Mr & Mrs M Bourke

# Glasson House

## Inspection report

93 Belmont Avenue
Barnet
Hertfordshire
EN4 9JS

Tel: 02084497808

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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

This was an unannounced inspection which took place on 2 and 6 June 2016. We last inspected the home on 12 November 2013 when we found the provider was meeting all the areas that we looked at.

Glasson House is a care home providing accommodation with personal care for up to six adults with mental health needs. At the time of our inspection, there were six people living at the home.

The service was located in a house with bedrooms with en suite facilities. The building was partly wheelchair accessible. There was no lift at the premises and hence, people using wheelchairs resided on the ground floor. The service had communal areas including, kitchen, dining area and a living room. The service had a large garden and a parking space at the front of the house.

The service had a registered manager who has been registered with the Care Quality Commission since 04 January 2011. 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 who used the service and their relatives told us they found staff friendly and caring. People told us staff listened to them and their individual health and care needs were met.

People told us they felt safe at the care home. There were safeguarding policies and procedures in place. Staff were able to demonstrate their role when raising safeguarding alerts and concerns relating to abuse.

Medicines administration records were clear and accurate records were being kept of medicines administered by staff. There were effective systems in place for medicines collection. Care plans and risk assessments supported the safe handling of people's medicines.

Care plans were personalised and detailed life histories, individual needs and likes and dislikes were recorded. Risk assessments were detailed and individualised, and care records were maintained efficiently.

People were supported to make choices of what they wanted to eat and we saw staff supporting them with those choices.

People were involved in planning their own care and were asked their views at the weekly residents' meeting. The service used good practice such as adopted cognitive behaviour strategies and strengths based approach to help people maintain their wellbeing. People were supported to carry out activities within the care home and in the community.

Staff told us they were supported well; we evidenced records of staff supervision. Staff told us they attended

induction training and additional training and training records evidenced this. There were sufficient numbers of staff employed to ensure that people's individual needs were met.

The service followed safe recruitment practices. Staff files had records of application form, interview notes, criminal record checks and reference checks.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff asked people their consent before supporting them.

The service had robust systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of various aspects of the service.

## 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 using the service told us they felt safe.

Staff understood the principles of safeguarding and knew the correct procedures to follow if they thought someone was being abused.

The service had detailed risk assessments in place. They were reviewed regularly. Staff were able to demonstrate a good understanding of people's needs and abilities.

There were sufficient numbers of trained staff to meet with people's individual care needs.

The service kept accurate records of care delivery, medicines administered and accidents or incidents. People received medicines on time from staff who were appropriately trained.

### Is the service effective?

Good

The service was effective.

Staff received appropriate induction training. Staff were given additional training relevant to people's individual needs. Staff told us they received regular supervision and felt very well supported.

The service liaised with relevant agencies to request mental capacity assessments and complied with deprivation of liberty safeguards.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People's nutritional and hydration needs were being met.

People were referred to health and care professionals as required. Staff supported people to attend health and care professionals' appointment.

## Is the service caring?

Good

The service was caring.

People and their relatives found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect.

Staff were able to describe people's wishes and preferences. People told us staff understood them well.

The service identified people's religious, spiritual, cultural needs and their life histories. Staff supported people in fulfilling their individual wishes and respected people's confidentiality.

People told were involved in planning and making decisions about their care. They said staff listened to them.

People's end of life care wishes were discussed and documented.

## Is the service responsive?

Good

The service was responsive.

People's care plans were detailed and personalised. Care plans had necessary information about people's individualised health and care needs. Care plans were easy to follow and reviewed regularly

Staff understood people's needs. Staff reported any changes in people's needs to management and recorded them in their care plans.

People participated in various individual and group activities.

Complaints policy and procedures were followed and logs maintained. People and their relatives felt they were asked for their feedback.

## Is the service well-led?

Good

The service was well-led.

People and their relatives told us they found the manager friendly and approachable. They told us the service had a caring team.

There were records of regular audits and checks to monitor the

quality of the service. The information was analysed and used to improve the services.

Staff felt well supported and there was a positive open culture within the staff team.

The registered manager had robust quality assurance processes in place. The registered manager involved people, staff and professionals in continuous improvement of the service.

# Glasson House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 2 and 6 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports, notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return, 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 spoke with three people using the service, the registered manager, deputy manager and two care staff. Following our inspection, we contacted three relatives.

