

# The Salvation Army Social Work Trust

## Glebe Court

### 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

### About the service

Glebe Court is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection there were 29 people aged 65 and over living at the service. The service can support up to 40 people.

### People's experience of using this service

People said they felt safe living at the service. Staff understood and followed the provider's safeguarding policy to keep people safe and protect them from the risk of abuse. Risks identified were associated with people's health and well-being and these were managed in an effective way.

There were enough staff available to meet people's individual care and support needs.

People had enough to eat and drink during the day that met their nutritional needs and preferences.

People and relatives commented positively about the variety of activities provided at the service. The activity co-ordinator involved people in activities to meet their individual interests.

People and relatives were involved in pre-assessments before living at the service. Staff were reported to be kind and caring towards people and provided care in a dignified and respectful way. People's end of life care and support needs were assessed and managed in line with people's wishes.

People were supported with taking their medicines as prescribed. Medicines administration records were completely accurately. People had access to health care services when their needs changed.

A complaints process was in place so people could make a complaint about any aspect of their care.

### Rating at last inspection

The previous rating for this service was Good (The inspection report was published on 23 February 2017).

### Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

#### Service and service type

Glebe Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Glebe Court is temporarily based at Morton House and is due to relocate to its original location in September 2019.

The service had a manager 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 visit was unannounced.

#### What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people using the service and three relatives. We spoke with the registered manager, an administrator, activities co-ordinator and three members of care staff. We looked at four care records and related medicine administration records (MAR). We looked at four staff records and other documents relating to the management of the service. We also completed general observations of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support and information related to the management of the service. We received feedback from a health and social care professional.

# 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

- There were systems in place to protect people from the harm of abuse. One person said they felt "Very safe" living at the service.
- The registered manager and staff knew how to identify different types of abuse and followed the provider's safeguarding policy and processes to ensure allegations of abuse were investigated.
- Safeguarding training was completed by all members of staff. The training equipped staff to develop their skills to manage allegations of abuse and to keep people safe.

Using medicines safely

- Medicines were managed in a safe way and administered appropriately to manage people's health care needs.
- People confirmed they were supported with their medicines when needed. Staff had a medicine competency assessment once they had completed medicines training.
- Medicine administration records (MARs) were signed by staff when people had their medicines. The MARs were audited to check for their completeness and accuracy.

Assessing risk, safety monitoring and management

- Risk assessments and management plans detailed risks associated with people's health and well-being needs and the support to manage them.
- People had risks related to their mobility, transfer needs, nutrition, mental health needs identified. Risk management plans were in place and these were reviewed when people's needs changed to ensure any changes were recorded.

Staffing and recruitment

- There were enough staff available to support them and to meet their care needs and people confirmed this. A health care professional reported "There were enough staff available for people and to give me an update about people I see when I visit."
- The staff rota we looked at showed the numbers of staff matched the staff we saw on duty during the days of this inspection.
- New members of staff had pre-employment checks conducted before their employment was confirmed. These checks included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

### Preventing and controlling infection

- The provider ensured the service was kept clean and tidy. The provider had an infection control policy which guided staff to reduce the risk of infection and cross contamination.
- The onsite cleaners followed a cleaning schedule to keep all areas of the service clean and free from unpleasant odours.

### Learning lessons when things go wrong

- The manager monitored all incidents that occurred at the service to ensure lessons were being learned.
- The registered manager had reviewed each incident and had taken action to reduce the risk of them happening again. For example, when a person left the service without staff noticing, a review was held. This identified the actions needed to avoid this incident from occurring in the future including the door security and gathering information on pre-assessments for people at risk of leaving the service unnoticed.

# 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.

Staff support: induction, training, skills and experience

- All members of staff completed a programme of induction, training, supervision and appraisal during their employment at the service.
- New members of staff completed an induction which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff completed training in safeguarding adults, first aid, medicines management, and moving and handling.
- Supervisions and appraisals were completed with staff which gave them the opportunity to review their daily practice and job performance in the last year.

