect and according to their individual needs. Every staff member 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.

The culture in the home was based on mutual respect and inclusion. The staff and people using the service demonstrated this throughout the day. Staff encouraged and supported people to remain as independent as they could be. One person told us, "I have my own bank account and freedom pass" and another said, "[Staff member] is good at helping me to sort out my writing."

We observed throughout our visit that people were treated with kindness and reassurance, and staff took time to talk to people. 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 registered manager sought consent from people before showing their bedrooms to the inspector, and knocked on the doors to obtain permission to enter. Staff promoted people's sense of dignity and self-esteem by encouraging them to do what they enjoyed doing.

People told us they liked their bedrooms and we saw that these were personalised and included personal objects of their choice. People were encouraged to maintain their own rooms and staff supported them to do this. Relatives told us they were encouraged to visit anytime and always felt welcome.

People told us they were supported to express their views and were able to speak with the staff anytime they wanted. They were supported to attend reviews of their care and signed records of these to indicate their agreement. People we spoke with told us they felt their views and choices were respected.

## Is the service responsive?

### Our findings

People told us they were involved in making decisions and in the care planning process. 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. Care plans included people's assessed needs, interventions and objectives. For example, where a person had been suffering with anxiety and stress, the staff had conducted 'Get to know you' sessions. These enabled the person to build up trust and rapport with staff who supported them. We saw that records were signed by people, which indicated they had understood and agreed what had been recorded.

People told us they enjoyed a range of activities of their choice. Their comments included, "I go to my [family member's] on Thursday and Sunday", "I go to the park to play football at weekends, sometimes we go shopping" and "I water the plants every Wednesday and go to the community centre on Mondays." The operations manager told us people liked a quiet life and enjoyed relaxing more than anything. They said, "We keep it as relaxed as possible. People here worry about change. People tend to be quite withdrawn so they are consulted individually to see what they want to do."

Staff encouraged and supported people to undertake activities of interest to them. There were a range of activity materials available at the service and people had access to them whenever they wanted. There was a pictorial activity plan displayed which contained a variety of suggested activities. People were able to take part if they wished to. Activities on offer included outdoor recreation such as trips out or a game of football, healthy eating workshops, current affairs discussions or music appreciation. One person attended a day centre three times a week. They told us they took part in puzzles, reading books and knitting and were keen to engage in activities and outings. There was also a communal laptop available for people to use anytime they wanted.

People and relatives told us they were confident that if they had a concern, the staff and management would address it. One person said, "I'd tell the staff if there was a problem. For example a toilet was blocked. That happened and it got sorted" and another said, "I'd talk to [registered manager] if there was a problem." A relative added, "Complaints? Not at all." The service had a complaints procedure in place and this was available to staff and people who used the service. The service had not received any complaints in the last year.

Where appropriate, people's end of life wishes were discussed and recorded. We saw that one person who used the service had made their end of life plan. This included how they wanted their funeral to be. However the registered manager told us other people who used the service did not wish to discuss this at present and they respected this.

## Is the service well-led?

### Our findings

The registered manager was supported by the provider and the operations manager, all of whom were family members.

People were complimentary about the management team and told us they liked living at the home. Their comments included, "It's excellent. I'd recommend it. I like it here", "Staff are always here. I know everybody's name. Yes I am happy here", "It's run very well. I have no problems", "I'd give them more or less 10/10. If there are problems they get sorted. It is a nice place to stay and get mentally well." A relative echoed this and said, "The family is happy how [person] has settled. Staff are excellent at understanding his patterns and triggers. I regularly visit. Staff are very respectful. The manager is very professional. We're happy he's happy."

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. 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 regular team meetings and records confirmed this. The items discussed included feedback from people's reviews, care plans, risk assessments and training needs. 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 (CQC).

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. Comments included, "Excellent", "I am treated marvellously", "Very good. Takes a lot off my mind. I don't panic" and "Very nice." Relatives were also consulted and the results showed that they were satisfied with the service. Their comments included, "I cannot praise them enough. It's excellent" and "Happy and confident that they are kind and respectful which allows [person] his dignity."

The registered manager was a qualified mental health nurse. All the other members of the management team held relevant qualifications in health and social care. They kept abreast of developments in social care by attending provider forums and regular training courses. They also kept up to date with current good practice by consulting websites such as the CQC.