

Glebe House (Charnwood) Limited

# Glebe House Woodgate Chambers

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected the service on 26 May 2016 and the visit was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us.

Glebe House Woodgate Chambers provides personal care for people with learning disabilities or who were on the autism spectrum living in their own homes. At the time of our inspection eight people were using the service.

The service had 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 2008 and associated Regulations about how the service is run.

People told us that they felt safe when staff supported them and that there were enough staff to meet their needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. However, people had not always been protected from the risk of abuse and avoidable harm. We found that an incident where money had gone missing had not been reported to other bodies such as the police or safeguarding for investigation.

People generally received their medicines as prescribed. We found that where people had missed their medicine it had not been recorded that medical advice had been sought. Staff were trained in how to administer people's medicines and were regularly checked for their continued competency to do so.

People were receiving support from staff who had the appropriate skills and knowledge. Staff received regular training. Staff undertook an induction programme when they started work at the service.

Staff sought people's consent prior to providing their care. Staff were working in line with the Mental Capacity Act.

People received support from staff who showed kindness and compassion. Their dignity and privacy was being protected including the safe storage of their care records. Staff knew people's communication preferences and the provider had made information easier to read. For example, pictures were used to aid people's understanding.

People were being supported to be as independent as they wanted to be by staff who knew their preferences. People had been involved in decisions about their support.

People had support plans that were person-centred. This meant that the support people received was focused on them as individuals. Staff knew about the people they were supporting including their interests and hobbies.

People were supported to maintain a balanced diet and were supported or prompted to access healthcare services.

People and their relatives knew how to make a complaint. The provider had a policy in place and followed this when a complaint had been received.

People were involved in the assessment and review of their needs.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not always protected from the risk of abuse and avoidable harm. We found that an incident where money had gone missing had not been reported to other bodies such as the police or safeguarding for investigation.

The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine as it had been prescribed. However, we found that it had not been recorded that medical advice had been sought when people had not taken their medicine.

### Is the service effective?

**Good** ●

The service was effective.

People received support from staff who had received regular training and guidance.

Staff sought people's consent prior to providing their support. They worked in line with the Mental Capacity Act. People were supported to make decisions for themselves.

People received support to maintain a balanced diet and had access to healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness and compassion from staff and their privacy and dignity was being respected.

People's preferences were known by staff and they were supported to be independent.

People were involved in planning their own support.

### Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs. .

There was a complaints procedure in place. People felt confident to raise any concerns they had.

### Is the service well-led?

Good ●

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that they had received.

# Glebe House Woodgate Chambers

## **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.

The inspection visit took place on 26 May 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection visit, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the manager, a team leader and three care workers. We spoke with one person who uses the service and three relatives of people who used the service. This was

to gather their views of the service being provided. We were unable to speak with other people who used the service due to communication difficulties.

# Is the service safe?

## Our findings

People felt safe with the support they were receiving. One person told us, "Yes I feel safe". Relatives told us that they felt that people were safe when receiving support. One relative said, "I have no worries about [person's name] safety." Another relative told us, "I have no worries. The staff are really good." A relative commented, "I absolutely feel that [person's name] is safe."

People were receiving support from staff members who knew their responsibilities to protect people from abuse and avoidable harm. Staff members we spoke with had a good understanding of the types of abuse and what actions they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to their manager. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us and records confirmed that the staff had received training around safeguarding adults. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority.

People's support plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this. These included assessments about using transport and activities that people took part in. We saw that where possible, people had been involved in these assessments and this had been documented in their support records. This meant that staff had up to date guidance, based on people's preferences, about how to keep them safe. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented. We found four incidents where the actions taken to resolve these had not been fully recorded. We discussed this with the manager and the chief executive. In one incident money had gone missing. The amount was less than £20. It was not recorded what the outcome of the investigation into this had been and if any external parties had been contacted such as the police or the local safeguarding team. The chief executive agreed that they would review the policy around handling people's money to identify actions that should be taken if money was to go missing and to identify a threshold for contacting external parties to ask them to investigate.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew what to do should this have occurred. One staff member told us, "We work with people each day and know what works. The information is in the support plan." We saw that people had up to date support plans that described their behaviour and how staff should assist them. In these ways staff understood and knew how to respond to people's behaviours.

People's home environment was being checked regularly to make sure that people remained safe. For example, we saw that checks had been made on people's electrical equipment and any trip or slip hazards. We saw that there were plans available for staff to follow in times of an emergency, such as a fire. These



included the support people would need in such an emergency and also plans for how the service would continue to operate. This meant that the provider had considered people's safety should an incident have occurred.

