

Mrs Aloma Glowacki

# The Glow Rest Home

## 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 Glow Rest Home is a residential care home for six older people. There were five people living in the home at the time of our visit, some people were living with dementia and had limited ability to communicate verbally.

When we last visited the home on 7 April 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

People were safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well.

There were enough staff at the home to meet people's needs. Recruitment practices remained safe.

Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were cared for by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing care in line with the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them.

Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they moved into the home and care was planned and delivered in response to their needs.

People could choose the activities they liked to do. Staff took the time to talk to people and respond to them.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Relatives we spoke with described the management as very effective.

Staff said they were only a small staff team but they worked well together. We observed during our visit that management were approachable and responsive to staff needs.

Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

## 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

# The Glow Rest Home

## **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 was a comprehensive inspection. The inspection took place on 10 January 2017 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local authority who commission places at the home and to the Nursing Impact team who support people's healthcare needs. We asked them for their opinion of their clients care.

During the inspection we spoke with three people who used the service, the deputy manager, two care staff and a visiting district nurse. We looked at a range of records including four staff files, three people's care plans and other records relating to the management of the home.

After the inspection we contacted and received feedback from five relatives.

# Is the service safe?

## Our findings

People were safe at the home. Three people made similar comments about feeling safe and happy living at the home. Three relatives also felt their family members were safe in the home, commenting, "The home is always well maintained and my relative well looked after," "If my relative didn't feel safe they would tell me or the manager, but they never have" and, "This home is safe and warm, we are lucky to have found it."

Safeguarding and whistleblowing policies were in place which staff were aware of and helped them understand how to keep people safe. Staff could explain to us how to keep people safe from abuse and neglect and had received training in this.

People had suitable risk assessments in place. These detailed how staff should support people by minimising risks such as those relating to moving and handling, falls, choking or fire safety. People had a current personal emergency evacuation plan [PEEP] in place, which explained the help individuals would need to safely leave the building.

The provider and staff managed risks associated with the premises and equipment well. A range of checks were in place including those relating to fire and gas safety and electrical installations. We found the kitchen and food storage areas to be clean, with food stored correctly. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe.

There were enough staff at the home to meet people's needs. Throughout the inspection we saw staff were available, visible and engaging with people. Staff and people we spoke with felt there were enough staff to meet the needs of people. Two relatives commented, "Staff are always there, my relative never has to wait for support" and, "Staff have time for people, they have the time to sit and chat."

Recruitment practices remained safe. We looked at four staff's personal files and saw the necessary recruitment steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Each person had an individualised medicine administration record (MAR) which contained information about any allergies the person had. The MAR's we looked at were up to date and accurate. Medicines were stored securely in a locked cabinet. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

## Is the service effective?

### Our findings

People were cared for by staff who received appropriate training and support. When speaking about the staff people commented, "Staff know what they are doing" and, "They are very good, very professional." One relative commented "Staff have always been extremely caring and affectionate, personalising their contact not only for each and every resident, but to visiting family too."

Staff continued to have the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had received training including dementia awareness, food hygiene, moving and handling and first aid. Records we looked at confirmed staff received one to one supervision and an annual appraisal. Because the staff team was small they were able to speak with the registered manager or deputy every day and any concerns were quickly addressed.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. People who were mobile could move freely around the home and garden. People who were not independently mobile were asked where they would like to be in the home and staff helped them when necessary.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager understood these and applied for authorisations to deprive people of their liberty as part of keeping people safe.

One person commented the food was, "Wonderful, very tasty." Relatives said they were also welcome to share a meal and had found the food to be fresh, well cooked and of a good quality. People were supported to eat and drink sufficient amounts to meet their needs and staff monitored people's weight, as a way of checking their nutritional health. The dining room was welcoming and people came together to eat their meals. We observed a lunchtime meal and saw people were supported in a friendly and quiet way that helped to maintain the person's dignity.

