Anchor Trust

Glendale

Inspection report

Ambleside Avenue
Walton On Thames
Surrey
KT12 3LW

Website: www.anchor.org.uk

Date of inspection visit:
09 June 2016

Date of publication:
06 July 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

Glendale provides care and accommodation for up to 61 people. On the day of our inspection 57 people were living in the home.There were 12 people receiving care and support in four of the living areas of the home and 13 people in the fifth area. Many of the people were living with dementia.

The inspection took place on the 9 June 2016 and was unannounced.

A registered manager was in post who was present throughout the 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 and their relatives gave positive feedback about the service they or their family member received. People were very happy.

People said that they felt safe and they appeared happy and at ease in the presence of staff. One person said; "The staff are kind, I feel safe." We saw staff had written information about risks to people and how to manage these in order to keep people safe.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred.

Incidents and accident were fully investigated by the registered manager, and actions put in place to reduce the risk to people of accidents happening again such as people falling.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines.

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted.

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed.

People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People said that they were involved in making decisions about their care as much as they wanted to be.

Staff had the specialist training they needed in order to keep up to date with care for people. Staff demonstrated best practice in their approach to the care, treatment and support people received.

People were provided with a choice of freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed some positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. People knew how to make a complaint. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team.

The provider had quality assurance systems in place, including regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

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 knew how to keep people safe and protect them from abuse.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were processes for recording and monitoring accidents and incidents to reduce the risk of them happening again.

Is the service effective?

Good

The service was effective.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff knew the people they cared for as individuals. Staff took time to speak with people and to engage positively with them.

People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to wide range activities that matched their interests. People chose activities and events within the home.

There was a clear complaints procedure in place. No complaints had been made since our last inspection. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in place.

The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Glendale

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.

The inspection was carried out by three 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.

Before the inspection we asked the provider to complete 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 a variety of documents which included seven people's care plans, five staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

During the inspection we spoke with 10 people, eight staff members, five relatives, the registered manager, and one health care professional. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different floors within the building and the main lounge and dining area. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

The last inspection was undertaken in February 2014 where no areas of concern were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; "they (staff) are very good, I've felt safe since I have lived here" and "I've never had any safety problems."

The registered manager and staff had taken steps to help protect people from avoidable harm and help people maintain their independence. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. People told us they would approach the registered manager if they had any concerns.

The risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. One person said "I am able to walk round freely." Some people were at risk of falling. The registered manager ensured staff assessed the risks for each individual and recorded these. Staff were aware of risks to people; one staff member said "I know how to respond to a person if they had a fall. I would press the emergency bell and wait for a team leader to check the person over. If necessary call paramedics or other medical help." A relative said their loved one "Is safe, they have a magic eye (a device that detects if some one falls) and alarm mat in their room." This would alert staff quickly if the person was to fall.

Incidents and accidents were reported appropriately and in a timely manner, the registered manager described to us the action they took to analyse each incident. They showed us examples of outcomes of investigations; this included an accident where a person had fallen. The registered manager had reassessed the risk and implemented new strategies such as alarm mats to alert staff sooner to the person moving about their room. Staff were able to describe risks and supporting care practices for people. For example, installing activity (movement) monitoring systems, developing a UTI (Urinary Tract Infections) care plans and lowering the bed for another person at risk of falling from bed.

We checked a sample of risk assessments and found plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One person's risk assessment detailed their assessed skin breakdown risk. The action plan detailed pressure mattress settings, repositioning frequency and nutrition support which should reduce the risk to the person of their skin breaking down or them acquiring a pressure wound. We saw that these actions were followed by staff.

People's medicines were well managed and they received them safely. One person said; "I get my medicines regularly" another person said "Sometime I get indigestion and the staff give me my medicines to help relieve this if I ask for them."

We observed staff giving people their medicines in three different living areas. Staff ensured people were provided with a drink to take their medicines and they did not sign the MAR until they were sure the person had taken their medicines.

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at MAR charts and saw they were completed fully and signed by trained staff. One staff member said "Even if you have been doing them (medicines) for a long time the training is important to ensure you know what you are doing."

People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given. The provider had in place procedures for safe disposal of medicines. MAR charts showed us the provider had completed PRN protocols for people. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon for example if a person had pain relief, why it was given and whether the person's pain resolved with the administration of the medicines.