People told us that there were enough staff to meet their needs. One person told us, "The staff always arrive on time." Relatives agreed with this. Staff told us that they generally felt there were enough staff to meet people's needs. One staff member told us, "They use bank staff sometimes. I think they are recruiting more staff." Another staff member said, "The calls are all covered. We don't miss any calls." The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls. The manager told us that they had procedures in place to let people know if staff were going to be late or were unable to attend a call. They told us that they were in the process of recruiting more staff to ensure that there were more staff available to cover all calls.

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines as prescribed by their GP. A staff member said, "We prompt people to take their medicines. I have been trained in how to do this for each person I work with." We saw that people's support plans had documented how people preferred to take their medicines. People had one page medicine profiles that contained information about their medicines and what they were for. This was important because some people managed some of their own medicines and meant that they had information if they needed it. We saw that if someone was managing their own medicines an assessment had been completed to make sure that they were taking their medicines safely.

The service had a policy in place which covered the administration and recording of medicines. Where people were supported to take their medicines we found that a medication administration record was used. We looked at the records and saw that these had been completed correctly. We found three incidents where people had not been prompted to take their medicines had been recorded. Actions had been taken included staff being retrained. However, it had not been recorded that medical advice had been sought to ensure that people would not suffer any side effects from missing their medicines. We discussed this with the manager and chief executive. They agreed that this would be added into the policy as a step to take if there was a medicine error. The manager told us that medical advice had been sought but this had not been recorded. We saw that medicines were being administered by staff that had received training and had their competency regularly checked.

## Is the service effective?

### Our findings

People received support from staff with the appropriate skills and knowledge. One person told us, "I feel they have the right training." A relative told us, "The staff have the necessary skills to understand [person's name] condition." Another relative said, "The staff are very good and they know [person's name] very well."

The staff told us that they had an induction when they started work. They described how they had been given time to complete training, read people's care plans and shadow more experienced members of staff. All staff we spoke with told us that their induction had been useful for them. One staff member told us, "I was new to care so it was really useful for me." Records we saw confirmed that staff had completed an induction. The manager told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who were trained to meet their needs. We looked at the training records. These showed that staff had completed a range of training including courses that were specific for the needs of the people who they supported. For example, where staff supported someone who had epilepsy they had attended epilepsy training to develop knowledge of this. The manager told us that training was monitored through an electronic system that identified when staff had completed training and when this needed to be refreshed. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that it was good quality. One staff member told us, "They identify what training needs to be done and you do it. They are very good at that." Another staff member said, "The training is good quality. It helps me to do my job."

Staff were supported through training, supervisions and team meetings. Staff we spoke with told us they had supervision meetings with their manager. One staff member told us, "I had my supervision last week. I find the meetings very useful." We found that some staff had not had many formal supervision meetings. The manager and team leader told us that they had identified that this was a concern and they were working to carry out a supervision meeting with each staff member within the next three weeks. We saw that this had started to take place. All staff we spoke with told us that they felt supported and could raise issues with their manager. One staff member told us, "They are very approachable and you can talk about things." Records we looked at showed that supervisions had not taken place in line with the provider's policy. The Chief Executive had implemented a tool to monitor the frequency of staff supervisions. We saw that team meetings had taken place every three months. The minutes of the team meetings demonstrated that issues raised by staff had been addressed and resolved. They also showed that staff were provided with updates on what had happened within the service.

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. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this. They explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the provider was working within the principles of the MCA. Staff understood the requirements of the MCA. One staff member told us, "I always ask people if they consent before I support them." Staff told us that they had received training in the MCA and records confirmed this. We saw that people's support plans had detailed if they could make decisions for themselves and how to involve them in making their own decisions. We found that for one person their family members were involved in making decisions on behalf of them where they did not have a legal right to do so. For example, we saw that their parent had signed to agree the support that their relative received. It was recorded that this relative did not have the legal authority to do this. We discussed this with the manager who agreed that they would review this with the person and their family. We saw that the service was working together with the family to see what was in the person's best interests and following this. We found that the support plans identified if people had capacity to make specific decisions or if they had a legal representative in place who could make decisions in the best interests of the person. The manager understood their responsibilities under the MCA and explained to us the process they would follow if they thought someone did not have the capacity to make a specific decision.

People told us that the staff offered them choices and that they were involved in making their own decisions. One person told us, "They [staff] always explain what they are doing and check that I am ok." Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse support. Comments included, "I always ask people if they are happy for me to support them," "People can say no," "It is up to the person, it is their choice," and "I always tell the person why I am asking them to do something. It is okay if they don't want to."

People were receiving support from staff to have a balanced diet. For example, we saw that one person had information about diabetes in their support plan. This had been put into a format that used pictures to make it easier for the person to understand. The staff explained that they promoted healthy eating and encouraged people to make their own healthy choices. One staff member told us, "We spend a long time discussing the food labels when we are shopping. I will offer healthy choices and we discuss this but it is the person's decision."

