Welmede Housing Association Limited

Glebe Cottage

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

The inspection of Glebe Cottage took place on 27 February 2017 and was unannounced.

Glebe Cottage is a care home which provides accommodation and personal care for up to six people, who have different forms of learning disabilities such as Pica syndrome (an eating disorder), and Autism whilst living with other complex needs such as: epilepsy and mental health issues. These conditions made daily tasks an increased challenge. At the time of our inspection there were six people living there.

Most of the people living at the home were unable to engage in a full discussion; we were able to briefly speak with them at the home and observe how they interacted with staff. The premises consisted of a detached house with communal lounge, dining room, kitchen and bathroom facilities. There was also a spacious and secure garden for people to use.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us their family members were safe at the home and with the staff who provided care. Staff had a clear understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed to meet people's needs safely. Recruitment practices were safe and relevant checks had been completed before staff started work. The provider ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team had an in depth knowledge about people's care needs. People told us they felt supported by staff.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP or psychiatrist and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a contingency plan that identified how the home would function in the event of an unforeseeable emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their well-being. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's care and support were planned proactively in partnership with them. People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. Staff understood the importance of promoting independence and choice. People were happy and their confidence and ability to be as independent as possible had grown since being at Glebe Cottage. The way staff have developed a good understanding of each person and then supported them to build their skills and confidence and reach their goals is an outstanding feature of the service.

People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them.

People had access to activities that were important and relevant to them. There were a range of activities available within the home and out in the community

People were at the heart of the service. The provider's philosophy was understood and shared across the staff team. People's right to lead a fulfilling life was enshrined in the ethos of the home.
Relatives were really positive about the kindness, thoughtfulness and compassion of staff. Relatives described the home as "having a family atmosphere and it was a home."

People and relatives were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

Relatives and professionals told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and felt supported by the management. The provider recognised and celebrated staff's achievements.

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.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their well-being.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised support by staff that knew them well. People were encouraged and supported to reach their goals.

People's confidence and independence had improved since living at the home.

People's achievements were recognised.

People were able to maintain relationships with those who were important to them.

People had access to a wide range of personalised and group activities and had a say in all aspects of the running and development of the home.

People and relatives were encouraged to provide feedback to help improve the home.

Is the service well-led?

Good

The service was well- led.

Relatives and professionals spoke positively about the home. People were involved in how the home was run in a number of ways and their feedback was sought.

The staff had the benefit of strong, focused leadership. The management team learn from discussing and share best practices with colleagues.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs.

The service adopted a non-judgemental and person centred environment that aided people with their care and support. Staff

demonstrated these values in the support they provided to people.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Glebe Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 February 2017, was unannounced and conducted by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also gathered information about the home by contacting the local authority safeguarding and quality assurance team. The local authority and safeguarding team did not identify any concerns about the home.

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.

As part of our inspection we spoke to two people living at the home and a relative. We spoke to the registered manager, team leader and three members of staff. We observed how staff cared for people and worked together. We looked at records relating to people and the home such as three care records, two staff files, medicines records, training information, policies and procedures and other documentation relevant to the management of the home.

After the inspection, we spoke to three relatives and one social care professional to get their views on the care and support provided at Glebe Cottage.

We last inspected the service on 8 April 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support. One relative told us, "I totally understand why they have safety measures in place; it is to keep everyone safe from harm." Another relative told us, "They (staff) do everything they can to protect him." People were provided with guidance in a picture format about what to do if they suspected abuse was taking place.

People benefited from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had access to a safeguarding policy which gave information about how to raise concerns to the local authority if necessary. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. Arrangements were in place to safely store people's money and to reduce the risk of financial abuse. A member of staff told us, "I would not hesitate to follow the whistle blowing procedures if I saw a member of staff abusing any one here."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Upon entry to the home staff provided us with guidance about how to keep our items safe and out of reach as these could become potential hazards to people living at the home. People had access to bathrooms that had been adapted to meet their needs; people had specialist equipment such as wheelchairs, specialist beds or bathing aids to use whilst having a bath or shower.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Care plans recorded guidance for staff and identified possible hazards when supporting people at home and out in the community. In their PIR, the provider told us, 'Where service users present behaviours that challenge, positive behaviour guidelines and risk assessments are in place as well as specialist training' Our findings supported this statement. Care plans contained assessments which documented potential risks to people in relation to falls, seizures, items left unattended or exhibited behaviour that challenged themselves or others which could place people at risk of harm. Staff were aware of risks to people, for example, one person would become anxious with people unfamiliar to them. The risk assessment in place for that person was detailed and provided information about the risk and the action to be taken to minimise the risk. Staff we spoke with were aware of this risk to the person and the action to take. One member of staff told us, "There is always a male member of staff on duty, which has a calming effect on the person. We know that they like going out in the car, so we will take them out for a drive, which also calms them down. With anyone new who comes into the home, we always provide them with instructions on how to approach them."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather condition, flooding or fire. There was information about how to support each person living at the home in the event of an emergency. Alternative accommodation arrangements were in place in the event of the building being unusable following an

