

Glebe Housing Association Limited

Glebe Court Nursing Home

Inspection report

Glebe Way
West Wickham
Kent
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 3 and 4 September 2015 and was unannounced. At our previous inspection in February 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Glebe Court Nursing Home provides residential and nursing care for up to 51 older people and is situated in the London borough of Bromley. At the time of our inspection the home was providing support to 47 people. The home had a registered manager in post. 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.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not always stored, administered, managed and recorded appropriately. Registered nursing staff were not always provided with regular appropriate

Summary of findings

training to ensure they were skilled and up to date with best practice. Staff supervision and appraisals were not always conducted on a regular basis and in line with the provider's policy, although some recent improvements had been made.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided we found that these were not always followed or were not effective in ensuring the quality of care people received.

There were policies and procedures in place for the safeguarding of adults from the risk of abuse and staff knew how to respond to concerns appropriately. Risk assessments were conducted to assess and monitor levels of risk to people's physical and mental health.

There were safe staff recruitment practices in place and there were adequate numbers of staff on duty deployed throughout the home to ensure people's needs were met. There were suitable arrangements in place to ensure staff were provided with an appropriate induction into the service.

Accidents and incidents involving people using the service were recorded and acted on appropriately and there were processes in place to deal with foreseeable emergencies.

People were involved in decisions about their care and care plans contained mental capacity assessments where people's capacity to make decisions was in doubt. People were provided with sufficient amounts of foods and drink to meet their needs.

Staff were familiar with people and knew how best to support them. Staff had good knowledge of people's personalities and behaviour and were able to communicate effectively with people whose verbal communication and comprehension was limited.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Care plans showed that people's care needs were regularly assessed and reviewed in line with the provider's policy.

A range of activities were provided on a daily basis to ensure that people were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being.

There was a complaints policy and process in place and people told us they knew how to make a complaint or raise a concern.

There were systems and process in place to monitor and evaluate the quality of the service and people were provided with opportunities to feedback about the service they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not stored, administered, managed and recorded appropriately.

There were systems in place to ensure people were protected from the risk of abuse.

Risk assessments were completed and were up to date to ensure risks were minimised and people were kept safe.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff training was not always provided on a regular basis to ensure best practice.

Staff supervision and appraisals were not always conducted on a regular basis and in line with the provider's policy.

People were involved in the development of their care and in decisions made and were able to voice their preferences.

Care plans contained mental capacity assessments where appropriate and applications for Deprivation of Liberty Safeguards (DoLS) were made in accordance with the Mental Capacity Act 2005 (MCA 2005) for people who may lack capacity to make decisions.

People were provided with sufficient amounts of foods and drink to meet their needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff were familiar with people and knew how best to support them. They had good knowledge of people's personalities and were able to communicate effectively with people.

People's end of life care needs and wishes were assessed and recorded to ensure their wishes and choices were respected.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Care plans showed that people's care needs were regularly assessed and reviewed in line with the provider's policy.

There was a complaints policy and process in place and people told us they knew how to make a complaint or raise a concern.

A range of activities were provided and people were supported to engage in meaningful activities that reflected their interests.

Is the service well-led?

The service was not always well-led.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided we found that these were not always followed or were effective in ensuring the quality of care people received.

People were provided with opportunities to feedback about the service they received.

There was a registered manager in post at the time of our inspection and staff told us the manager was approachable and supportive.

Requires Improvement



Glebe Court Nursing 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 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 was carried out on 3 and 4 September 2015 by two inspectors and a specialist advisor and was unannounced. There were 47 people using the service on both days of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider. A notification is information about important events that the provider is required to send us by law. We

also contacted the local authority responsible for monitoring the quality of the service and asked for their views. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people using the service, seven visiting relatives and ten members of staff including the registered manager, registered nurses, care staff, the chef and domestic workers. We spent time observing the care and support provided to people, looked at nine people's care plans and records, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe with staff that supported them. One person said “If I have to be anywhere I would rather be here, I am treated well.” Another person told us “The staff are very nice and they treat you well.” Comments from visiting relatives were also positive; they told us they felt their loved ones were safe. One relative told us “I feel she is very safe here. The staff are helpful and kind.” Although people told us they felt safe we found that people were not always safe as medicines were not stored, administered, managed and recorded appropriately.

