# Glebe House (Charnwood) Limited

# Glebe Cottage

## Inspection report

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25 January 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 took place on 21 and 25 January 2016 and was announced. The provider was given 48 hours noticed of the inspection because the location provides a weekend short breaks service. We needed to be sure that the registered manager would be available to speak with us.

Glebe Cottage provides accommodation to people who require personal care for up to three people who have a learning disability or autistic spectrum disorder. The service is for people to have a short break at the weekend. The home is located on two floors, with a stair lift to access the first floor. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 13 people were using the service in total, although only a maximum of three people could be accommodated at any one time.

The service had a registered manager. 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 told us that they felt safe. Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

Risk assessments were in place which set out how to support people in a safe manner.

The provider had a robust recruitment process in place and carried out pre-employment checks.

People received their medicines safely and at the right time.

Care workers were supported through training and supervision to be able to meet the care needs of the people they supported.  They undertook an induction programme when they started to work at the service.

Staff told us that they sought people's consent prior to providing their care.

The feedback from relatives we spoke with was that they felt people were cared for very well.

Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People received care and support that was centred on their individual needs. Their care plans included information about how they wanted to be supported.

People were involved in decisions about their care and support and care plans included assessments of risks associated with this. Support was offered according to people's likes, dislikes and preferences.

People were supported to take part in a wide range of activities.

People told us that they were happy to raise any concerns with the manager and felt confident they would be listened to.

People were asked for feedback on the service that they received. People were involved in developing the service.

There were effective systems in place to monitor the service being provided.

## 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 told us that they felt safe. Staff knew how to recognise and respond to abuse correctly.

Staff efficiently managed the risks related to people's care. Individual risks had been assessed and identified as part of the care planning process.

People received their medicines safely and at the right times.

### Is the service effective?

Good

The service was effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

People were encouraged to follow a healthy diet during their stay. Information about people's health needs were recorded and monitored.

### Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

People's privacy was respected and people were involved in decisions about their support.

### Is the service responsive?

Good

The service was responsive.

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and

choices.

People were able to participate in a wide variety of activities.

People knew how to complain and felt confident to raise any concerns.

## Is the service well-led?

Good

The service was well-led.

People told us that they felt that the service was well run.

Staff told us that they were supported by the managers and that they were approachable.

People and their relatives were encouraged to provide feedback and had been involved in developing the service.

There were quality assurance procedures in place to monitor the quality of the service that was provided.

# 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 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 21 and 25 January 2016 and both days were announced. The provider was given 48 hours' notice because the location provides a short break service that people access at the weekend. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before the inspections we reviewed the Provider Information Return (PIR). The PIR 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 also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at policies and procedures and records associated with the quality assurance process. We spoke with the registered manager, the project manager and four care staff.

We spoke with two people who used the service in person. We contacted other people who used the service by telephone. We spoke with two people who used the service and six relatives of people who used the service. This was to gather their views of the service being provided.

Good

# Is the service safe?

## Our findings

People who used the service told us that they generally felt safe. One person told us, "The staff keep you safe. It's quite a protective place." Another person told us, "I do feel safe." Another person told us, "I don't feel safe because of the stairs, but the staff make me feel safer." All relatives who we spoke with told us that they felt that the service was safe. One person told us, "I have been shown around and seen it's all safe. No issues at all." Another relative told us, "Yes I feel [Person's name} is safe. There is always someone with him".

Staff we spoke with had a good understanding of how to protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff training records confirmed that staff had received appropriate safeguarding training that was up to date.

Staff efficiently managed the risks related to people's care. Each care plan had detailed information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place for how to support them when they displayed behaviour that could be challenging. This meant that if the person displayed any behaviour that challenged staff were aware of this type of behaviour. They knew how to support the person to reduce this and keep them safe. Risk assessments were reviewed yearly, or when someone's needs changed. We saw that risk assessments had been reviewed following a change of someone's needs. This was important to make sure that information was current and was based on people's actual needs.

People told us that they felt there were enough staff. One person told us, "There are enough staff for us." Another person told us, "I believe there are enough staff." One relative told us, "We have visited on occasions, there were a lot of staff." Another relative told us, "What she likes to do is always done." Staff told us that they felt there were enough staff. One staff member said, "Each person has one to one during the day and there are plenty of staff." Another staff member told us, "We have a large staff team." We saw that the staff spent time with people on a one to one basis and that they had time to talk with each person and support them when they asked for help.

Staff maintained records of all accidents and incidents. These were monitored by the registered manager, the chief executive and the services manager. We saw that a log of all accidents and incidents was in place. The registered manager told us that this was reviewed by the Board of Trustees and actions were put in place to try and reduce or avoid incidents happening again, including changes to policies and procedures. For example following some near misses with medicines where actual errors had not occurred but there had been potential for an error, all staff were retrained to make sure that errors did not happen.

