

Welmede Housing Association Limited

Glebe Cottage

Inspection report

Sandhills Lane
Virginia Water
Surrey
GU25 4DS

Tel: 01344844144
Website: www.welmede.org.uk

Date of inspection visit:
17 October 2019

Date of publication:
01 November 2019

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

About the service

Glebe Cottage is a care home that accommodates up to 6 people with learning disabilities. On the day of our inspection 6 people were living in the home.

People's experience of using this service

People indicated, and relatives told us staff were caring. Staff's commitment and compassion enabled people to receive care from staff who knew them very well.

People received safe care from skilled and knowledgeable staff. People indicated, and relatives confirmed people felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. People received their medicine as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The registered manager and staff strived to provide safe care and support. The registered manager worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

The registered manager monitored the quality of the service using a range of audits and systems to continually improve people's experience. The registered manager was supported by the area manager and provider.

Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 14 April 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Glebe Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Glebe Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is an adapted building set over two floors. The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

People at the home had difficulty verbalising. However, we spoke briefly with two people. We looked at three people's care records and three medicine administration records (MAR). We spoke with two care staff,

the deputy manager and the registered manager. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. Following the inspection, we contacted three relatives to obtain their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People indicated to us they were safe. One person gestured with a thumbs up when asked if they felt safe. A relative said, "He is safe, oh yes, safer there than at home I think."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd tell the local authority and my manager."
- The provider had safeguarding policies in place and the registered manager had systems in place to ensure any concerns were reported promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and travelling in the local community. For example, where people were at risk of choking, professional advice had been sought and their guidance followed.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to meet people's needs. Staff told us there were enough staff. One member of staff said, "Yes we have enough staff here, I've been here over 25 years, so I'd know."
- Records confirmed there were sufficient staff to support people. Staff rotas evidenced planned staffing levels were consistently maintained.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The register manager ensured people's medicines were administered by trained and competent staff. One member of staff said, "I have been trained, and I am retrained and checked every year."
- Medicines were stored safely and securely, in line with manufacturers guidance. Records were accurate and up to date.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. One staff member said, "Oh yes, lots of gloves, lots."
- We observed staff following safe practice, using protective equipment and colour coded mops and buckets.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things had gone wrong and used this as an opportunity to improve the service for people and staff.
- The registered manager used investigation results of incidents to identify patterns and trends to reduce reoccurrence. For example, following an incident the initial assessment process was reviewed.
- One staff member said, "We have debriefings and reflective meetings following incidents, it helps us put things right."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified, and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. Records confirmed people and their relatives were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles. One relative said, "Staff know him so well, I'm full of admiration."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I am supported. I get supervision where I can say what I want."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's meal preferences, likes and dislikes. Any food allergies were highlighted.
- People were supported with their meals appropriately. All the people at the home were able to eat independently.
- Staff prepared people's meals to meet their individual needs. For example, one person required their food to be cut into bite size pieces.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist and optician. People's care plans also contained guidance relating to oral hygiene and staff had completed 'oral care' training.
- Where appropriate, reviews of people's care involved relevant healthcare professionals. One relative said, "They go out of their way to access specialist care if needed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. We observed staff routinely seeking people's permission to support them and respecting their wishes.
- Staff worked to the principles of the MCA. One staff member said, "We cannot force people to do things against their will. We offer residents choices and respect their decisions."
- Consent documents were signed on people's behalf by their legal representatives.
- The registered manager was aware of their responsibilities relating to DoLS.

Adapting service, design, decoration to meet people's needs;

- People's rooms were personalised, and people were able to bring in their own possessions. People had photographs and personal belongings to make them feel at home.
- There were comfortable communal areas where people were able to spend time together.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People indicated staff were caring. One person gave a thumbs up when asked if staff were caring. Another said, "Happy, like staff and music." A relative said, "Caring? The staff are absolutely brilliant."
- Staff knew people well and knew how best to support them. All the care staff at the home had been working there for over twenty years.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We are encouraged to treat service user's as individuals, they are all individuals after all."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were consulted and involved in care and support.
- Records showed staff discussed people's care on an ongoing basis. One relative commented, "I am involved as far as I can be."
- We observed staff involving people in their care. Staff explained things to people and offered choices. People's decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people respectfully and maintained their privacy. Staff knocked on doors and used people's preferred names.
- People's care plans highlighted the importance of respecting privacy and dignity. One staff member said, "I close doors and draw curtains to maintain privacy and dignity when providing care."
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, one care plan noted the person could 'wash themselves' but needed prompting.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in office's which were locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals. For example, one person could suffer seizures. Clear guidance was provided for staff on how to support this person which included the use of emergency medicine and calling paramedics.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, one person liked to have their bath in the morning.
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans. For example, one person loved music, especially by a particular artist. We saw the person's room contained many relevant CDs. Pictures of this artist were around the room and one wall depicted a mural relating to this artist.
- People were able to engage in a range of activities including; music, games and crafts. People also enjoyed events and trips out of the home. During our inspection all the people went out into the community to engage in activities. One relative said, "They take [person] swimming and keep him active."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recognised. Care plans identified, recorded and flagged any communication needs such as poor eye sight, hearing loss or inability to verbalise as required by the AIS. One care plan contained a list of expressions, gestures and their meanings.
- Staff told us they supported people to access information. One staff member said, "You get to know their ways. A gesture or expression can say so much. I think we all communicate very well."

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- Relatives knew how to make a complaint and signs were displayed informing people how to complain. Complaint procedures were presented in an easy read picture format. A relative commented, "I have raised a concern in the past and it was dealt with very swiftly."

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes where they expressed a preference.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys.
- Audits were used to improve the quality of the service. For example, one audit identified one bathroom required refurbishment. We saw this was completed and improvements made.
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work. Staff supported each other to ensure good care was provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the manager and provider. One staff member commented, "[Registered manager] is brilliant, you can rely on her. She is approachable, and she listens."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were regularly conducted. The results from the latest survey were positive. People's views were also sought through meetings where people were supported to express their opinions. Relatives commented on engagement and communication. Their comments included; "The manager is very good and always contacts me if needs be" and "The manager is good, I'm informed, and everyone is so kind. I simply cannot fault them."
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- The registered manager said she had an 'open door' policy and staff knew she would be available to listen to any concerns of staff and to provide solutions to address these. Staff confirmed this.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the

Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.

- The provider put strong emphasis on the continuous improvement of the service provided to people and their families. For example, the service was planning to implement electronic care records to improve the service.
- One staff member said, "I am always learning, every day. We are all encouraged to advance."

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.