There was a medicines policy in place which was last reviewed in August 2015. Medicines policies provide guidance for staff in areas of medicines management, administration of medicines and storage and disposal of medicines. Although the policy had been recently reviewed we found the policy was not based on current legislation and best practice according to the National Institute for Care and Health Excellence Guidance (NICE) March 2014. The registered manager confirmed that the policy was due to be reviewed and updated by the provider to reflect current legislation and best practice.

Medicines were not always safely administered, managed and recorded by staff. We looked at the medicines administration records (MAR) for ten people using the service and found gaps in the recordings on MAR charts for two people using the service between 13 August 2015 and 2 September 2015. We also noted staff had not consistently completed the reverse of the MAR charts which should state the reason why medicines had not been administered as directed. This meant there was a risk that people had not received their medicines as directed. We brought this omission to the attention of the registered manager who confirmed that staff had not followed the provider's medicines policy when administering medicines and took appropriate action to address the concern.

There were no system in place for reporting, reviewing and learning from medicines related incidents. We found staff did not record or report medicine errors when these occurred and as directed to do so in accordance with the provider's medicines policy. There was a risk that appropriate medical advice may not be sought following an error. We brought this to the attention of the registered

manager who confirmed the home did not have a medicines error or incident book but took appropriate action to ensure a process was put into place at the time of our inspection.

Medicines were stored safely in locked medicines trolleys which were kept in a locked clinical room that only authorised staff had access to. However, we found two medicine trolleys were not securely tethered to the wall which did not comply with the provider's medicine policy. We brought this to the attention of the registered manager who on the second day of our inspection had taken appropriate action to ensure both medicines trolleys were secured to the wall when not in use.

Staff told us they received medicines administration training; however, we saw that the majority of staff were overdue for their annual medicines management and administration training. The registered manager told us medicines training had been scheduled for 29 September 2015 and records we looked at confirmed this.

Staff had not received medicine management or administration supervision, spot checks or competency assessments to identify if staff have the necessary knowledge and competency to manage and administer medicines safely. Staff we spoke with confirmed they had not received competency assessments when administering medicines. We spoke with the registered manager who told us the deputy manager observed staff administering medicines but they did not have a formal process in place to monitor this. On the second day of our inspection we noted the registered manager had implemented a medicines competency observation process which would highlight any practice concerns or areas for improvement. However we could not monitor the effectiveness of this at the time of inspection.

The above issues demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines that required refrigeration were kept safe in a lockable refrigerator and temperatures of the refrigerator and treatment room were monitored to ensure medicines were safe to use. Controlled drugs were stored safely within a locked clinical room and we noted a new controlled drugs cupboard had been purchased which met current requirements. We looked at the controlled drugs register and noted it was completed correctly by staff.

Is the service safe?

There were arrangements in place to ensure medicines were checked on delivery and disposed of safely. There were up to date medicines reference guides for staff kept on each unit of the home. MAR's alerted staff administering medicines to any special instructions such as the need to administer medicines covertly. For example we found one person's MAR's had a covert medication administration form which had been correctly completed and signed by the person's GP and relative.

Staff had the necessary skills and knowledge to ensure people using the service were kept safe. Training records confirmed that staff had received regular training in safeguarding and whistleblowing. There were policies and procedures in place for the safeguarding of adults from the risk of abuse including how to recognise types of abuse and what action to take. Information was displayed throughout the home in relation to safeguarding for people to access. Staff we spoke with knew how to recognise and respond to incidents, accidents and allegations of abuse. Staff were aware of the provider's safeguarding policies and procedures and how to report their concerns appropriately. One member of staff told us "If I had any issue or concerns I would report them to the deputy or the manager." Staff were also aware of the home's whistleblowing policy and how to raise a concern or refer to external agencies where appropriate.