The premises were clean, tidy and well maintained. Cleaning schedules were in place and a health and safety check was carried out by the staff before each weekend visit took place. Staff told us that fire drills

and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The registered manager advised that where people may need additional support in the event of an evacuation this had been identified and a personal emergency evacuation plan had been put in place.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a photograph of each staff member, a record of a Disclosure and Barring (DBS) check, and references. These checks helped to make sure that staff were suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. A relative told us, "He takes two medicines while there. They fill in a sheet for what time he takes his medicine." Another relative told us, "There are forms to say what he needs to take." We saw that medicines were stored, administered and disposed of correctly and there were policies and procedures in place to support this.

Staff had received training in the management of medicines and their competencies to continue giving people their medicines were assessed annually. The registered manager told us that people brought their medicines with them for the duration of their stay. We saw that there were systems in place to check the medicine before staff supported anyone to take their medicine and that each person had a new medicine administration record completed for each time they stayed. This meant that staff were ensuring that the medicines people had brought with them were correctly documented. This reduced the risks of medicine administration errors.

We saw that some people brought bottled medicines or prescription creams with them. We discussed this with the registered manager who told us that these were not dated when they were opened as people used them at home and this was not something that was necessary. This meant that staff could not be sure how long a bottle or cream had been opened before they administered this. It is important to have this information as some medicines advise being disposed of at a certain time after being opened. The registered manager told us they would discuss this with people who used medicine in this form.

We saw that where people were prescribed medicines as PRN (as required) there were protocols in place for staff to follow to ensure that people received the right amounts at the right time.

Good

# Is the service effective?

## Our findings

People told us that they felt that they were cared for by staff who knew them well. One person told us, "Yes I think they are (suitably trained and skilled." Another person told us, "All the staff are very helpful." A relative told us, "They seem to be well trained." Another relative told us," One staff member had a child with a disability herself, it doesn't mean you are trained but it gives you some insight."

We spoke with the staff who told us that they enjoyed the training they had completed. Comments included, "Training is very good," "They are very good with training," and ""I feel equipped to work here." We saw the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects, including training that was specific for the needs of the people they supported. The training matrix identified when training had been completed and the date it would need to be refreshed. Some staff members had been trained to 'Train the Trainer' level in some courses. This meant that they could offer staff training in these areas on a regular basis to ensure training was kept up to date. The registered manager confirmed that there was an induction process in place. All the staff we spoke with told us that they had completed an induction that included training and being shown procedures within the home. One person said, "I felt equipped for the work I was going to do."

Staff told us that they felt supported by the management structures within the home. Comments included, "I had a supervision recently, it was about two or three weeks ago," and, "Supervision is regular, it may not always be formal but I can talk to my manager when I need to." Staff received face to face supervision meetings with their manager, as well as observations of the care they provided and an annual appraisal. There were regular staff meetings held and the minutes of these demonstrated that issues raised by staff had been addressed and resolved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had contacted the relevant people to discuss these further and to carry out the required assessments. We saw that information in the care plan asked people how to support them to make their own decisions and how the person was involved in making their decisions. We saw that paperwork was in place to ask people for their consent to their care plan, if pictures could be used where needed, their wishes in the case of emergency treatment and if anyone has a legal

authority to make decisions for the person. We found that for some people these had been signed by a parent instead of the person themselves, however the parent did not have a Lasting Power of Attorney (LPA) that allowed them to sign on behalf of the person. An LPA is a legal authority and the chosen person can make decisions on the person's behalf. We discussed this with the registered manager who advised that she would review the documents where someone had signed on behalf of the person and ensure that the person themselves signed, or that the correct process had been followed if the person did not have capacity to sign themselves.

Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example, one staff member told us that they supported people to make decisions by giving choices and information. Care plans included information about how people made their choices and how they communicated them. This meant that staff were aware of how to support people to make their own decisions and the way that the person may communicate any decisions they had made.

People told us that there were choices at mealtimes. One person told us, "They give you a choice." Another person told us, "I cook my own food when I am there." A relative told us, "They are into healthy eating, they are aware." Another relative told us," They ask what he wants." We saw that people were supported at meal times and with food preparation. We saw that people could choose where they wanted to eat their meals. The staff told us that before people came to stay they were asked what they wanted to eat. We saw records that confirmed that people had chosen what they wanted to eat during their short break. The registered manager told us that people could bring food with them or they would be supported to shop for their own food. One person told us that they had been shopping on the first day of their short break. Throughout the day people were offered drinks and snacks and could access the kitchen and help themselves to what they needed. There were a variety of drinks on offer including hot and cold drinks. We saw that one person had brought their own favourite squash with them for their stay.