We looked at three people's care records, medicines administration records and three staff personnel files including their recruitment, training and supervision records.

We also reviewed the service's statement of purpose, policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, residents' meeting notes, health and care appointment book, activities schedule, quality audits and monitoring checks.

We contacted health and social care professionals and local authority commissioners.

Good

# Is the service safe?

## Our findings

People using the service told us that they felt safe. One person told us, "I feel safe with staff." One relative said, "My friend is safe at Glasson house and their health and care needs are met." People and their relatives told us they felt the staff team were very good and knew how to support them.

Staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse; they explained they would report any concerns to the registered manager and if they were not available then they would report it to the deputy manager. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the registered manager and family, and the role of external agencies. The registered manager told us they regularly carried out rehearsals around emergency situations and the way staff would tackle those situations. The service maintained effective operations to prevent abuse of people using the service.

We looked at the whistleblowing policy. Staff we spoke to told us they had received training in whistleblowing, they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact CQC and the local safeguarding team. The registered manager told us they reminded staff on an on-going basis of whistleblowing, and bullying and harassment policies in the staff meetings.

Staff told us they would feel comfortable whistleblowing and that they were encouraged by the registered manager to do so. Staff told us the registered manager would go through the whistleblowing policy and reminded them the importance of it. We saw information on CQC and local authorities displayed in the hallway.

We looked at accidents and incidents records. The registered manager told us they discussed incidents that had occurred with their staff team in the staff meetings and supervision sessions. They introduced measures to prevent incidents from reoccurring. We spoke with staff and they were able to tell us how they ensured accidents and incidents were prevented by learning from previous incidents, for example, we saw an updated and reviewed risk assessment and guidance sheet on managing a person's behaviour following an incident. Staff were given additional training by the registered manager around using positive language that would diffuse challenging situations. There was another incident where due to person's deterioration in mobility was unsteady on their feet had lost their balance and suffered a mild fall. Following this incident, person's risk assessments were reviewed and staff were provided with extensive moving and handling training to support the person concerned. At the inspection, we observed staff implementing this when supporting this person.

We looked at the safeguarding logs and there were clear and extensive records on the safeguarding cases. The registered manager were able to explain the measures they had implemented to avoid similar situations. There were robust systems for the handling people's finances. The registered manager and the

deputy manager were the only staff with access to people's banking details and banking was carried out once a week There were robust systems in place for handling people's monies. People were involved in how their finances were managed. The registered manager carried out weekly checks and audits were conducted to ensure people's monies were handled safely.

Individual risk assessments and measures to reduce identified risks were developed. The risk assessments were person-centred to meet people's individual health and care needs. Risk assessments were for areas such as falls, medicines, premises, accessing hoist, and domestic activities. The provider also maintained detailed missing person's risk assessment and a procedure that needed to be followed to inform the relevant agencies. There were detailed and personalised emergency fire evacuation plans. Staff were able to describe how they would support people in case of a fire emergency. The risk assessments were reviewed every month or earlier if there were any changes in people's needs. Staff carried out weekly fire point checks and three monthly fire evacuation drills with people which was recorded in fire evacuation records.

The service had sufficient numbers of staff on duty to meet people's needs. People and staff told us there were sufficient numbers of staff on duty. Staff rotas were created on a two weekly basis. Staff rotas showed morning and afternoon shifts had two staff members, and the service had one sleeping staff at night. The registered manager told us they had never used agency staff. In case of emergency or staff absence they would request staff from the sister company. The sister company was located locally and made it convenient to get extra staffing in case of an emergency. The registered manager told us they had an efficient and good staff team.

We reviewed the service's recruitment and selection policy and procedures; it was dated, that meant the policies and procedures were reviewed regularly. We found staff files had two references; the references were on referees' headed paper and from previous employer.

We reviewed staff personnel files, these contained completed application forms, copies of Disclosure and Barring Service checks and copies of passports to confirm people's right to work. The provider did not maintain separate interview assessment form. Interview notes were recorded at the back of the application form. One of the staff files had no interview notes. The registered manager was unable to provide us with these. The registered manager told us from now on they would maintain clear records of interview assessment process.