Risk assessments were conducted to assess and monitor levels of risk to people's physical and mental health. Staff carried out a variety of risk assessments which covered areas such as falls, mobility, dementia, behaviour, nutrition and hydration, skin integrity and medicines. Risk assessments detailed how staff should support people in order to minimise identified risks. For example one care plan highlighted that the person liked to walk around the home during the night and could become agitated or unpredictable toward others. Their risk assessment provided staff with guidance on how to support the person when anxious and how to assist and defuse situations that required a response. We also noted that the person had an alarm mat installed by their bed so staff were alerted if they got out of bed during the night and could monitor more closely for possible risks.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff personal files and records for staff working as volunteers contained appropriate application

forms, interview questions, identity checks, references, work history and criminal records checks. Registered nurses working at the home had their Nursing and Midwifery Council registration checked to verify they were on the current nursing register and to ensure they were appropriately qualified to carry out their job.

People told us that staff were available throughout the day and when they needed support during the night. One person said "There is plenty of staff around. I never have to wait long for help." Another person told us "If I need help the staff always come." During our inspection we tested several call bells at different locations throughout the home including in people's rooms with their permission. We noted staff response times were quick and observed there were sufficient numbers of staff available on duty to ensure people's needs were met. We looked at the staff rotas covering a period of over four weeks which confirmed this and noted that during the last three months there had been no agency staff used which promoted continuity of care for people using the service. Staff told us they felt there were sufficient numbers of staff to meet people's needs safely.

Accidents and incidents involving people using the service were recorded and acted on appropriately, including action to minimise further risks. We saw incidents and accidents were recorded on a monthly basis and were analysed by the registered manager monthly to identify any recurring themes or concerns.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place. These detailed the support people required to evacuate the home safely in the event of a fire. Fire signage was located throughout the home and indicated fire doors and fire exits. Equipment for evacuation use was available throughout the home and fire alarm tests and drills were conducted including night time evacuations. We saw records of recent fire training sessions which instructed staff on how to use fire evacuation mats. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us they had been trained as fire marshals and we saw records which detailed that 21 staff were trained as fire marshals within the home.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and

Is the service safe?

regular routine maintenance checks were carried out on areas such as gas and electrical appliances. The home environment was clean, free from odours and was appropriately maintained.

Is the service effective?

Our findings

Training for qualified nursing staff was not provided on a regular basis. Staff we spoke with confirmed they received the provider's mandatory training in areas such as fire safety, dementia, manual handling and person centred care. Records we looked at confirmed this; however registered nurses were unable to confirm they received regular appropriate clinical training such as nurse management, first aid and wound management. For example we saw that one nursing staff had not received first aid training since 2008.

Staff supervision and appraisals were not always conducted in line with the provider's policy of four times a year. The registered manager explained that staff supervision and appraisals not been kept up to date prior to their appointment in March 2015 due to staff vacancies. Staff supervision records showed that supervision and appraisals were infrequent; however we noted action had been taken to improve the frequency and the format of supervision provided to staff since the registered manager's appointment.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members new to the home completed an induction programme which included mandatory training and working alongside an experienced member of staff. Staff we spoke with told us they felt the induction into the home was informative and helped them within their role. One member of staff told us they requested a longer induction period which was granted by the provider and said "I was able to work confidently."

People told us they were involved in the decisions about their care and were able to voice their preferences to staff. One person said "Staff always ask me what I would like and what I want to do." Another person told us "Staff always

involve me and tell me what's going on." Care plans contained mental capacity assessments where appropriate and applications for Deprivation of Liberty Safeguards (DoLS) were made in accordance with the Mental Capacity Act 2005 (MCA 2005). This protects people who may lack capacity to make decisions in relation to consent or refusal of care and treatment. DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. We saw that appropriate referrals were made to local authorities so that people's freedom was not unduly restricted. We saw that DoLS authorisations made followed guidance and conditions that were in place. Staff understood the importance of seeking consent before they offered support and records confirmed that staff had received training on the MCA and DoLS.

Menus were discussed with people to ensure they took account of people's preferences, dietary, religious and cultural wishes. We spoke with the chef who had a good awareness of people's dietary requirements such as if they needed a specialist diet or were diabetic or had cultural requirements. We observed lunch in the main dining room and saw that staff supported people to eat in a calm and relaxed environment and staff engaged well with people during the meal to make it a pleasant experience.