emergency. Communal areas, stairs and hall ways were free from obstacles which may present an environmental risk.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager analysed accidents and incidents to identify potential patterns and to minimise or prevent reoccurrences.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work with adults at risk. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained.

There were sufficient numbers of staff to keep people safe and to meet their needs. One relative told us, "Staff must love it as they stay so long. There isn't a large turnover of staff." The consistent staff team were able to build up a rapport with people who lived at the home. The registered manager told us they would cover absences from another home managed by the provider which is located nearby and where staff knew the people living at Glebe Cottage. This enabled staff to acquire an understanding of each person's care and support needs. In their PIR, the provider told us, 'A 24 hour rota is in place including 24 hour on call manager' Our findings supported this statement. The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community. For example on the day of the inspection, a member of staff accompanied a person to a healthcare appointment. The registered manager told us, "We cover sickness and holidays between our staff, we never use agency staff." On the day of our visit, people's needs were met promptly and they were given one to one support when required.

The registered manager confirmed that with certain activities such as swimming or going out into the community, there was always a minimum of one to one support provided for safety reasons. Where people went swimming as an additional safety precaution, an extra member of staff would accompany the group.

Peoples' medicines were managed and administered safely. There were appropriate arrangements in place for the storage and recording of medicines. People had their medicines on time and as prescribed and given by competent staff. Any changes to people's medicines were prescribed by the person's GP or psychiatrist. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive and which to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors.

Good

Is the service effective?

Our findings

Relatives spoke positively about staff and told us they were skilled to meet their family member's needs. One relative told us, "Staff are competent and trained to do the job. Some staff have come from the previous home that [family member] was living. They are great."

People were supported by staff that had the necessary training to meet their needs. One relative told us, "I have noticed that staff are more on the ball about Autism, they have more understanding of anxieties and triggers." The training provided was in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. In their PIR, the provider told us, 'We will be continuing to access more service user specific training such as Picture Exchange Communication System (PECS) , Non-Abusive Psychological and Physical intervention (NAPPI), Autism and Asperger's in order to keep people safe and achieve good outcomes' Our findings supported this. All staff had received mandatory training in areas relevant to their role such as: boundaries and best practice; Non-Abusive Psychological and Physical intervention (NAPPI), epilepsy awareness, autism, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff told us that the training had equipped them with the knowledge to perform their duties. One staff member told us, "From the epilepsy training I learned that seizures follow a certain number of events. We make sure that the area where they have a seizure is safe from any dangers and monitor the person during this time. If it lasts longer than five minutes we call for paramedics. We administer specific medicine and repeat this if it lasts longer than ten minutes." The registered manager confirmed that new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us they attended one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. We also read that staff had annual appraisals. One staff member said, "I have asked for further training about epilepsy and this is being arranged by the registered manager."

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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. Records showed those that lacked the capacity were supported by a best interest meeting. An advocate, relatives and health care professionals were involved in the best interest meeting in line with the requirements of the MCA. Advocates are independent and are able to support people in decision making, expressing their views and upholding their rights.

People can only be deprived of their liberty so that they can 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. Where people had restrictions in place, the registered manager had made appropriate DoLS applications to the local authority. One relative told us, "X understands the need for the door to be locked and I know there has to be restrictions to keep people safe." A staff member told us, "We have best interest meetings for people who have been assessed as not having the capacity to make certain decisions, for example, finances. These involve the person where possible and their family members, GP, care managers and staff at the home. The DoLS applications are then sent to the local authority for approval."