People said that there were enough staff deployed to meet their needs. One person said; "The staff numbers seem fine." Another person said "I never have to wait for staff to help me." Staff also said there were enough staff on duty. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and phone colleagues to help people when needed. The provider used a dependency tool to assess that staffing levels were in place to meet the needs of the people. The registered manager said that the staffing level were eleven care staff on shift (during the day), three of which worked in the fifth unit where people's needs were higher. That the staff levels were two care staff on four of the living units and three care staff on the fifth unit as people's needs were higher. The registered manager said that care staff were also supported by two team leaders. We checked the rotas for a four week period which confirmed the staff levels described by the registered manager were maintained.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff seem very capable to do what they do" another person said "The staff always tell me they have been on training courses."

The registered manager ensured that each staff undertook their personal Induction. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Staff were trained before they started to support people and received regular on-going training to ensure their skills where kept up to date. Training was given based on the support needs of the people that lived at the home. One staff member said; "I have completed training in End of Life Care level 3 certificate."

The registered manager ensured staff were suitably train to meet the needs of people. They said "It's important to mix the talent of staff, and help them develop." One staff member told us they said the training was good and they had received dementia training and said the team leader observed their practice.

Staff said they had annual appraisals. Staff also had regular supervisions which meant they had the opportunity to meet with their registered manager on a one to one basis to discuss their work or any concerns they had. One staff member said "I have regular supervision, which gives me the opportunity to discuss what I'm good at and what I might need help with in developing my skills."

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, their relatives who held a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member, or advocate.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "MCA is there to ensure people have a choice." Staff were seen to ask for peoples consent before giving care throughout the inspection.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. We saw that both standard authorisations and one urgent authorisation had been submitted appropriate to the local DoLS team. The registered manager told us they were waiting for the assessment team to visit.

People's nutritional needs were met. One person said; "The meals are generally very good, I enjoy them" another person told us "The food is excellent, plenty of choice and good portions. They (chef) would always cook something different If I didn't like what was offered." A relative said "There's always alternative and you can have a cooked breakfast every day if you want it."

We observed lunch in one area. One person didn't fancy what was on the menu so the kitchen made sausages especially for them. The chef came around asking everyone if they liked the lunch. One person said, "It was nice, but it was a bit hard for me." The chef replied, "If you ever have any problems tell the staff and we will make you something else." There was chatter and easy-going banter during the lunch period. Staff were constantly checking if people had finished, wanted more or offering them a choice of pudding or drinks. Staff were very attentive.

One member of staff was helping one person to eat and I saw them pull their face into different poses to replicate someone eating to try and encourage the person to eat. Throughout the time the staff member was smiling into the face of the person and leaning forward to them at their level. They was stroking the person's hand to keep contact with them and ensure the person was engaged.

We saw a list in the kitchen of people's dietary requirements. The chef was able to identify those people who were on specialist diets. The chef told us he was updated once a week in relation to people's dietary requirements. They said people could have an alternative if they didn't like either choice on the menu. The chef described people who had specialist dietary requirements. He said, "It's a challenge, but they have a separate menu just for them." The chef said "I know about people who have been assessed by SaLT and kitchen staff ensure the recommendations to minimise the risk to the person are put in action."

Staff told us, if a person had lost weight or staff reported a change in their dietary/fluid intake or a healthcare professional requested it, they recorded a three day food/fluid chart and always referred to GP if person's presentation deteriorated. They told us they offered the person fortified meals/drinks and this would be in progress until GP reviewed person (if required).

The registered manager said that they promoted collaborative care (supporting people to access healthcare professionals and provide person centred approach). Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the (SALT) team, the falls team, district nurse or the dementia nurse when required. One person said; "If I had a health problem, the staff always get someone to see me" another person said "I see the podiatrist every three months." We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals in a timely manner. They told us that staff always followed any directions they left to meet peoples care needs.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were very caring. One person said "The care couldn't be better." Another person said "I've always found them obliging and helpful." One visitor said "The staff are very good with everyone, they treat people properly."

During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily often with good humour.

People looked well cared for, with clean clothes, tidy hair and were appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew people well. Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said. One relative said "The staff are caring and friendly, there's nothing they wouldn't do."

Staff were able to describe people to us and why they were living in the home. When asked about treating people with respect, dignity and privacy, one member of staff said, "I am happy about seeing residents, working together and with them." Staff told me people could stay in bed in the morning if they wished and they did not have to get up at a certain time. One staff member told us one person did not want to get up, they said "I am frequently going in, encouraging them and providing food and drinks." Throughout the inspection we saw this to be the case. Another staff member said "I would support discreetly, ask quietly, and close the door when giving personal care."