People were provided with sufficient amounts of foods and drink to meet their needs throughout the course of our inspection. People told us they enjoyed the meals provided and they were offered choice. One person said "The food is lovely and it's always served hot." Another person told us "I like the food here very much." People's food and fluid intake was monitored to ensure well-being and to reduce physical health risks. Care plans contained guidance for staff for people who required specialist feeding regimes and diets. Staff worked closely with health professionals such as GP, dieticians, nurses and speech and language therapists to ensure people received appropriate treatment and support when required.

Is the service caring?

Our findings

People told us staff were caring and friendly. One person said “The care is very good our needs are catered for.” Another person told us “They [staff] are very good and they are very kind.” A third person said “I am as happy here as I could be and I have a nice view which is a great help.” Throughout our inspection we observed positive interactions between staff and people using the service.

We observed staff displayed kindness and respect toward people using the service and addressed people by their preferred names. Staff sought people's permission before providing care and support and we saw one member of staff allowed one person the time and space to independently mobilise safely into another room. We saw people freely using communal areas throughout the home to socialise and participate in on-going activities. We noted communal areas were warm and inviting with a relaxed and friendly atmosphere.

Staff were familiar with people using the service and knew how best to support them. We observed that staff had good knowledge of people's personalities and behaviour and were able to communicate effectively with people whose verbal communication and comprehension was limited. We spoke with visiting professionals who attended the home on a regular basis to support staff in working with people with dementia. They told us staff at the home were open and compassionate and displayed an understanding of person-centred care. They said staff were open to being challenged about their practice and were motivated, passionate and keen to explore why a person may become distressed.

People's privacy and dignity was respected and promoted. We observed that staff ensured they closed people's bedroom doors before assisting people with personal care and saw that staff knocked on people's bedroom doors and where possible waited for the person to respond before entering. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends and people told us that they were involved in making decisions and in planning their care. One person told us they were cared for in the way they would like to be. Another person said “My family visit all the

time and we are always involved in what's going on.” Care plans documented people's family involvement and personal relationships to ensure that where appropriate relatives and friends were involved in their family member's care and at care plan review meetings. We observed visitors were free to visit the home when they wanted without restrictions. The home offered accommodation for relatives of people using the service to stay if they want which is a benefit for those who travel a long way to visit loved ones. Relatives told us that staff communication was good and they were kept informed where appropriate about their relatives care. They told us they were involved in the development of their relatives care plans and were invited each month to their care plan reviews. One relative said “Staff are friendly, helpful and nothing is too much trouble.” They also added that staff always enquired as to their own health and welfare, which they felt showed a caring touch.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Residents and relatives meetings were held four times a year and visiting relatives told us they felt the meetings were helpful and supportive. Minutes of meetings held were retained by the registered manager and we saw there was reference to discussions regarding staffing and recruitment, the home's refurbishment programme and the introduction of the new computer system for care planning.

People's end of life care needs and wishes were assessed and recorded within care plans to ensure their wishes and choices were respected. The home was one of a few homes to achieve a high rating through the Gold Standards Framework (GSF). GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life. Staff told us they had received training on the GSF including an induction, specialised training and the integrated care pathway. Training records we looked at confirmed this. The home started GSF in 2012, and training sessions were conducted in May, June and July 2015.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs or wishes. Staff gave examples of how they address people's cultural needs and provided detailed information about some people's dietary preferences and personal care needs. They told us about the various religious activities including a ‘Faith talk’ conducted weekly

Is the service caring?

by activities staff which people enjoyed. The registered manager told us that equality and diversity was an area that required improvement and training records showed

that few staff had received equality and diversity training. They told us the deputy manager was leading on this topic and had plans to implement training. However we could not monitor this at the time of the inspection.

Is the service responsive?

Our findings

People received care and support that was planned and responsive to their needs. One person said “They [staff] are very good and know just how I like things to be done.”

People and their relatives where appropriate had been involved in the development of their care plan with records signed by people in agreement. Where people were not able to be involved in the planning of their care, relatives and professionals where appropriate contributed to the planning of people’s care.