We looked at the medicines policy. Medicines were stored in a lockable drawer that had individual blister packs labelled with people's names to minimise errors. We saw the medicines cupboard temperature record sheet showed the temperature was maintained at the recommended level. Only trained staff members administered medicines, six staff members were trained in medicines administration. Staff administered medicines in pairs to reduce the risk of errors. Staff told us they had received training and so felt equipped to administer medicines. People were encouraged and supported to self-administer medicines wherever possible. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder.

We looked at medicines administration record (MAR) charts; they were accurate and easy to follow. Staff were able to explain how they maintained these. Two staff members carried out medicines audits at the end of each week. Any errors would be picked up on a weekly basis. The registered manager carried out a medicines audit every quarter.

The senior carer told us medicines errors were immediately reported to the registered manger and were investigated by them. If an error was confirmed then they would seek help from the pharmacy and the

doctor alongside reporting to all concerned professionals.  The registered manager also told us following any medicines errors they ensured staff were given refresher training for medicines administration.

As part of the inspection we looked at the kitchen area. Suitable procedures were in place to minimise the spread of infection. For example, food in the fridge was suitably stored, sealed and dated and the area was kept clean. There were different chopping boards for specific foods to minimise the risk of cross contamination and there was a guide on the wall to prompt staff as to usage. There were gloves and aprons available for use when providing care.

Staff told us the temperature they washed clothes and bed linen at so as to ensure they were following the requirements. People had designated laundry day to avoid any mistakes. People's clothes, kitchen towels and bed linen were washed separately. Laundry room was locked all the time, and only staff had keys to the room. People were encouraged and supported to wash their laundry on their designated weekdays.

We looked at fire drill records, cleaning schedule and records, water tests and maintenance and equipment testing records. They were all up-to-date.

Good

# Is the service effective?

## Our findings

People using the service and their relatives told us staff understood their health and care needs and were able to provide the right support. People told us, "staff supports me with medicines, staff looks after me well", and "staff are considerate, helps with medicines and understand my needs".

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them. One person said, "oh yes, staff do ask my permission". Another person said, "staff always asks my consent".

New staff were required to complete detailed induction that had to be signed off by the registered manager. Induction included areas such as care plans, risk assessments and policies and procedures, these areas were in addition to the Care Certificate training they had completed. The Care Certificate is a set of new minimum standards that care workers are expected to apply in their role. Staff received refresher training in safeguarding, health and safety, manual handling, food hygiene, medication and challenging behaviour. Staff were also trained in CQC's key lines of enquiry, these are a set of prompts and source of evidence that help services to answer the five key questions and had to complete an assessment test. Staff gave examples of the training they had completed and how it had helped them in carrying out their responsibilities. They felt the training was very helpful.

Staff told us they were very well supported by the registered manager, and received regular supervision. We looked at the staff supervision and appraisal records, and it showed staff were receiving appropriate and regular support to enable them to do their job effectively.

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.

The service had signed consent forms for people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

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 saw DoLS application forms made to the local authority and the authorisation from the local authority. The DoLS authorisation was valid and in date. There were records of staff receiving Mental Capacity Act (MCA) and DoLS training. Staff we spoke with were able to demonstrate the principles of MCA and DoLS.

People told us that they found the food good and they were given choices. People told us their specific needs around food and drinks were met such as people preferring pork and dairy free diets. We looked at the service's menu; they had two weeks' set food menus. Food menus were set with people's input and their consultation. Meals were recorded in the menu book at the end of each day but not in people's daily care records. The registered manager told us they recognised this as an improvement area and will ensure meals were recorded in the daily care records. Staff maintained daily care records on computer. The daily care records were regularly backed up on a memory stick.

As a good practice, people using the service were weighed on a weekly basis. We saw weight management records, people's weight were stable. We saw diet management plans for people on specific diet including diabetes management plan. Some people attended regular diabetes screening as part of their care. We found guidance information on diabetes and its management in people's care plan. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. Staff were able to explain risks associated with diabetes such as hypo and hyperglycaemia.

There were clear and accurate records for food temperature logs maintained for lunch and dinner meals. People were encouraged and supported to record food temperature logs for the meals they had cooked. During our inspection, we saw one person being supported to cook lunch for that day. The person was well supported by staff and engaging well with staff.

People told us their health and care needs were met by the service. People and their relatives told us staff and management were efficient in maintaining contacts and liaison with health and social care professionals. Staff accompanied people to health appointments. We saw records of correspondence and referrals to healthcare professionals such as dentist and chiropodist. We saw appointments' book maintained by staff for people's various healthcare appointments to ensure they were not missed.