Staff understood the importance of consent and explained how they gained people's consent to their care on a daily basis. A member of staff told us, "We know the people living at Glebe Cottage, although people might not be able to tell us what they want verbally, they might do so physically. They might push our hand away, or make noises to indicate what they want or don't want." During the inspection we observed staff seeking people's consent by the noise or gesture people made before supporting them. For example, staff were observed asking if people wanted to accompany staff, have a cup of tea or have lunch.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. Staff were knowledge about people's needs and how to support them. Care plans provided guidelines for staff on how to best support people as well as knowing what triggers their anxiety or behaviour. During the inspection we observed staff deploying distraction techniques as recorded in people's care plans.

Staff were aware of people's dietary needs and preferences. One relative told us, "[Family member] eats well at the home. They (staff) provide wholesome food for people living at the home. I also consult them (staff) when I take [family member] out as they know his preferences." Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. All foods that required cooking were cooked by staff due to safety reasons. People living at the home were involved in the development of the menu, information about mealtimes were displayed in picture format for people to easily understand. People were able to choose where they had their lunch either in the dining room, the lounge or in their room. People who were able to eat independently, specialist cutlery was available to aid them and staff prompted and encouraged them to do. Throughout the meal we observed staff interacting with people and asking them about the food. People were encouraged to take regular drinks, to ensure that they kept hydrated.

People were supported to have their nutrition and hydration needs met. People's weight was monitored and recorded on a monthly basis. Staff told us anyone who experienced significant weight loss was referred to a healthcare professional for guidance and advice.

People had access to health and social care professionals. One relative told us, "it is rare that X is unwell, but he does have access to a GP. I know he goes to the dentist occasionally." All people have access to GP, dentist, opticians and SALT. Appointments are made with other healthcare professionals as and when required. People had a health action plan which described the support they needed to stay healthy. People had access to a learning disability nurse at a local hospital, who liaised with people to ensure they had a smooth transition should they require admission to hospital. Any visits made by healthcare professionals were documented and any guidance was acted upon.

People's bedrooms were personalised with art work, photographs and items of personal interest. One relative told us, "[Family member] has a lovely room." A social care professional told us," X was happy to

show me her favourite clothes, her things and her room." People were able to choose the colour and furnishings for their room. The floorings throughout the communal areas enabled people with mobility issues to easily manoeuvre around the home. Communal areas such as toilets and shower rooms had signs to describe the room.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff and the inspectors. One relative told us, "They (staff) take pride in their work and they go beyond what they should do." Another relative told us, "The staff here are fantastic."

Staff demonstrated their knowledge of people through their interactions and always had the goals people wanted to achieve at the forefront of their mind. Each interaction between people and staff was seen as an opportunity for learning and achieving but undertaken in a caring way. For example where a person had an eating disorder, to ensure they were kept safe, they were given toys that they could chew to stop them from eating items that would cause them harm. Staff understood their needs and how important the toys were to this person and the impact it could have on their health and well-being. Where people wanted to lose weight, staff discussed the person's goal and options including healthy eating and exercise with them

People lived in an inclusive and homely family atmosphere. The home was centred around the needs of the people living at the home. One relative told us, "It feels like a family. I feel so grateful that [family member] is living here." Staff understood the importance of promoting independence and choice. People were encouraged to accompany staff to go shopping for the home and assisted staff at meal times. People living at the home could choice what they wanted to eat, what clothes to wear or what activities to participant in. one relative told us, "[Family member] always looks handsome and clean."

Staff knew about the people they supported. In their PIR, the provider told us 'Although service users don't show preferences as to the gender of staff providing personal care we always try to have both male and female staff on duty so we can match the gender where service users indicate a preference.' Our findings supported this statement. People were allocated a member of staff known as a key worker who had special responsibilities for making sure a person received the care and support that was right for them and communicating this with the rest of the staff team. Staff told us the keyworker system worked well as staff were able to support people whom they shared common interests with, and had specialist experience or training to meet specific needs. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. It was evident that staff knew people, what people wanted or were able to identify a problem through the sounds that people made or by their body language.

Personalised information in care records highlighted people's personal preferences, behaviour, what support they require and how this should be delivered so that staff would know what people needed from them. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. For example, when a person bites their hand, staff will ask them to stop and use distracting techniques such as watching their favourite DVD. We observed this during the inspection. Care records were reviewed on a regular basis or when care needs changed so staff had the most up to date information.

