

Glebe House (Charnwood) Limited

Glebe Cottage

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

This announced inspection took place on 5 and 6 July 2018.

Glebe Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Glebe Cottage provides supported weekend breaks and short breaks to people with learning disabilities; it is registered to provide accommodation and personal care for three people. At the time of the inspection there were eleven people regularly accessing the service for short stays.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and complex needs using the service can live as ordinary a life as any citizen.

At our last inspection on the 21 January 2016, we rated the service "Good." At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to make decisions about their care, daily routines and preferences. Staff worked within the principles of the Mental Capacity Act and there was documentation to support this.

People told us that they felt comfortable and safe when staying at Glebe Cottage. Relatives agreed their family members were supported in a safe way by staff. Staff understood their responsibilities to keep people safe from harm and to report potential risks to their safety.

People received their medicines as prescribed and staff supported people to access support from healthcare professionals when required. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

Effective systems and checks were in place to ensure the premises were safe. Staff told us they had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way

which prevented the spread of infection.

Some communal areas of the house were in need of refurbishment and re-decoration. A plan of refurbishment was in place and some areas had been completed. The provider needs to ensure that all areas are completed in a timely manner.

People's needs were assessed prior to them receiving the service to ensure that staff were able to fully meet their needs. The staff were skilled, knowledgeable and experienced and had the necessary training to enable them to carry out their roles.

People were supported to choose their meals and staff encouraged people to have a healthy balanced diet while staying at Glebe Cottage.

The culture of the service was caring, person centred and inclusive. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff encouraged people to follow their interests and many outings and activities took place while people were staying at the service.

There were effective systems in place to monitor the quality of the service. People that used the service and their relatives had the opportunity to comment on the quality of the support and care that was provided. Any required improvements were undertaken in response to such suggestions.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 comprehensive inspection took place on the 5 and 6 July 2018 and was announced. We gave the service 48 hours' notice of the inspection as the service is small and we needed to ensure that staff were available to support the inspection. We made telephone calls to relatives of people who were unable to talk with us on the 5 July. We visited the service to meet people who used the service, the registered manager and staff and review records on the 6 July.

The inspection was undertaken by one inspector.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We contacted Healthwatch and asked whether they had received any feedback about the service. Healthwatch is an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with three people who used the service and spoke with four people's relatives. We spoke with six members of staff, including the nominated individual, registered manager, a service manager, a co-ordinator and support workers. We looked at three records relating to the personal

care and support of people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Is the service safe?

Our findings

People and their relatives told us they felt safe when they were staying at Glebe Cottage. One person smiled and nodded when we asked if they were happy with the staff who supported them. Another person's relative said, "I have no concerns. I feel happy I can come away and know that [family member] is safe."

Staff had been trained in safeguarding and how to protect people from abuse. They knew how to report any concerns they may have about a person's well-being. One staff member told us, "I would report to [co-ordinator], [registered manager] or [nominated individual], but I can contact social services myself if needed."

Any risks to people were assessed and action taken to minimise the risk. One person had specific needs relating to food and drink, their relative told us, "It's all in the care plan and risk assessments and staff know what to do." Risk assessments had been regularly reviewed to ensure they were still appropriate to the person's routines and needs, supporting the continued safety of people. For example, we saw that people had risk assessments in place for accessing activities in the community, aspects of their behaviour that may pose a risk to them or others and using social media. Any incidents or issues arising were fully recorded, addressed and measures implemented to minimise the risk of any repeat.

People could be assured that only appropriate staff provided their support. We saw records that showed suitable recruitment procedures were in place for all new members of staff. The legally required checks had been completed before any new staff had started work.

People, their relatives and staff told us that there were enough staff to meet people's care needs. One person's relative said, "[person's name] has one to one support, the staff take them out and do lots of good things with them." Another person's relative said, "It's good that it's always the same familiar staff." Records showed that people were allocated specific staff to provide their support whilst staying at Glebe Cottage.

People received their prescribed medicines appropriately. The medicines administration records were fully completed, providing evidence that people received their medicines at the prescribed time. Up to date medicines policies and procedures were in place.