People had access to a range of healthcare professionals including their GP and the district nurses. The district nurse we spoke with and the feedback we received before the inspection from a healthcare professional was positive about the care people received. We were told, "Whenever we visit the home, staff are always friendly and available to explain to you how the person has been feeling, their current health needs and the actions staff are taking to help ensure people stay healthy." Staff kept clear records of appointments people had with healthcare professionals including actions they should take to support people.

## Is the service caring?

### Our findings

The service continued to be caring. People told us, "Staff are first class," "Staff are caring and lovely" and, "Living here is a dream, I have a good room, a beautiful garden and good staff." Relatives commented about staff, "They are very good to my relative, they [family member] are always clean and their clothes fresh and tidy," "Very happy with the home, it's a real family with a great atmosphere," "Staff care for my relative as if their own, they hold hands with them, listen to them" and "No better home could have been found." Consistently relatives used similar words to describe staff 'very friendly,' 'compassionate,' 'a family' and people being 'loved and cherished.' The deputy manager was described as a 'one off, very gentle and caring.' Our observations during our visit confirmed what relatives told us.

People could choose where they spent their time. We observed people talking together, watching the news on television and discussing articles in the newspaper. Staff engaged with people throughout the day and we saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them.

A relative told us on one occasion recently the registered manager and deputy drove their family member to their home so they could all be together to celebrate a special birthday. They said "Without their [managers] help the occasion would not have been the same, they stayed all day and helped our relative join in the occasion."

People were supported with their spiritual needs. One person had requested to attend church and people from the church helped them to do this. When necessary staff would accompany the person to help them with their mobility needs.

Throughout the inspection we saw that people had the privacy they needed when personal care was being given and they were treated with dignity and respect by staff. One relative said "Privacy, dignity and confidentiality are three crucial factors that are never forgotten at The Glow."



## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the home and care was planned and delivered in response to their needs. People's care plans were organised, securely stored and accessible to staff. One relative commented, "The use and regular updating of my relatives care plan, as opposed to staff relying on their memory makes achievable what would otherwise be quite impossible."

Since our last inspection the care plans had been reorganised and information was easier to find. Care plans included information and guidance to staff about how people's care and support needs should be met. The information was comprehensive including how people would like to be addressed, their likes and dislikes, details about their health history and their interests. Regular reviews of people's care were conducted and changes made when necessary to their care plan.

The deputy manager had responded to people's different care needs by developing a strategy to ensure people's personal needs were attended to in a timely manner. They did this by ensuring there were sufficient staff at all times but especially in the early mornings, after meals and at night. This helped ensure people were not left waiting for staff to assist them with personal care. This response by staff helped people's well-being and dignity.

People could choose the activities they liked to do. We saw people reading the papers, engaged in crossword puzzles, looking at photographs or listening to music. Staff also had the time to sit and chat with people, even where people were non-verbal, staff still took the time to talk to them and respond to their reactions to questions.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. Relatives told us they had not needed to complain as they spoke to staff and management regularly, so any small concern was dealt with promptly.

## Is the service well-led?

### Our findings

There was a registered manager at the home who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our visit the registered manager was away and we spoke with the deputy manager.

From our discussions with the deputy manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Relatives we spoke with described the management as, "Very effective," "The registered manager runs a 'tight ship,' they ensure staff know what is expected of them and do it." One relative said, "The clear commitment of the registered manager and deputy manager to provide good care is shared by the carefully selected health care assistants."

Staff said they were a small staff team and they worked well together. They told us the registered manager and the deputy manager worked with them each day and they had the opportunity to discuss people's progress or changing needs at any time. Staff said and we observed during our visit that management were approachable and responsive to staff needs.

The deputy manager said as they did not send out questionnaires to relatives but rather took their time to speak to relatives when they visited to get their opinion of the service their relative was receiving. They also emailed or text relatives to help keep them up to date with the person's care or any changes taking place at the home. Relatives told us they could visit at any time and were always made welcome.

Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.