People’s care needs were identified from information gathered about them and consideration was given in relation to people’s past history, preference and choices. Care plans showed that people’s care needs were regularly assessed and reviewed in line with the provider’s policy. Daily records were kept by staff about people’s day to day wellbeing and activities they participated in to ensure that people’s planned care met their needs. Health and social care professional’s advice was recorded and included in care plans to ensure that people’s specific needs were met. For example we saw that a visiting dietician had recommended a specialist feeding regime which was followed by staff for one person using the service.

People were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being. We spoke with the activities coordinator who told us they worked to develop a programme of scheduled activities and took time to involve and ask people what they liked or preferred to do. We saw that the home had two weekly activity plan posters which informed people of the small group activities and large group activities that were taking place that week. These were displayed throughout the home so people were aware of daily activities offered. Activities planned included

singing, games, films, arts and crafts, trips out in the home’s mini bus to local pubs for lunch and Namaste relaxation therapy. Namaste relaxation therapy is a holistic therapy to connect with people living with late stage dementia through comfort and sensory stimulation. During our inspection we observed people taking part in this activity which included foot massage, scented oils, relaxation music and scents in the room to create a relaxing environment. Staff told us they had received training in order to provide this activity correctly.

People told us they enjoyed the activities provided in the home. One person said “There is always something going on and I enjoy going out.” Relatives told us there were lots of activities organised and one relative said, “They also have external entertainers visit as well which is nice.” We saw the home had a ‘Friends of Glebe Court’ affiliation which is registered as a separate charity that raised funds for resident’s outings and activities.

People were asked for their views about their care and were provided with opportunities to discuss their needs or concerns with staff at regular residents meetings held. People and their relatives told us they felt they were able to raise issues and concerns with staff and they would be acted on. One person told us although they had not raised any concerns they had made suggestions which were adopted. A visiting relative told us they had raised an issue about the laundry service and this was addressed.

People told us they were provided with information regarding how to make a complaint. We saw the provider’s complaints information was displayed throughout the home and gave details about who to contact to make a complaint. Complaints records showed that where people had made a complaint, appropriate action had been taken to address reported concerns.

Is the service well-led?

Our findings

The provider had procedures and systems in place to evaluate and monitor the quality of the service provided, however, we found that these were not always followed or were not effective in ensuring the quality of care people received. For example following safe best practice in relation to the management of medicines and specialised training for nursing staff as referred to earlier in this report.

We looked at the systems used within the home to assess and monitor the quality of the service. These included monthly and quarterly audits conducted by the registered manager and external organisations. Audits conducted included maintenance and environmental checks, health and safety, care plans, incidents and accidents, falls and risks, call bells and medicines amongst others. Audits confirmed that checks were conducted on a regular basis and audits we looked at had identified areas requiring improvements. However we saw a medicines audit and an audit action plan which was undertaken in August 2015 and showed that staff had not actioned the audit findings or action plan. For example, the audit had identified gaps in people's medication administration records (MAR). The deputy manager told us they had spoken to staff responsible and discussed the action plan but we found there were still gaps on people's MAR charts since the audit was conducted.

There was a registered manager in post at the time of our inspection. Staff told us that the manager was approachable and listened to any concerns or suggestions

they had about the home. One staff member said "I am happy with the support I get. I can approach the manager if I had a problem." Another staff member told us "I enjoy my job very much and get lots of support from the manager and other staff." We observed the registered manager was visible during the course of our inspection and spent time talking to people and staff.

The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. We saw staff meetings were held on a regular basis and provided staff with the opportunity to discuss people's needs and the day to day management of the home. As well as regular staff meetings the home conducted staff handover meeting which took place several times a day at shift changes so staff were informed of people's daily needs and treatment. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being.

People's views were considered through resident's surveys that were conducted on an annual basis. We looked at the results for the survey conducted in September 2014 which showed that 94% of people felt staff treated them kindly and respectfully, 100% said they felt the home was well kept and comfortable and 87% felt their complaints and comments were listened to and taken seriously. Relatives, staff and visiting professional's surveys were also conducted on an annual basis and results we looked at were largely positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to ensure the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to provide appropriate training and professional development as is necessary to enable staff to carry out the duties they are employed to perform.