People's rooms were personalised. People told us that the facilities met their needs. We observed people access their bedrooms, kitchen and dining areas with ease.

Good

# Is the service caring?

## Our findings

People using the service and their relatives spoke highly of staff's caring approach. One person said, "staff are friendly and caring, they respect me and my privacy, they never shout at me", and another person said, "I like living here, staff listen to me". One relative said, "this is the best my friend has ever lived at".

During the inspection, we observed staff interacting positively with people and encouraging them to take part in activities. Staff appeared calm, were unrushed when providing care and showed a caring attitude towards people. Staff were patient with people and listened to their requests attentively. The registered manager and staff had time to talk with people and there was good eye contact and relaxed conversations. We saw the registered manager supporting one person with their meal in a caring way.

There was a happy atmosphere in the home, with people involved with various activities in groups and individually. People were chatting with staff and amongst themselves, some were tidying their rooms, some were tidying the kitchen, some were cooking, some were listening to music and some were watching television. In the afternoon, we saw one person supported to make a trifle and other people supported by staff in baking a cake. One person was reading in their room and another person had gone out to the shops.

People and their relatives told us they found staff caring and friendly. People were happy with the staff team and said they treated them with respect and dignity. Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they knocked on people's doors before entering, closed bathroom and bedroom doors when supporting people with personal care to maintain their privacy. One relative told us, "Staff are caring and friendly, they are a caring team here, and they respect my relative's dignity and privacy."

Staff told us when people wanted to have private conversations; staff would ensure this took place in people's bedrooms or the staff office. Staff were able to demonstrate the importance of maintaining confidentiality and not sharing people's sensitive information with other people. We saw people's personal information was stored securely.

People told us they were involved in planning and making decisions about their care. People told us they were given a copy of their care plan after their care review. Staff encouraged people to voice their wishes and preferences.

Staff and the management told us they recognised people's individual needs and preferences and tried their best to meet them. For example, one person preferred having their lunch later in the afternoon. We saw this person having their lunch after others had finished. We saw people's culturally specific food needs were met for example there were some people who were on a vegan diet and pork free diet were offered several relevant options.

People had been supported to voice their wishes about their end of life care and they had been recorded in their care plans. Their wishes were revisited when the care plans were reviewed to ensure people were given

choice to change their wishes. Care plans provided personalised information regarding the support people required and their wishes for their funeral arrangements. Staff were aware of people's end of life care wishes.

Good

# Is the service responsive?

## Our findings

People using the service told us they were happy living at the home. They told us their health and care needs were met. One person said, "staff look after me well", and "I like living here, staff are good".

People told us staff were responsive to their individual needs and understood the importance of person-centred care. One relative said they had seen improvement in their friend's health and emotional well-being since joining the service.

The registered manager assessed people's needs in-depth before they moved to the home and began receiving support. Care plans were drawn up by the registered manager once the initial assessment was carried out. The care plans were well organised, easy to follow and person-centred. The care plans outlined people's needs, abilities and how their needs were to be met. Care plans were detailed and included people's personal information, family, life and medical history, health and care professionals' details, eating and drinking , hobbies and interests, cultural and religious needs, weekly key-working sessions and goal setting and health related information and correspondences.

People's care plans were routinely reviewed every month or sooner when people's health or needs changed. Therefore staff were provided with the most current information on people's health and care needs which enable them to deliver efficient care. People told us they were included in their review meetings, and were supported and encouraged to express their views and wishes regarding their care. People told us they were given a copy of the agreed care plan.

At people's weekly goal setting key-working sessions, they were supported by their keyworkers to choose an activity or goal that would help them improve their confidence, life skills and quality of life. For example, the activities included participating in cleaning and tidying their rooms, cleaning kitchen and lounge areas and changing their bed linen. During the inspection we saw people confidently carrying on with their activities. We saw one person drying the dishes and another person tidying the kitchen after lunch.

At the weekly key-working sessions, the keyworkers discussed with people their long-term goals and short-term aspirations in meeting their goals. One person told us they wanted to move into an independent flat in the community and staff were very supportive of their goal. They told us staff encouraged them to think of the skills they would need to gain before living independently in the community. The person told us they were encouraged to develop various skills such as cooking and cleaning skills.

