

Parkcare Homes (No.2) Limited

Glebe House

Inspection report

7 South Dale
Caistor
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Lincolnshire
LN7 6LS

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23 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glebe House is a residential care home providing accommodation and personal care to up to 24 people. The service provides support to younger adults and people with mental health needs. At the time of our inspection there were 22 people using the service.

People's experience of the service and what we found:

People lived in a safe environment and were supported by a staff group who knew their needs and had the appropriate training for their roles. The risks to people's safety were assessed and measures were in place to mitigate the risks while still enabling people to be as independent as possible.

People's medicines were well managed and they were protected from the risks of infection as staff followed good infection prevention practices.

People were supported by a caring group of staff who worked to provide a welcoming environment for people and their families when visiting. Staff worked to achieve good outcomes for people. The quality monitoring processes in place at the service supported this. The registered manager worked in an open and transparent way and staff felt supported by him.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 26 November 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Glebe House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Glebe House

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Glebe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glebe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including the last inspection report. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

On the day of our visit we spoke with 5 people who lived at the service, 1 relative and a visitor to the service. We also spoke with the registered manager, the regional manager and a support worker. We reviewed a range of records. This included 3 people's care records, multiple medication records and a variety of records relating to the management of the service, including quality monitoring documentation. Following our visit we telephoned 3 members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- People told us they felt safe at the service and staff we spoke with understood their responsibilities in keeping people safe. There had been a serious safeguarding incident at the service previously. A family member told us following the incident the registered manager and staff had acted swiftly and made improvements to manage the safety of people at the service. The provider had worked with external professionals in an open way to ensure learning from the event and reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Where people had dips in their mental health there was information in their care plans to show what the triggers could be, how this might manifest itself and how staff should support the person. Staff we spoke with showed good knowledge of how they worked to support people and what support they would need from health professionals to do this effectively.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- People and staff told us there was enough staff to support people at the service, this included when people required one to one support for different activities. One person told us how their key worker undertook their shopping for them when needed. Staff received appropriate training for their roles and if they needed any extra training they told us this would be provided. The staff files we viewed showed safe recruitment processes were in place.

Using medicines safely

People were supported to receive their medicines safely.

- Medicines were managed safely and staff followed safe practice when administering medicines. Where one person struggled with swallowing, staff had followed the correct procedure to ensure they received their medicines safely. Following the guidance from the GP, pharmacist and the speech and language therapy (SALT) team to support the person.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- Staff followed safe infection prevention and control (IPC) practices at the service. The service was

provided from an old building and the registered manager and provider continued to work to ensure the environment was maintained to allow effective cleaning.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- ☐ The registered manager had a number of processes in place to ensure learning from events. Staff told us they had debriefing meetings following any events at the service and there was a daily flash meeting to ensure staff were up to date with any changes to people's needs. We saw how incidents or accidents had been investigated and any actions arising from them had been shared with staff to ensure learning.

Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

The provider was working in line with the Mental Capacity Act.

- ☐ People were supported to make their own decisions where possible and staff worked to provide people with choice in their daily lives. At the times when people struggled with mental health issues they were supported following the principles of the MCA.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- ☐ The service provided people with support in the way they needed it. Some people living at the service wanted to gain skills which would allow them to live a more independent life. The service had a rehabilitation area which was set up to help people improve their daily living skills. Two rehabilitation coordinators worked with people and supported them to achieve their goals. Where people wanted to follow their religious beliefs the staff worked with the local religious leader to ensure people were able to do this.

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

The provider understood their responsibilities under the duty of candour.

- ☐ The registered manager undertook statutory notifications to CQC about events at the service. One relative told us the staff at the service were very open with them should any issues about their family member arise.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- ☐ The registered manager undertook robust auditing processes in all aspects of people's care. For example they used their audits to identify any trends in areas such as accidents and incidents and were quick to feedback to staff to make any changes to people's care when needed. There was good support and oversight of the service by the provider's senior manager for the region. This knowledge allowed them to support the registered manager.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- ☐ People were supported to have their say in the running of the service. They had key workers to support them raise any issues and attended house meetings where they had input into the social activities at the

service. The relative and visitor we spoke with told us they felt welcomed when coming to the home and involved in the lives of the people they visited. Staff were able to have their say at staff meetings and one to ones. They told us the registered manager was supportive and operated an open door policy.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- ☐ The registered manager and their staff were supported by the provider to use the learning modules in place to improve their knowledge of people's needs and affect good outcomes for people. This included people's health and emotional needs.

Working in partnership with others

The provider worked in partnership with others.

- ☐ There was evidence in people's records of how staff had worked with external health professionals to improve the care people received.