Staff approached people with kindness and compassion. Throughout our visit we observed good caring

practice between people and staff. Staff always spoke to the person when supporting them; this was done in a respectful manner. To ensure people were calm and happy we saw that one person was watching their favourite programme which was confirmed from information recorded in their care plan, another person was in another communal room doing a jigsaw puzzle, whilst another person was listening to his favourite music. Staff checked that people were happy at each stage when attending activities

People were treated with the utmost dignity and respect. Privacy and dignity were respected and people received care and support in the way they wished. Staff understood the importance of respecting people's privacy and dignity and treating people with respect. When a person was exhibiting inappropriate behaviour, staff discreetly advised the people that it was inappropriate and used distracting techniques to resolve the situation. Where people required attention to their personal care this was always provided in private. People were not kept waiting for assistance with personal care.

People and relatives were involved in the discussion about their care, support needs and end of life care. Documentation was provided in easy to read pictorial format so that people were able to understand and be involved in the decision making process. We observed that when staff asked people questions, they were given time to respond. Relatives, health and social care professionals were involved in individual's care planning. One relative told us, "I am definitely involved in X's care planning and what [family member] likes and dislikes."

Relatives were encouraged to visit and maintain relationships with people. Each person had detailed information about people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests in the local community. People were also encouraged through various social events to develop friendships with people living at other homes owned by the provider.

People had developed in confidence because of how the staff cared for them. This was evidenced through the records and photographs kept of each person's achievements. Staff were constantly praising people for these achievements and encouraging them to achieve more. For example we were told about a person who when they first arrived at Glebe Cottage was shy and dependant on their family. Now they have confidence in the choices they make, for example when managing their finances and deciding what activities they want to participate in. A relative told us, "I was impressed as recently all of them went out to the theatre. Everyone enjoyed themselves, bearing in mind some people be can be challenging."

Good

Is the service responsive?

Our findings

People were provided with care and support that were tailored to meet their specific needs. One relative told us, "They (staff) see the person with autism, not just their behaviour. [Family member] is much calmer, his medication is better and staff are more knowledgeable." Another relative told us, "The staff are outstanding."

There were positive examples of how staff knew and responded to people's needs. For example, people were anxious due to our presence, so staff made sure they were reassured and made them a drink, and in one instance a member of staff from a nearby home came to Glebe Cottage to support the person and take them out for a long drive which was part of their routine to calm them. Where a person exhibited inappropriate behaviour, the registered manager had reviewed the risk to the person and others with the involvement from the person and professionals. Where medication was having an impact on a person's well-being staff challenged the doctor to review the dosage and the doctor agreed to reduce the medication. A relative told us, "I have never had to worry about X's care." Another relative told us, "They (staff) are very diligent to X's needs." A social care professional told us that a member of staff attended a care review meeting on their day off so they could support the person." They went onto say, "X needs are being met by staff who understand her complex needs, everything we have asked them to do they have done."

Clear arrangements were in place when people moved into the home. In their PIR, the provider told us 'A service user moved in last year this was a very successful transition. They settled in very quickly and all service users formed positive relationships with them.' Our findings supported this statement. To ensure a smooth transition of a new admission, the registered manager visited the previous home first to gather information about the person, liaised with health and social care professionals involved and established a relationship with them. Gradually staff visited the home that the person lived in and discussed their needs with the person and their relative, so they could get to know them and understand their care and support needs. The impact of moving to the new home for this person was significant. They were able to increase their independence by starting to choose what they wanted in their room, food they want to eat. They were supported to manage their finances and decide what activities they want to participate in which they had not been able to do before. The way staff have developed a good understanding of each person and then supported them to build their skills and confidence and reach their goals is an outstanding feature of the service.

Pre- assessments were carried out before people moved into the home and these were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to ensure people's needs could be met prior to them moving in and then develop care and support in accordance to people's needs.

People's care plans were written in such a way as to put the person at the centre. People had their needs assessed and care plans had been developed in relation to their individual needs. Information was

recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example, where people had behaviour that was challenging, behavioural charts and guidelines were in place to monitor and review their needs, as well as having safety measures in place to minimise the risk of harm to themselves or others. Staff also had information about what behaviour or noises people would exhibit if they were content or distressed and what support would be required in these situations. Any changes to people's care was updated in their care record which ensured that staff had up to date information.

Information about people's care and support needs was also provided if a person required hospitalisation. This enabled hospital staff to know important things such as people's medicines, allergies, medical history, mental and physical needs and how to keep them safe during their stay in hospital.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to try. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. The activities on offer covered a range of interests and needs such as baking, art, listening to music, horse riding and external trips. We saw photographs of outings or events people had taken part in. The range of activities that suited each person meant that people were less likely to experience social isolation. Staff were knowledgeable about people needs and therefore would avoid certain areas or situations such as encountering dogs or busy places which would trigger people's anxieties.

