

## The Glades Health Care Limited

# The Glades

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 13 February 2017 and was unannounced. The care home was last inspected in October 2014 and was rated overall good with requires improvement in the responsive domain.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Glades' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Glades is an 11 bed nursing home, providing care to adults with learning disabilities. At the time of the inspection there were eight people living at the home on a long term basis. Two people used the service at the weekends on a short term, respite basis. The Glades is located in Dinnington, a small town in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential part of the town.

The service has 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 and associated Regulations about how the service is run.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do.

Medications procedures were in place including protocols for the use of 'as and when required' (PRN) medications. Staff had received training in medication management and medication was audited in line with the provider's procedures. There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

Staff were aware of the Mental Capacity Act [MCA] and the Deprivation of Liberty Safeguards [DoLS]. At the time of this inspection the registered manager told us most people who used the service had an authorised DoLS in place. This legislation was used to protect people who might not be able to make informed decisions on their own.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks, associated with people's care, and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

There were enough staff to keep people safe and to meet people's individual needs, and the staff told us

they received good training and support. Staff retention was good, and staff knew people well and had built good relationships.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

Staff spoke to people in a caring and positive way, treated people with respect and were mindful of their rights and dignity. There was a nice, relaxed atmosphere and people were relaxed and smiling in the staff's presence.

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People didn't have any complaints to tell us about and indicated they were happy living at The Glades. Relatives we spoke with raised no concerns about the care provided at the service.

The registered manager was very person centred in her approach. Person centred care is when staff understand what is important to the person and give them the right care and support to do the things they want. The staff we met were very enthusiastic and professional, and were good communicators. They told us they were well supported by an open management team. It was clear from staff's responses to question that they had a clear understanding of the ethos of the home and they knew people's support needs very well.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by a representative of the provider. The reports included any actions required and these were checked each month to determine progress.

## 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.

The provider had appropriate arrangements in place to manage medicines.

People's care and support was planned and delivered in a way that made sure they were safe. We saw support plans included areas of risk.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

The service had safe arrangements in place for recruiting staff. Retention of staff was very good and staff were clearly happy in the job and understood the values and ethos expected of them. We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

### Is the service caring?

Good ●

The service was caring.

We saw staff were sensitive in their approach and supported people in a caring manner. They were also aware of people's needs and the best ways to support them, whilst maintaining their independence.

People had been involved in deciding how they wanted their care to be given, which was discussed regularly at their reviews. Relatives gave us lots of positive feedback about how caring the staff were, and we observed good interventions.

### Is the service responsive?

Good ●

The service was responsive.

We found that people's needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People and their relatives told us they had no reason to complain as the service was very good.

### Is the service well-led?

Good ●

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. They told us they worked to the standards set which valued people as individuals.

The feedback we received from commissioners was positive about the way the service was managed.

There were effective quality assurance systems and these took account of the views of people who used the service and their relatives.

# The Glades

## 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 checked 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 13 February 2017 and was unannounced. The inspection was undertaken by an adult social care inspector. At the time of the visit there were 8 people using the service. We spoke with two people who used the service and we also spoke with five relatives of people living at the home. Some people had limited verbal communication however staff gave us information so that we could understand their responses to our questions.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

Prior to our visit we also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked around the environment. We spoke with a nurse, three support staff, the business manager, and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, "I feel very safe." Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and happy living in the home. We saw staff supporting people and they interacted well with them. People were relaxed, happy and well cared for. Relatives we spoke with told us that their family members were kept safe and supported by well trained staff. One relative said, "My [family member] lived in various homes before settling here. I would definitely know if they were worried about anything." Another relative said, "My [family member] always looks forward to spending time at the home. They are always happy when they return home so I know they have been looked after and everything is okay."

The accommodation at the service was spacious with three main areas where people could relax and spend time doing activities. It was clear from our observation that people felt safe and comfortable being in those areas.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe, their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. The registered manager told us that on some occasions there was more staff than needed to meet people's individual support needs. They told us that sometimes additional staff was needed so that staff working with a person could have time out. The registered manager also worked occasional shifts so that they could have hands on experience working and supporting people.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

We observed information posters and leaflets in the home about how to report any safeguarding vulnerable adults' issues through the local council. A safeguarding adults procedure flowchart was also displayed which explained the escalation pathway.

We asked staff about what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this. We looked at staff training records and saw that all staff were up to date with safeguarding training. Staff told us that this training was undertaken annually, usually with the local council.

There was a whistle-blowing policy in place. Staff were able to tell us what it entailed and the importance of blowing the whistle on poor care. Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents

effectively.

Staff had clear protocols and guidance to manage people who had regular seizures. Emergency medication was available and nursing staff were trained to administer the medication. Medicines storage was neat and tidy which made it easy to find people's medicines. Most medication was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security.

Nursing staff administered all medications. Their competency was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people's medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Nursing staff undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that a training company was used to ensure staff had the necessary skills and competencies through a thorough induction to the ethos of the home. The registered manager told us that they retained staff and this was confirmed when we spoke with staff who told us they had worked at the home for some time. They said the provider valued their work and this encouraged positive team work.

We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.



# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. Relatives told us that staff helped them to develop their family members person centred plans (PCP) which detailed the support they would need to undertake certain tasks. For example, assistance with personal care, likes/dislikes and things they enjoyed doing. Relatives we spoke with told us that they were very satisfied with how support was delivered at 'The Glades.' One relative said, "My [family member] sees 'The Glades' as home. They are very happy and the staff are brilliant. They make sure they have lots of activities including going shopping which they like very much."

Some people were unable to communicate verbally to us, although staff assisted with this process as they knew people they were supporting very well. One person needed staff to give time for them to respond to questions and this enabled the person to express their wishes. This was done in a very respectful way.

People's care records showed that their day to day health needs were being met. People had access to their own GP and additionally to community psychiatric nurses. Records showed that people were supported to also access other specialist services such as chiropody and dental services

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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. The registered manager told us that most people who lived at the service had authorised DoLS in place and she told us that they had complied with the conditions stated in the DoLS. The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

Records we looked at confirmed staff were trained to a good standard. Support staff had obtained

nationally recognised care certificates. The business manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. New staff were expected to work alongside more experienced staff until they were deemed to be competent. We spoke with a new member of staff who was working alongside experienced staff. She told us that she was really enjoying the work and felt supported by her peers, the nursing staff and the registered manager.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported. Relatives we spoke with told us that the staff really understood how to treat people as an individual. One relative said, "Staff enables my relative to lead a fulfilling life, which included taking part in activities of their choice."

The registered manager was aware that applicable staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. They said regular staff meeting was also used to support staff and they felt able to discuss any problems they may be experiencing.

People had a good well balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences, pictorial menus and objects were used to help people with this.

We saw that menus offered variety and provided a well-balanced diet for people. We saw that the menus were put together using feedback from people about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally their plans also included a lot of information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed, staffs' observations of people's reactions to different food and drinks, and information from people's families.

## Is the service caring?

### Our findings

People experienced care that was empowering, supportive and individual to their needs. Staff were respectful, compassionate and caring, which helped to create a safe environment where people could develop skills and independence. People using the service and their relatives were involved in developing their person centred plans. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

Relatives we spoke with said the care was excellent. One relative said, "We can tell that they tailor activities and routines around my family member's needs and that is great." Another relative told us, "Staff know my family member so well. They are always kind and caring. I would not want my family member to live anywhere else." They said they were very satisfied with the care provided and felt involved in the care of their family member. Home visits were encouraged and relatives were invited into the home for reviews and social events. The home had no restrictions on visiting times. Relatives confirmed to us that they could visit any time.

It was clear from our observations and speaking to staff that they were passionate about what they did and this created a warm calm atmosphere. Staff knew how to respond to people's needs. They treated people as an individual. One relative we spoke with said, "My family member is unable to verbally communicate but staff know them so well they can tell if they are happy or sad. They also know if they are feeling ill and get the doctor straight away."

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, two people had chosen a football theme for their bedrooms which included bedding and wallpaper of their favourite teams.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans.

The registered manager told us advocacy services were used to help make best interest decisions and to support people to express their views. 'Speak up' advocacy service is a voluntary organisation supporting people with learning disabilities to exercise their independence.

## Is the service responsive?

### Our findings

People told us they had freedom and choice. They said they chose what they wanted to do in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity one evening, they could change their plans. One person we spoke with told us that they liked to visit family and friends. Relatives we spoke with told us that their family member like to watch Sheffield Wednesday football club and often staff would take them to watch home games. We were shown how they had personalised their bedroom which included posters and memorabilia from the club. Another person liked to have access to lots of handbags so they could choose a different bag to match their outfits, while another person liked staff to cut out pictures for them. They chose where they wanted to put the cut outs, which was usually in colourful bags.

We saw people were accessing activities of their choice during our inspection. For example, one person went out for coffee while another person went to the cinema.

The people's files we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and ongoing needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

The person centred plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content, and how they expressed, pain, anger or distress. The staff knew people really well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

The staff we spoke with told us that it was important that they promoted people's independence. They described how they met people's individual needs and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as some people could not always communicate their needs verbally.

People were supported and encouraged to keep in touch with the people who were important to them. We spoke with the registered manager about the contact people had with their families. They told us that some people had regular contact with their families, as they lived fairly nearby. Others had visits and also kept in touch by phone. A relative we spoke with told us that they had an arrangement with the home that they would telephone the home every other night to check on their family member's wellbeing. On alternative nights staff would ring the relative.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. The procedure was written using words and pictures [easy read]. They told us they had not received any formal complaints in the last 12 months. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns, about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with the registered manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

## Is the service well-led?

### Our findings

The service was led by a registered manager who delivered a service which met the needs of people who used the service. The staff we met were enthusiastic and professional and were good communicators. The registered manager and nurse were very person centred in their approach. They were keen to look at ways to ensure people had the opportunity to meet their full potential. The staff were flexible in their approach to ensure people could take part in activities of their choice.

We observed that the atmosphere was calm and relaxed and we found the support staff were well organised. They spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for a number of years.

We saw that the registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were very good relationships in the team.

Staff we spoke with told us they felt well supported by the nurses on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, staff said they liked their work very much.

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and a home manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

There were opportunities for people to provide feedback about the quality of the service, as some recent meetings had been held with people who used the service. These allowed people to be involved in discussion about things they felt were important. It was also clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continually improving the service. Relatives we spoke with told us they were highly satisfied with the care and support provided at 'The Glades'. One relative said, "I cannot fault the care, they are marvellous. They

are very settled here."