Systems were in place to make certain the premises were safe for people. These included regular fire tests and maintenance checks of equipment and water temperatures. Accidents and incidents were monitored and action taken to address any concerns. Lessons were learnt and improvements made when necessary.

People were protected by the prevention and control of infection. Staff we spoke with were aware of the principles of infection control, they told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff received regular training in infection control.

Is the service effective?

Our findings

The provider understood the importance of ensuring staff could meet people's needs before they came to stay at Glebe Cottage. People who used the service already accessed the day services that were facilitated by the provider. Therefore, the staff who provided their support whilst they were at Glebe Cottage knew them well. People's needs were assessed specifically for the circumstances of their stay and arrangements made accordingly. The information available was thorough and included the person's cultural needs, hobbies and interests and physical health and well being.

People received care and support from staff who had the skills, knowledge and experience to undertake their role. People's relatives were confident in the ability of staff to support their family member appropriately. One person's relative said, "They [staff] are very well trained, for example with regards to [person's name's] behaviour. They can see when there may be a problem and know what to do. It helps that they also work with them at the day centre." Another person's relative commented, "The staff are great, very capable and well trained." Records showed that all new staff undertook an induction programme and completed ongoing learning to ensure their knowledge and skills were up to date.

Staff said they were well supported and encouraged to develop in their job role. One member of staff said, "[Supervisor] is helpful, we talk about the clients, any issues or concerns, we meet regularly." Records showed that staff received regular supervision, which gave them the opportunity to discuss their performance and personal development.

People staying at the service were involved in deciding what meals they had each day. Before they came for their short break at Glebe Cottage they completed a menu to request what they would like to eat for each meal. People and their relatives told us that they were provided with the food they had requested. We saw from the sample of care records we looked at that support plans included information about people's food and drink preferences and if there were any needs with regard to nutrition and diet.

People's medical needs were assessed before they received support from the service. Support plans provided staff with information about people's health and medical needs. Staff told us that they had not needed to contact any medical professionals for any of the people who had stayed at the service. However, the relevant contact details were in people's support plans and staff were aware who to contact if this was necessary.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example; the mental health outreach team and learning disability nurses. The registered manager worked with safeguarding teams around any safeguarding alerts and concerns.

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

People were encouraged to make decisions about their care and their daily routines. Staff asked people for their consent before providing support and gave people time to make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities under the MCA. Records showed that assessments were carried out to determine a person's ability to make specific decisions DoLS had been applied for when needed.

People's needs were met by the adaptation, design and decoration of premises. However, some communal areas of the service were in need of re-decoration and refurbishment. The provider had begun a programme of refurbishment and we saw that some areas such as the dining room had been re-decorated and had new flooring. The provider needs to ensure that the refurbishment of communal areas is completed in a timely manner. People had access to an outside garden and we observed one person who was staying at the service enjoying relaxing with staff in this area.

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff. People and their relatives were happy with the care people received. One person's relative told us, "The staff are friendly, they genuinely like being with [family member] and [family member] likes being with them." Another person's relative commented, "[Family member] loves it, we extended the stays as they like it so much. [Family member] likes going out with the staff, they are very friendly towards [family member]."

Staff spoke of people they supported in a caring and compassionate way. They could demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff told us that the knowledge and relationships that they had built with people whilst they were at the day service helped people to feel comfortable when they stayed at Glebe Cottage. One member of staff told us about a person they supported at both the day service and Glebe Cottage saying, "[Person's name] has a core staff team and struggles with changes in routine. We have developed some really positive routines with them at Glebe Cottage. As staff and [person's name] already know one another, it makes for a really good transition."

Care plans showed that people using the service were fully involved in making decisions about how they would be supported during their stay. There were comprehensive details of people's background and preferences to support staff in understanding what activities or routines they may enjoy. Before people's stay they were sent a questionnaire so that they would tell the service what they wanted to do during their stay. One person's relative told us, "They [staff] always ask a couple of weeks in advance what [family member] wants to do and what they want to eat." Another person's relative told us that once the plan was completed their family member received a pictorial schedule and menu, reflecting their choices. This included photos of the staff that would be supporting them at Glebe Cottage. The person's relative said, "It's really important to [person's name] as they like to see who will be supporting them before they go."