The provider was responsive to people's needs. Staff told us the provider had hired on a weekly basis a community swimming pool so people from Welmede homes could go swimming with other people with similar needs, supported by staff who were familiar to them. This would reduce the anxieties people might experience with crowds or people who were not familiar to them.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. Relatives said they were confident the registered manager would address any complaints. One relative told us, "I did have concerns about a resident and the staff listened to my concerns and managed to solve the situation."

Good

Is the service well-led?

Our findings

Relatives and a social care professional spoke positively about the home. One relative told us, "The home has a warm atmosphere. It feels like a home." They went on to say, "Every year it keeps getting better." Another relative told us, "It is a small unit, staff take an interest in the service users, it is a lovely home."

People, their relatives and professionals were involved in how the home was run in a number of ways and their feedback was sought through meetings, easy read documents, questionnaires, use of closed questions so people could respond and care reviews. There were 'service user meetings for people to provide feedback about the home. We saw minutes of the meeting that included information about each person who attended the meeting, a summary of their activities and any issues during that month. For example, the need for sensory equipment had been identified and this had been accomplished. During our visit we saw people using the sensory equipment. These items created sensations that could assist relaxation, or stimulate people's senses.

The staff had the benefit of strong, focused leadership. The registered manager was supported by a team leader and a motivated staff team. A relative told us, "The new team leader is great". A member of staff told us, "No day is the same. There is very good team working here. All staff are positive about the people and the work they do and they are well motivated. The staff team are very enthusiastic." During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living at the home and spoke with compassion about them and her staff team. Any question we asked was met with detailed information.

The registered manager told us that they and managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues. For example staff had contacted the DoLS team who agreed to visit the home to review restrictions in place such double door handles, locked bedroom furniture and locked doors.

Staff had the opportunity to suggest how improvements could be made. They were able to contribute by attending staff meetings or in one to one supervision meetings. Staff told us that they were able to discuss the home and the quality of care provided, best practices and people's care needs.

In the PIR the provider told us 'the service works to the values of the organisation. These are Respect, Person centred, Integrity, Passion, Responsibility, and Excellence.' Our findings supported this statement. The provider is passionate about providing people with disabilities the chance to pursue their chosen lifestyle. The provider ensured that staff received appropriate training, team briefings, and management support which reflected their values, all of which were discussed in meetings with their line manager.

Staff demonstrated these values in the support they provided to people and it was also evident when they spoke about people. The staff team at the home have a Glebe Cottage Team charter (displayed in the home) that they abide by and that can be used to challenge bad or identify good practices.

The provider had a system to manage and report incidents, accidents and safeguarding. These were reviewed which enabled staff to take action to minimise or prevent further incidents occurring in the future. Incidents and safeguarding concerns had been raised and dealt with and relevant notifications had been received by the CQC in a timely manner.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the staff assessed and monitored the quality of the care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans. Issues were identified and action plans put in place to rectify the concerns raised. Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs.

We saw that the registered manager had an open door policy, and actively encouraged people to voice any concerns. They were polite, caring and encouraging towards them. In their PIR the registered manager told us 'I believe that all staff feel confident to approach me at any time with any issues they may have.' Our findings supported this statement. Relatives, staff and professionals told us the registered manager was approachable and would discuss issues with them. One relative told us, "I can always approach her and she will listen to my concerns or suggestions." Some people interacted and stayed with staff and the inspectors for the majority of the inspection, at no point did staff deter them from doing so. Staff would include people in the conversations by using closed or simple questions, so people were able to respond; they were never excluded from our conversations.

Relatives and professionals commended the care and support provided by staff at Glebe Cottage. One relative told us, "The staff are really friendly and they have a great attitude towards the residents." Welmede have a Recognition & Rewards scheme for staff. The staff team at Glebe Cottage was nominated by the registered manager for this scheme for their hard work. The aim of the scheme is to encourage excellence and the sharing of best practice to enable staff to continue to provide good quality care and support to people using the service.

Welmede have received Surrey Care Association's 'Care Employer of the Year' and Chairman's Awards in 2016. The Awards recognise the hard work and dedication of people working in a wide variety of jobs in adult social care including dementia care, caring for people in their own homes and caring for adults with disabilities.

We looked at a number of policies and procedures such as complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This knowledge contributed towards ensuring people continued to receive care and support safely.