People had care plans which included information on dietary needs and support that was required. We saw that where people had dietary needs, any information that had been given by the health professionals was recorded within the care plans.

People only stayed at the service for up to four days, however some people only stayed for one night. This could be once a year or once a month. Records showed that people were supported to attend routine appointments to maintain their wellbeing if they asked for support with this and the visit was at a time they were staying at the short breaks service. Care plans showed that information about people's health was recorded. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken.

Good

# Is the service caring?

## Our findings

People spoke well of the care provided and of the staff. One person told us, "Yes the staff are caring." Another person told us, "I like my staff. I choose who works with me." One person told us, "All of the staff are very helpful." Relatives told us that they were happy with the care and the staff. Comments included, "He sees their faces and he knows they are alright," "They are lovely," and "They really are caring." We spoke with a private speech and language therapist who had worked with Glebe Cottage. They told us, "The staff are always very friendly and helpful."

People told us that they knew the staff who supported them. One person told us, "It's normally the same person. As long as I know who is supporting me when I see them it's alright." Relatives felt that people knew the staff who supported them. One relative told us, "She has four or five that she mostly deals with and is familiar with them all." Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support people. One staff member told us that they asked people how they wanted to be supported. Another told us that they were encouraged to spend time getting to know people and had worked with people for a number of years. We saw that when someone asked for a staff member to help them, the staff supported the person straight away. The registered manager told us that some people used other services that were offered by the provider and the staff also worked in these services. This meant that people were spending regular time with the same staff who supported them on their weekend break so that they had time to get to know the staff.

People told us that they had been involved in making decisions about their support. One person told us, "Yes I felt involved." A relative told us,"We discuss it all as a family." We saw that people were sent a form before their stay that asked people what they wanted to do during their stay and what they wanted to eat. Records showed that what people had asked for had been put in place. This meant that people had made their own decisions about the support that they wanted for their weekend short break. We saw that the care plans had information that included what the person wanted and what they had said. This showed that people were involved in planning their support.

People told us that staff protected their privacy and dignity. One person told us," They will knock and ask you if you are alright." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them. We found that each room had a lock and people were asked if they wanted a key to this. This meant that people were offered privacy in their own room for the duration of their stay.

Staff told us that they were signing up to become dignity champions. One staff member told us, "I have completed my application. I am looking forward to becoming a champion." A dignity champion is a worker who has made a commitment to put dignity and respect at the heart of the care services they work in. It is part of a national scheme led by the National Dignity Council. This meant that staff were committed to promoting dignity and equality at the service. The registered manager told us that they were working to

identify staff who were interested in taking on this role.

People were encouraged to bring their own items with them to make them feel at home. We were invited to see the bedrooms at the service. These were decorated in neutral tones and were cleaned and had fresh bedding each time someone stayed at the service. Staff told us that people could chose to bring their own bedding or bedding was available if people preferred to use that. The home had pictures throughout that people who used the service had drawn, painted or made. The communal areas had been decorated in a homely manner. For example, in the lounges there were pictures, cushions and comfortable seating.

Good

# Is the service responsive?

## Our findings

People told us that they felt involved in how their support was provided and that their preferences were respected. One person told us, "I sat down with [staff 's name] and the manager and told them what I wanted." Another person told us," They ask you." A relative told us," They put her first." Another relative told us, She enjoys going to the cottage. She calls it a holiday and can't wait to go."

Care plans contained information about each person, their personal needs, how best to support them and any change to people's needs. A section in the care plans was called 'All about me'. This detailed things that were important to the person, how best to support them, what was a good day and what was a bad day was for the person. We saw that care plans were reviewed on a regular basis. The staff told us that they thought that the care plans contained information that enabled them to support a person in the way that they preferred. One staff member told us," There is enough information about the person in the plan. The key worker goes through it with the person so that they know what is in the plan." Another staff member told us," The plans are all person centred and have information about their likes and dislikes."

We saw that people told the provider what dates they wanted to have their short breaks on throughout the year and the length of time they wanted to stay. Records showed that before each stay the person was asked to complete paperwork to plan their stay. This included which room they wanted to stay in, what time they arrived and left, what they wanted to eat and what they wanted to do. Staff told us that people had planned their own stay and it was their choice what they wanted to do. The registered manager told us, "Each break is for the individual. Everything has to be agreed by them." We saw that the plan that had been requested by the person was used to create an information pack for each person that covered their stay. This included a rota with pictures of the staff who would be supporting the person and times the staff were on duty, a plan for the stay including activities the person had requested and a planned menu for their stay. The registered manager told us that this was sent to each person before their stay and checked with them when they arrived to make sure that they were happy with the plan. Records showed that people were given the chance to make changes to their plan if they wanted to. We saw plans that had been developed for the weekend and each plan was different. For example three people were due to stay for one weekend. Each person had their own staff rota and their own activity and meal plan.