People told us about various social activities they got involved in such as going out for dinner to restaurants, pubs and going on holidays. During our inspection we saw people planning their annual holiday abroad. We looked at the activities schedule, the schedule included group and individual activities. For example, cooking, room care, laundry, nail painting, music quiz and meal out in the community. People told us they enjoyed going to the pub and restaurants and socialising. People attended day centres and did food shopping.

We saw four people's bedrooms, they were personalised and people had their personal belongings in the rooms for example books, photos. We saw rooms had yearly calendars on the wall with stars displayed against some dates; these were given when people had achieved a target they have been working towards for example, tidying their bedroom, or preparing lunch. The service had pet birds and we observed some people liked the birds and smiled when they saw them.

The registered manager told us they held weekly meetings where people were encouraged to say how they felt about the service, if they had any concerns or specific wishes. We saw notes of residents' meeting, demonstrated people's views, comments and concerns.

Staff understood people's needs, reported any concerns to management, and recorded them in people's care plans.

People were actively encouraged to raise their concerns or complaints. People told us they knew how to make a complaint and felt comfortable to do so if required. The provider's complaints procedure was easily accessible and was displayed in the hallway. The provider's policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. There had been no complaints made in the past 12 months.

People and their relatives felt their complaints were listened to and acted upon in a prompt manner. One person using the service told us, "If I am not happy about something, I speak to the registered manager and they listen to me."

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post. The registered manager has been managing this service since its registration. They demonstrated a good understanding of the care delivery requirements and managerial responsibilities. The registered manager had a good understanding and experience in working with the people the service provided care for.

People using the service and their relatives told us they were able to speak to the registered manager. They told us they found the registered manager approachable.
People and their relatives told us if the registered manager was not there they could speak to the deputy manager. One person said, "I feel comfortable talking to the registered manager, I could approach them if I was not happy about something, but I have never had to."

People and their relatives told us they were happy with the service and staff. One person said, "the staff are considerate" and one relative said, "The service has a caring staff team". Staff were able to describe their role and responsibilities. People told us they found staff were always available and willing to help.

Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. Staff told us they had team meetings every second month where the registered manager informed them on the various matters affecting the service and their role. We saw staff team meeting minutes; they included discussions on matters such as staff training sessions and encouraging residents to get involved in activities.

Staff told us they were listened to and their suggestions were taken on board. The service had an open and positive culture that encouraged people and staff to raise concerns and make suggestions. We observed positive and supportive interaction between members of staff team.

We observed a staff handover meeting and witnessed an open encouraging discussion between staff and the registered manager on care practices and how to improve people's quality of life.

People using the service told us the registered manager asked them about their views on care delivery on a regular basis. The registered manager told us they spent time with the people to seek their views on staff and the care delivery. The registered manager told us they asked people how their life could be improved. People's views were then discussed with staff in their supervision sessions. We saw evidence of this in staff's supervision notes.

People told us they had good links with their neighbours. The registered manager told us some of the neighbours had become friends with the people using the service.

The service maintained robust systems to audit and monitor, safety and quality of the service. There were clear records of audits and spot checks to monitor the quality of the service including quarterly home checks carried out by the registered manager, deputy manager and senior carer, health and safety checks, care plan

and risk assessments audits. The audits demonstrated areas recorded that needed improvement and the actions taken to resolve the situation.

People and their relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw completed people's, staff's, relatives' and professionals' feedback questionnaires. For example, the analysis showed people were happy with the care they were receiving, they were happy with their keyworkers. We looked at information gathered from the annual feedback questionnaires and their analysis and they were positive.

The registered manager told us they were focused and driven to ensure continuous improvement of the service. They told us they saw the drive as a collective responsibility of staff, people using the service, relatives and professionals. We saw people using the service were able to influence the way the service was run. Residents' meeting took place every month and one person using the service was responsible to take the minutes for the meeting. People told us they attended the meetings and found it helpful.

The registered manager told us there had been an increase in crime in their area and were introducing measures to ensure further safety of the people using the service. People using the service were consulted about these security measures and approved the proposal.

The registered manager told us they were in the process of developing a company website and this would be launched in the near future.

The registered manager worked with independent audit organisations, local authorities, mental health trust and academic bodies for continuous improvement. We spoke with some of the health and social care professionals, and they confirmed their input with the service.