Support plans were person centred and written to give staff guidance on how people wanted their support to be delivered. For example, one person's support plan identified precisely how staff should support them when accessing activities in the community. Their relative told us that this was particularly important as they often felt anxious when outside.

Staff encouraged people to maintain and grow their independence and offered support and encouragement when needed. One person's relative told us, "[Family member] is learning to be away from me and learning to be independent and try new things."

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff could describe how they upheld people's dignity when supporting them with personal care. Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality, one member of staff told us, "We wouldn't discuss a client in front of another client or others. Staff are also responsible for making sure all private files are locked away."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One person's relative said, "[Person's name] has staff allocated to their support, it gives flexibility and I know that [person's name] gets to do whatever they want to do." Another person's relative said, "We're very happy, they [staff] seem very on the ball, they know what [family member] likes and how to work with them."

Records showed that support plans were regularly reviewed with the person or their relatives if needed. This ensured that the contents were up to date and contained appropriate information. Support plans also reflected any changes in a person's needs or choices. Where any concerns or need for change had been identified, these were discussed with the person, their relatives and other professionals if appropriate and the support plan changed to accommodate these.

Support plans included information covering such areas as personal history, communication needs and any specific triggers that may lead to behaviour of concern. There were clear instructions for staff to follow in such instances with added guidance on reducing the risk of future incidents.

The daily records showed the routines and daily activities that people had chosen and that staff supported. They clearly reflected how each person was supported, stated their mood and which choices had been made each day.

Activities were chosen on an individual basis and people were supported by staff to take part in the activities they enjoyed. People told us about a range of different activities they had enjoyed whilst staying at Glebe Cottage, including going to the cinema and pub for meals and playing computer games. One person's relative said, "They are genuinely interested in [person's name's] wellbeing. They take them to dance and drama, out for lunch, to the hairdresser, they go out for walks and they go to the pub; whatever they want."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example, the surveys that people received following their stay were in easy to read, pictorial format.

People and their relatives were encouraged to raise any concerns or complaints. The service had not received any complaints but people and their relatives said they knew who to speak to if they had any complaints. One person's relative said, "I have no qualms about telling them anything, they do listen and I've no complaints." Another person's relative told us, "If there was a problem, I'd tell them [co-ordinator] and they would put it right." We saw that there was a clear complaints policy and procedure in place.

As Glebe Cottage is a weekend and short breaks service, it does not provide end of life care to people.

Is the service well-led?

Our findings

The provider and registered manager had developed a positive culture that was person centred, inclusive and open. People that used the service were clearly comfortable with the support they received and enjoyed staying at the service. One person's relative said, "I feel relaxed about [family member] going [to Glebe Cottage] they absolutely love it, they thrive. I've recommended it to other people."

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff said the registered manager worked in a positive and supportive way, fully including staff in the decision-making process. There were regular staff meetings to enable discussions about any developments within the service to take place. Staff had a clear understanding of the vision and values of the service. One member of staff said, "The clients come for a short holiday, they can do anything they like, go to the cinema, go bowling, swimming or go out for the day; it's their choice."

The service had quality assurance systems in place that monitored the quality of the service provided and of the safety of all support as well as the premises. Records showed that regular audits were completed by staff and the registered manager. These included audits on the environment, health and safety, infection control and care records.

The service maintained links within the local community and had developed positive relationships with people's relatives. Staff provided regular transportation for people using the service to access community groups and activities.

Regular monitoring, assessing the standards of the service and discussions with family and people who stayed at the service ensured the service continually developed. People and their relatives received a quality questionnaire to provide their feedback after every stay. These were produced in an appropriate format for each individual and where possible, family members assisted with their completion. We saw that recently returned questionnaires received by the registered manager contained positive feedback.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary, showing that the registered manager was complying with legal requirements.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

The provider shared information as appropriate with health and social care professionals; for example, social workers and health care professionals involved in people's care.