The information plans were written using the persons preferred communication. We saw that one person had pictures on their plan to help them to understand this information. Another person had their information written in words. This meant that the service enabled people to understand the information by using the appropriate communication method.

People told us that they were able to make choices about what activities they liked to do. One person told us, "I am going to the spa, I asked to do it this weekend. " We saw that people had requested a range of activities during their stay. These included bowling, making a cake, going out for a walk and visiting a garden centre. Records showed that people had two or three activities planned for each day. Staff told us that they supported people to do what they wanted to do. One staff member told us, "Everything is tailored to the individual. They are involved and they choose what they want to do."

Information about people was shared effectively between staff. A staff handover was held between staff and information was recorded in the notes from the stay. We saw that staff shared information about any changes to care needs, or if something had happened. This meant that staff received up to date information before the beginning of their shift. Information about people was recorded in a personalised and sensitive way.

Some people told us that they were asked for their feedback. One person told us that they were involved in the clients representative group and they were asked for feedback through this. Relatives told us that they were asked for feedback. One relative told us, " They will ask if [person's name] is happy with things." Another relative told us, "The forms come to us at home. They like to know so that they can correct if there is something we don't like." A relative told us, "We have a survey each time he goes." We saw that people were given a feedback form after each stay. This asked people for their opinion on their stay including the staff and menu and asked for any comments to improve the next stay. The registered manager told us that they reviewed each form that was received and where people had requested things to be done differently this had been changed for their next stay.

All of the people we spoke with told us they would raise any concerns with the manager or staff. One person told us, "I would complain to [staff's name] or the manager. I can talk to the manager. It is a big help." We saw a complaints policy was in place and was available in the prospectus for the service. There had been three concerns received. We saw from the records that these had been investigated and responded to within the timescales set by the organisation.

Good

# Is the service well-led?

## Our findings

People told us that they thought that the service was well managed. One person told us, "It is very good," when asked how the service was managed. A relative told us, "I see a happy, very well run place. I was very happy when the social worker put me on to it." Another relative told us, "I think it is very good."

Staff told us that they felt supported by the management team. One staff member told us," They are definitely approachable. We have regular team meetings. All information given is taken on board and anything we say is listened to." Another staff member told us, "If you have a problem they will listen, they don't want to see the service fall down." We saw from minutes of team meetings that the management team were respectful of staff's opinions and ensured staff's views were recorded so that they could be acted upon. Staff told us that they regularly received updates on the service and that they had good communication from the managers.

The registered manager had worked at Glebe House, who are the provider for Glebe Cottage, for a number of years and was also the quality manager. There was a project manager for Glebe Cottage who had also worked at the service for a number of years. The provider, Glebe House, is a registered charity. There was a board of trustees who were involved in the running of the organisation.

People told us that they had been involved in developing the service. One person told us that they were a member of the client representatives group. This is a group of people who used the services that were offered by the provider. We saw from minutes of the meetings that the group met four times a year and the Chief Executive attended these meetings along with senior managers and a trustee had been invited to each meeting. The representatives were asked to bring feedback on the services from other people who used the services. Records showed that as a result of feedback beds at Glebe Cottage had been changed from single beds to double beds. This happened after a person said that they thought that single beds were not big enough. We saw that a request had been made for one of the rooms to be changed into a dining room to allow more space at the service. The registered manager confirmed that this change was being made. We saw that as part of the meeting a presentation was made that gave updates on any changes. This was called 'You asked for, We gave you' and told people what had happened as a result of their feedback.

The registered manager told us that a number of audits were carried out to ensure that they provided a high quality service. This included audits on health and safety, documentation, supervisions, accidents and incidents. The registered manager told us that this was to ensure that records were up to date and all tasks had been completed.

We saw that the service had signed up to the Driving Up Quality Code (DUQC). The DUQC outlines good fundamental practices for organisations that support people with learning disabilities. The aim of the code is for providers to carry out a self-assessment against five key areas that indicate the practices of a good organisation and then publish the results and continue to review the service against the actions that were identified. Glebe Cottage was still in the process of completing their self-assessment. This meant that the

service had made a commitment to working in a transparent way and to let people know how they worked. The chief executive told us that as a result of the self-assessment it had been agreed that a quality group would be set up to monitor the quality of the service.

Records showed that the registered manager visited the service at least once a month and carried out checks after each person's stay. We saw reports that the registered manager had completed following visits. These included speaking with people who used the service and staff, ensuring that all checks had been completed, records had been completed and reviewing any accidents or incidents that had taken place. Records showed that actions were set if required following the registered managers visit.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. Our records showed that such events had been reported as required.