We saw positive interactions between staff and people. Staff were very caring. Staff addressed people nicely. Staff chatted to one person about their hair saying, "You've had it cut. It makes you look younger." The person replied, "That's why I have it cut so often." And they both laughed. Another staff member was helping a person in their room try on holiday clothes that had been altered. The two of them were going through the pile of clothes and the staff member was adjusting and pinning hems with a view to taking them home and shortening or lengthening them as needed. The person came out of their room later with some of the new clothes on and all staff commented on them saying how nice they looked and asked whether they were new or not.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

We asked people and family members if they had been involved by the staff in their care or the care of their relative. They confirmed that were included and kept up to date by the registered manager and the staff at the home. One relative said "Oh, yes I attend regular reviews for my family member; the staff always keep me informed." People's rooms were personalised which made it individual to the person that lived there. The registered manager said "We are proud of the homely feeling."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to. We saw that one person did not speak English as their first language. Staff told us that they were getting the person an I pad to support with communication and using picture cards until this was in place.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities. One person said, "We go out quite often, to garden centres and the local café." Another person said "We quite often go out for lunch."

There were lots of varied activities going on. During the morning some people attended Thai Chi exercise class. Other people chose to stay in their room or in the communal areas.

We heard staff during the morning trying to encourage people to attend activities. We saw a staff member say "Your daughter told me you liked bingo, why don't you come with me and play." They were very engaging and encouraging people to join; staff went onto other floors to encourage other people and eventually about 10 people played bingo and then started singing.

The activities co-ordinator told us they were getting to understand people's likes and dislikes. This was through talking to people and monitoring attendance at activities. They had carried out a lot of research into suitable activities for people living with dementia. They told us it's important to spend time with people, happy to sit and hold their hand for comfort." They said "One person likes poetry, I printed off a poem that they told me they liked to read as a child, I sat and read it to them" and "It's the little things that make the difference."

Before people moved into the home an assessment of people's needs was completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person's background and were then able to talk to them about their family or life stories. One person said "If I need anything I get it, the staff know me rally well."

Staff were responsible for a number of people individually which meant they ensured people's care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs.

People told us they knew how to make a complaint if they needed to. One person told us "I've never needed to complain." We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide. There was a, 'We welcome feedback' poster on the noticeboard on one floor and a complaints policy. A staff member said if a person or relative had a complaint they would support them to go to the team leader. The registered manager gave an example of a complaint raised regarding lime scale stains on bathrooms suites. They told us that this had been taken on board and a refurbishment programme to the home had started in April.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said; they had attended a residents meeting; one person said "I went to a meeting yesterday. I always have a lot to say, that's just me" and smiled. The registered manager showed us the minutes of resident meetings topics discussed such as laundry, catering and activities. It showed how people and relative had been involved in planning the current season's menus.

Good

Is the service well-led?

Our findings

The home had a positive culture that was person-centred, open, inclusive and empowering .The home had a registered manager. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said "The management of this home is pretty good." Another person said "From my experience, I think it's well managed."

We observed that the registered manager interacted well with people. An external healthcare professional said "The registered manager is so easy to communicate with, they are always available." The registered manager was walking about the corridors on the ground floor in the morning talking to residents and speaking to them by name. People responded well to him and were pleased to see him. In the afternoon we saw the registered manager dancing with one person in the lounge area. The registered manager said "As a manager I need to know every staff member, every customer, and every GP and district nurse."

Staff were positive about the management and the support they gave to them. They told us they felt supported and could go to them if they had any concerns. One member of staff said "The manager is so approachable, he really supports us."

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example discussions around care plans, and nutrition. Staff told us they attended staff meetings and felt comfortable to speak up in these.

The registered manager told us about the homes missions and values. Staff we spoke to understood and followed the values to ensure people received kind and compassionate care. This was implemented during the staff induction process and reviewed regularly. We saw that the values were promoted in the 'Residents Guide', which anyone wanting to find out about the home or who lived there could read. The registered manager showed us the certificate as they were finalist in the team awards section of the Great Britain care awards, and the registered manager was one of three finalist in the regional care awards.

One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure they put these aims into practice. Any issues identified would be covered in an individual supervision session. This helped develop consistent best practice and drive improvement. A member of staff said the ethos of the provider was checked through supervision and observation. They said they would always observe staff to see if they were doing their job safely and reliably.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. The information provided matched what we found on the day of inspection.

The registered manager told us about the systems they used to ensure the delivery of high quality care. We saw the quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medication and infection control. This enabled the registered manager to identify deficits in best practice and rectify these. The registered manager explained that regular health and safety meetings and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings including communication skills and care plan reviews. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home.