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. Staff were aware of their responsibility for dealing with illness or injury. Staff told us that they would support someone to contact a health professional if they felt this was needed. We saw that people had been supported to attend regular healthcare appointments such as eye tests and visiting the GP. The manager told us that they worked with healthcare professionals who were involved with the people who used the service. They told us they would make referrals if they felt someone needed further assessments or support if their needs had changed. We saw that support plans contained contact details of people's relatives; GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

## Is the service caring?

### Our findings

People were being supported by staff members who showed kindness and compassion. All of the people we spoke with felt that staff were kind. One person told us, "The staff are very kind." Relatives confirmed this. One said, "The staff are lovely, I have known them for years." Another relative told us, "The staff are very caring. They are all very good with [person's name]." A relative commented, "They are very caring. They go over and above."

People could be sure that their communication needs were being met by staff. This was because there was information in each person's support plan about how best to communicate with them. A relative told us, "[Person's name] is non communicative so relies on routine and visual cues. The staff are very good at picking up on visual cues." Another relative commented, "[Person's name] uses Makaton. Staff are trained in this." Makaton is a form of sign language that was developed for people with learning disabilities. We saw that if people needed information in a pictorial format to make it easier to understand this had been provided. For example, we saw that a daily routine had been written down for someone using pictures as prompts so they could follow this. We also saw that one person was administering their own medicine and the service had designed a sheet for them to use in a pictorial format to remind them which medicine they needed to take and when. This supported them to be more independent and ensured that the information was in a format that the person could understand. This meant that people received information in ways that were important to them.

People told us that they felt involved in making decisions and planning their care. One person told us, "I explained what I needed." Relatives agreed that their relative had been involved in making their own decisions where they were able to. One relative said, "[Person's name] tells them exactly what they want to do and if she doesn't want to do it, she will tell them." Another relative told us, "We are able to change time and days." Staff told us that people were involved in making decisions about how they wanted to be supported. One staff member told us, "I always ask people what they want to do. It is their choice." Another staff member said, "People get to choose what they do and what times they do it." We saw that as part of the initial assessment that had been completed people were asked what days and times they wanted their support and information about their personal preferences and routines. This meant that people were asked about how they wanted staff to meet their needs and were involved in planning their own care.

People were being treated with dignity, compassion and respect. One person told us, "The staff are very respectful." A relative told us, "The staff are very kind and compassionate." Another relative said, "The staff are extremely patient and really look after [person's name]. She has a really good rapport with them." Staff told us that they respected people's privacy and dignity. One staff member said, "It is important not to rush people and let them take their own time to complete things." Another staff member commented, "I always give people a choice and tell them what is happening. You have to keep people covered when providing personal care." One staff member told us, "I always listen to what people have to tell me. That is part of respecting people."

People were being supported to be independent. Staff told us about how they encouraged people to be as

independent as they could be. One staff member said, "I always promote independence. I support one person who is learning to do all of their own finances. [Person's name] is doing really well." Another staff member told us, "I work with someone who has learnt to use the scanner in the shop. They can do most of it on their own now. [Person's name] is happy with this." We saw that people's support plans identified what skills people wanted to learn and identified how to involve people with this. For example, we saw that one person wanted to learn how to cook. The support plan identified that staff would support the person to prepare and cook two meals each week. For other meals the staff wrote instructions on them such as how long to cook for so the person could do this independently.

People could be sure that information about them was being treated confidentially. This was because there were lockable cupboards for their care records. We saw that the provider had made available to staff confidentiality and data protection policies. This meant that people's privacy was being protected by a provider who had suitable procedures and by staff who knew about these.

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. A relative told us, "They know [person's name] very well and are able to pick up on if she is getting distressed or doesn't want to do something." Another relative commented, "They understand [person's name]. They always contact me to discuss different strategies to use." One relative said, "They are flexible if we want to change things." Staff told us that the service was responsive to people's needs. One staff member said, "The service is good at what it does. We work very flexibly to meet client's needs." Another staff member commented, "The service is very good listening to people and going the extra mile. They don't worry if we need extra time to make sure that someone's needs are met."

People and their relatives had contributed to the planning of their support. One person told us, "The support I receive is what I wanted." A relative said, "We sat down with them for two hours giving a full and detailed account of [person's name] needs." The manager told us that after they received an initial referral to the service that they would meet with the person and carry out an assessment. This was to determine if the service was able to meet their needs. They said that support plans and risk assessments were developed based on information provided by the person, their relatives, other people involved in their support and information that had been provided by the funding authority. This meant that people contributed to planning their support. We saw that there was a referrals process that included a visit to the person's home, contact with any other people who provide support, such as school or day centres, providing information about the service and completing an assessment.