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

- People were supported to eat and drink and were encouraged to eat healthy balanced meals. People enjoyed the meals that were provided and their comments included "Very good. Quite nice, choice of two main meals and a choice of pudding" and "I like the choice. I had a baked potato with cheese and corned beef."
- Staff respected people's religious needs determined their food choices. People's dietary needs were managed through the dietary sheet and the menu.
- There was a menu available for people to choose their meals. When people had specialist nutritional needs these were met. For example, some people needed assistance to eat or had swallowing difficulties and needed specially prepared meals that met their nutritional needs.
- The registered manager encouraged family and friends to eat with people living at the service. They said "They [relatives] can book for meals and sit as a family. The main meal is intended to be a social time. Staff are also invited to sit and eat with the residents if this is what people wanted."

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

- Assessments of people's needs took place before they came to live at the service to ensure that their care and support needs could be met by staff.
- People and their relatives were involved in the assessments to ensure appropriate information was gathered and used in their care plans. Assessments and care plans contained sufficient information, so people were supported effectively.
- The provider ensured care was delivered in line with current standards. Staff used professional, up to date advice, to achieve effective outcomes for people, including the Malnutrition Universal Screening Tool (MUST). The MUST is a nutritional screening tool that assesses people at risk of malnutrition.



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

- Health care services were available for people to help them maintain and improve their health and well-being. People said they would see the GP when needed. People's care records were completed by a health professional following a visit to the service.
- Healthcare professionals completed assessments with people when this was needed. We observed the district nurse visiting people at the service to provide treatment to them. People had other health care professional visits including a chiropodist, GP, optician, dental and specialist hospital appointments.

Ensuring consent to care and treatment in line with law 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 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 and found the provider was working within the principles of the MCA.

- People's care records detailed when people had consented to receive care and support and in decision making. Either the person or their relative signed their care plans.
- People who were unable to make decisions for themselves had a mental capacity assessment conducted and these clearly documented whether or not they had capacity.
- The registered manager made referrals to the local authority for mental capacity assessments, best interests meetings and a DoLS assessment as required. Staff supported people effectively in line with the DoLS authorisation.

# 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 remains the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Records confirmed and people told us they were supported to make decisions and gave their opinions and views about their care and how this was delivered.
- People and their relatives were invited to attend a care plan review and reassessment of care. This ensured that people's views continued to be heard and included in their plan of care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity when providing care and support to them. We observed staff speak with people in privacy when they had sensitive information to share or discuss with them.
- Staff encouraged people to be as independent as possible. People were supported to do things for themselves such as their daily activities of living, including managing as much of their personal care as they could. Care plans detailed people's abilities and what they could and could not do for themselves.

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

- People said that staff were respectful and kind. Comments included, "Staff are very kind" and "Very kind and always respectful."
- People were able to continue to practice their religious beliefs. The provider had a religious Chaplain that worked at the service. People told us "I like the Chaplain visiting me here, it is comforting and I enjoy praying with them" and "I always get involved in the church services." There were weekly church services onsite and people chose to attend or not. Many people living at the service were former Salvation Army soldiers and officers and practicing their religion was very important to them and this was respected.

# 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 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

- Care assessments identified people's care and support needs. The outcome of the assessment helped people and staff to ascertain whether the service could meet those individual needs.
- Assessments were completed with the person and their relatives by looking at the whole of the person's life. The information gathered looked at all aspects of the person's life. This included any health conditions, life history, mobility, mental health, hobbies, interests, likes and dislikes and how care and support should be delivered.
- People's care and support needs were reviewed regularly or when people's needs improved or deteriorated. The reviews ensured staff had up to date information and people received care that reflected their current needs.

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 assessed and these were recorded in their care plans so staff were aware of people's individual needs.
- Staff had an understanding of people's individual needs and tailored their support accordingly. For example, people's care records were made available in easy read formats or larger texts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had a programme of activities for people living at the service. People were positive and complimentary about the activity coordinator. There were varied activities available that met people's interests and hobbies. People commented, "There is some good entertainment here" and "The activities lady is simply wonderful and kind."
- People went out into their local community and enjoyed days out with friends and family. Staff were provided with a protected two and a half hours each week for people to take part in things they wanted to do. People chose to go shopping, take part in activities and go out to lunch.
- There was an activities board displayed in the service which provided sufficient information for people to choose what activities they wanted to take part in. People took part in reminiscence groups, sing-a-longs and staff supported people to play the guitar and daily exercises. There was a hairdresser that visited the

service. We observed one member of staff say to a person "Your hair looks really lovely" and the person appeared pleased with this comment.

- People were supported to take part in activities that celebrated their culture and were culturally relevant to them. People's cultural needs were respected by staff. There was an International evening which celebrated the diversity of people and staff by listening to music from around the world, trying dances from different areas, and food from all the continents was prepared and shared with everyone.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process and people could make a complaint about the service. This gave people, relatives and visitors the opportunity to complain about an aspect of the service if there were unhappy about it. Complaints were investigated and responded to in line with the provider's policy to improve the management of people's concerns.
- People said they or their relatives would make a complaint if they needed. People we spoke with said they had no complaints about the service and had not made a complaint.

#### End of life care and support

- Staff understood end of life care and they had completed training in this area. Staff said the training provided them with skills on how to support people in an effective way. One member of staff said "The end of life training was really good and gave me more information on how to make people comfortable when they are dying."
- Staff had developed a working relationship with staff at a local hospice. They provided training to staff on how to support a person living with a life limiting illness. This enabled people to receive appropriate care at the end of their life.
- The provider developed a system for a staff reflective debrief when a person using the service died and the provider had a 'Words of guidance and support' booklet which gave staff practical information on how to support people at the end of life. Staff had the opportunity to share stories about the person who died and on the care they received and to explore their personal feelings about the death. This staff feedback also allowed the registered manager to look at how care was delivered both to people, families and staff and identify any lessons to be learnt.

# 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 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 completed audits on the quality of the service to ensure it was of a good standard. The medicine administration records, accidents and incidents, care records and the building maintenance were monitored and reviewed to ensure the service was of a good standard.
- The registered manager monitored emergency call bells. This ensured they were operational, in working order and available for people to use when needed.
- The provider had a clear ethos and values which was based on the Christian faith and is an international charitable organisation. Neither people or staff had to be a Christian to live or work at the service. Staff demonstrated they were passionate and committed to the service and for providing good effective care to meet people's needs.
- The registered manager had informed the Care Quality Commission (CQC) of incidents and events that occurred at the service.

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

- People gave positive views of the service and with the daily management of the service. People and relatives knew who the registered manager was and were happy with the level of care and support received. Comments included "[The registered manager] I see her quite often" and "I like the manager her she is always having a chat which is a good thing rather than being in the office all the time, I like our chats."
- Staff were happy in their jobs and enjoyed working with people to ensure they were safe and cared for to meet their needs.
- The registered manager understood their responsibility to comply with the duty of candour. Staff followed the provider's systems in place to report when things go wrong.
- Records showed that all accidents or incidents were recorded and investigated to see if any lessons could be learnt and shared with staff to prevent these issues occurring.

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

- People and relatives were asked for their feedback about the service. We reviewed the feedback and this showed people were generally happy with the care and support received. We received feedback from people regarding the service moving location. We discussed the move with the registered manager and this was planned to take place in September 2019 and we saw how staff were preparing for this. There were

arrangements in place for people to visit the new location once this was safe to do so.

- There were regular residents' and relatives' meetings held at the service. People said they attended these meetings and found them interesting because there was an opportunity to discuss issues and concerns. There were staff meetings at the service. The manager told us and records showed that there was a 'Working for change' group that met weekly. The service was reviewed and staff from housekeeping, care and administration were invited and contributed and shared their opinions.

#### Continuous learning and improving care

- The provider had a commitment to continuous learning at the service. There were systems in place reviewed safeguarding incidents, accidents and incidents, equipment and end of life care.
- Record showed that these incidents were reviewed for patterns. The registered manager reviewed the service and identified areas for improvement in the service.

#### Working in partnership with others

- Staff worked in partnership with staff from health and social care services, this helped people to have access to consistent and effective care and support when required.
- Records showed that staff frequently contacted health and social care professionals for advice, assessments and support to meet people's health and social care needs.
- There were strong links with the local community. Local school children visited the service and interacted with people by singing, storytelling and doing arts and crafts.