People's support requirements had been regularly reviewed. Staff told us that they constantly reviewed people's needs. One staff member told us, "We work with the person every day. We know what works for them and what doesn't. If anything needs changing we document it and report it to the office, so that everyone knows about the changes." We saw that people's support plans had been reviewed at least annually, or when their needs had changed. The staff and the manager told us that people were involved in their own reviews. One staff member told us, "We do the support plan reviews with the person. We sit down with them and go through it to make sure it is what they want."

People's support plans were person-centred and detailed things that were important to them. One staff member told us, "The support plans include all people's likes, dislikes and routines." We saw that support plans contained personalised information about what was important to the person, their history, what they liked and disliked and what they were interested in. Staff had a good understanding of the needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported. This meant that people received support based on their preferences and in a person-centred way.

People had been given information on how to make a complaint and were confident to speak up. One person told us, "I have a booklet about how to complain, but I have never had to complain." Relatives knew how to make a complaint or to raise a concern. One said, "I just contact the service directly." Another relative told us, "I would just get in touch with the service. I have a really good relationship with them." We saw that

there was a complaints procedure in place, including a version in a pictorial format. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response. We saw that this was included within the guide that people received when they started using the service. The registered manager told us that they had not received any complaints.

## Is the service well-led?

### Our findings

People told us that they were satisfied with the service provided and that they were kept informed of any changes. One person told us, "I think they are good at everything. It is just perfect. I have the manager's name written down. They keep me informed." A relative said, "I can't think of anything they could improve. I am extremely happy with the service." One relative told us, "I get emails and pictures to tell me what [person's name] is doing."

People told us that they were asked for their opinion on the service and that their views were listened to. One person told us, "We get questionnaires." A relative said, "They ask us quite a lot for our thoughts on the service. They ask what went well and what can be improved on." Another relative commented, "We get a questionnaire every 12 months. If I have any problems I just ring or email." We saw that a questionnaire had been sent to people who used the service and their relatives in March 2016. The feedback from this was positive. The manager told us that the results from this were analysed and actions were agreed to ensure that where people had raised concerns these were addressed. They told us that people were given feedback from the surveys they had completed.

Staff described the manager positively, said they generally felt supported and able to give suggestions for improvements. One staff member told us, "The manager is approachable. I get support from them. I think the service is currently well led." Another said, "We are getting a new manager which I think is what we needed. It would be nice if all of the management team had more confidence in us." One staff member told us, "I feel supported and valued. It is the best job I have had." Another staff member commented, "The manager is a massive support. I know she would listen and be there."

Staff told us that there had been changes within the management structure over the last few months. One staff member told us, "It has been very up and down. I think as staff we found it difficult. We kept the service going and it seems to be getting better now." The manager told us that one of the registered managers was stepping down from their role and that they were to become the new registered manager. They told us that they had worked at the service for a number of years and were confident about the changes and continuing to improve the service. We saw that the manager had developed an action plan and identified what they felt were the key areas for improvement within the service.

The manager told us that people were involved in developing the service. They told us that the service had a client representatives group. This is a group of people who used the services that were offered by the provider. We saw from minutes of the meetings that the group met four times a year and the Chief Executive attended these meetings along with senior managers and a trustee had been invited to each meeting. The representatives were asked to bring feedback from other people who used the services. We saw that as part of the meeting a presentation was made giving updates on changes. This was called 'You asked for, We gave you' and told people what had happened as a result of their feedback. The staff told us that they were involved in developing the service. We saw that as a result of staff suggestions all staff had been given a pack of key documents and paperwork to take out with them so that information was available when it was needed.



We saw that the service had signed up to the Driving Up Quality Code (DUQC). The DUQC outlines good fundamental practices for organisations that support people with learning disabilities. The aim of the code is for providers to carry out a self-assessment against five key areas that indicate the practices of a good organisation and then publish the results and continue to review the service against the actions that were identified. Glebe House had completed the self-assessment and were in the process of reviewing the actions that they had agreed. This meant that the service had made a commitment to working in a transparent way. The chief executive told us that as a result of the self-assessment a quality group had been set up to monitor the quality of the service.

The registered manager undertook audits of quality. This included audits on the records, care plans, daily records, risk assessments and policies and procedures. We saw that the registered manager monitored records to make sure that they had been completed correctly and signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. The manager told us that they were going to implement an overall audit that looked at the service as a whole. They told us that they planned to introduce this within the next two months. The manager told us that they were going to carry out spot checks on staff along with the team leader as they both provided hands on support. This type of check is carried out at people's homes while staff were providing support. These checks monitor staff behaviour and work that they had completed. There was a quality manager in place and we saw that they had a calendar that identified checks that took place throughout the year to monitor the quality of the service that had been provided. This included reviewing accidents and incidents, health and safety audits, complaints, and supervisions for staff. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC.