

Greensleeves Homes Trust

Glebelands House

Inspection report

Glebeland House
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14 June 2018

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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 inspection took place on 13 and 14 June 2018 and was unannounced. This was the first inspection since a new provider, Greensleeves Homes Trust, took over the running of Glebelands House on 27 June 2017. The home was previously run by a different provider and was rated as good under their registration. There has been little change to the staff and services offered since the new provider took over.

Glebelands House is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Glebelands House provides a service to up to 42 people, some of whom may be living with dementia, a physical disability and/or a sensory impairment. The accommodation is arranged over three floors, with lift access to each floor. At the time of our inspection there were 41 people living at the service.

There was a registered manager as required. A registered manager is a person who has registered with the 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. The registered manager and deputy manager were present and assisted us on both days of this inspection.

People felt safe living at the service and were protected from risks relating to their care and welfare. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

Premises risk assessments and health and safety audits were carried out and issues identified were dealt with quickly. Furniture and fixtures were of good quality and well maintained.

People were protected because safe recruitment practices were followed before new staff were employed to work with people. Required checks were made to ensure staff were of good character and suitable for their role.

People received care and support from staff who knew them well. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed monthly or as changes occurred.

People received effective health care and support. Medicines were stored and handled correctly and safely. 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.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they were given choices.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People were aware of how to make a complaint. They told us they could approach management and staff with any concerns and felt they would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service felt there was a good atmosphere and thought the service was managed well. Staff also felt the service was well-managed. They told us the management were open with them and communicated what was happening at the service and with the people living there.

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 safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to staff and people's safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Good ●

Is the service effective?

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff took action to ensure their health and social care needs were met. The premises were bright and homely. The environment was designed and laid out to enable people to mobilise around the service independently where possible.

Good ●

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live

Good ●

as full a life as possible, maintaining their independence where they could.

Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

The staff helped people maintain relationships with those important to them. People were able to enjoy a number of activities, based on their known likes and preferences.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Good ●

Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Good ●

Glebelands House

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 took place on 13 and 14 June 2018 and was unannounced. The inspection team included one inspector on both days and an expert by experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered manager completed 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. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 15 people who use the service, six of them in depth, plus one visiting relative. We spoke with the provider's senior operations manager, the registered manager, deputy manager and administrator. We spoke with 16 care staff, nine in depth, activity staff, two domestic assistants and maintenance staff. We observed interactions between people who use the service and staff during the two days of our inspection. We also spent time observing, activities and lunch in the dining room. As part of the inspection we requested feedback from 10 health and social care professionals and received responses from three.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files and the staff training and supervision logs. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, utilities safety check certificates, equipment service records, the legionella risk assessment, the fire risk assessment, staff meeting minutes, audits of the service and the complaints and incidents records.

Is the service safe?

Our findings

People received safe care and support. We saw people were comfortable and at ease with the staff. One person commented, "I feel very safe here." and a relative told us, "Since we moved my mother here we do not worry as we know she is safe." We saw a compliment sent by a relative that said, "I would like to convey my thanks to absolutely all the staff in every department at Glebelands for everything you do. You always make us feel very welcome. Thank you for looking after Mum and keeping her safe and comfortable as always, as you have done for the last X years."

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with malnutrition, falling and skin breakdown. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional added, "Very much so." Another commented, "The home has been very responsive to offers of training on dysphagia [difficulty swallowing] awareness which demonstrates their interest in providing the skills for staff to ensure the residents are safe in regards to eating and drinking."

During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. For example, we saw one person being moved by hoist from a wheelchair to an armchair. Both the care staff were very gentle with the person making sure their arms were crossed and explaining what they were doing at all times.

The staff monitored general environmental risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. An appointment had been arranged for later in June 2018 for the thermostatic mixing valves on the baths and showers to have their annual service.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in place and followed, for example emergency procedures in case of a fire.

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them.

People said staff had time to support them without them feeling rushed and that staff were available when they needed them. One person added, "Always." Staff said there were usually enough staff at all times to do their job safely and efficiently. The registered manager told us there were staff vacancies and they were advertising for new staff. Where they needed additional staff to fill shifts the service employed agency staff that were known to the service and knew the people living there.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records (MAR) were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

People felt the home and equipment was kept clean. Staff had training in infection control and we saw they put their learning into practice as they went about their work.

Is the service effective?

Our findings

People received effective care and support from staff they knew and who knew how they liked things done. Care plans contained details of peoples care needs, wishes and preferences. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. Care plans were kept under monthly review and amended when changes occurred or if new information came to light. One person told us, "They have got to know me and they are great." We saw a thank you card from one relative who wrote, "My relative had excellent care at Glebelands. The staff were patient, kind, caring and always willing to help. I would, and have, recommended [Glebelands] to anyone."

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver high quality care and support to the people living at the home. One staff member commented, "The training at Glebelands has been far more extensive than in other care homes [I have worked in]." The service provided training in topics the provider considered mandatory. Topics included, health, safety and wellbeing; basic food hygiene; emergency first aid at work; fire training and safeguarding vulnerable adults. All mandatory training was up to date, where refresher training was due, a system was in place that alerted the manager so that the training could be arranged. People said staff had the training and skills they needed when looking after them. Community professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "All the staff seem very effective in their roles." Another professional said, "In the area that I see the staff they have shown a willingness to learn and gain the necessary skills to provide good care for their residents."

Staff said they received formal supervision with their manager to discuss their work and how they felt about it. The log showed staff had supervision meetings six times a year. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff said they felt supported by their managers, registered nurses and seniors. One staff member commented, "Management are accessible any time." Another staff member said, "The team support is very good. Staff are helpful and approachable."

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at Glebelands who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks were also available at all times and people were free to decide what and when they ate. We saw staff always made sure foods were available to meet people's diverse

needs. People were weighed monthly, or more often if indicated by risk assessment. We saw referrals were made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. Where professionals had been consulted we saw details of instructions had been included in the care plans.

The service had introduced a "You said, we did" system. This system involved asking people for their opinions on improvements and then taking action. Examples of work done around the meal provision were written on a board in the ground floor corridor. They included, "You asked to have more input in the creation of menus. We have set a regular monthly resident food focus group for residents and relatives to have their input in any food related issues.", "You mentioned that food at supper time did not always arrive hot enough to the top floors. We have now purchased a compact hot trolley to transport supper meals to the top floor." And "You asked for a new drinking water dispenser as it was a long walk from the lounge area to the water dispenser on the ground floor. We have installed a new drinking water dispenser in the lounge for everyone's convenience." One relative commented, "The food has improved greatly." One person said, "The food is wonderful."

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People said they could see their GP, other doctors, dentists and opticians when they needed to. One person told us, "We have visits from the chiropodist and the optician and the GP visits on Wednesdays." Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One community professional told us, "The home refers people appropriately to the relevant services." Another commented, "Residents are referred to appropriate services when required and appropriate."

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People told us staff were caring when they supported them. One person commented, "They are kind, which is worth its weight in gold." Other comments from people included, "I am lucky to be here." and "It couldn't be better at Buckingham Palace!" Community professionals thought the service was successful in developing positive caring relationships with people. Comments from professionals included, "Staff know their residents well. Holistic care is practiced." and "I have always seen the staff demonstrate good and caring behaviour and good knowledge of their residents."

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. One person told us, "I am in charge." Staff were knowledgeable about each person and what they liked to do. We saw a message from one relative, who wrote thanking staff for the care they had given to their family member. The relative had written, "Thank you to all your team for the care, attention and respect that was given to [Name]. It was a great source of support for his family to know he was safe, secure and being well cared for. I can tell you he was very happy with all the arrangements provided for him."

We saw a number of thank you cards received by the home over the previous 12 months. All complimented the service on their staff and the care received. Comments seen included, "A very big thank you for your good care and genuine kindness shown to [Name].", "We have fond memories of the time [Name] spent with you. That is due particularly to the kindness you all showed her and to us when we were able to visit." and "The care and compassion shown by the staff to [Name] and our family was wonderful."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Staff were respectful of people's cultural and spiritual needs. They provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People felt staff knew how they liked things done and did things in the way they preferred. People's rights to privacy and dignity were supported. They said staff treated them with respect and dignity and one person added, "They've become friends in many ways." Another person commented, "They definitely treat you with respect." Community professionals said staff promoted and respected people's privacy and dignity. One professional added, "The home has always demonstrated the importance of the dignity of their residents and respect of their privacy when I have attended."

People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional told us, "Residents are consulted on every aspect of their care, their families or their representatives are involved as well." Another professional commented, "The staff show that they are interested in the particular needs of each resident as an individual."

The service provided end of life care where required. Staff received training in end of life care and the service was aware of the latest best practice guidance. We saw a number of thank you cards sent in by relatives. Comments made by relatives included, "I would like to say a particular thank you to [names of two staff members] who were so loving. We were so glad her last days were with people who genuinely cared" and "We want to say to all of you how much we appreciated the kind care and attention [Name] received. She always looked very comfortable and said on one occasion, 'This is a very nice home.' "

People were supported to maintain contact with people important to them. Where possible the service provided access to local events to enhance social activities for all people to access and get involved with, taking into account their individual interests and links with different communities. People had access to a varied activity schedule. Activities provided included: arts and crafts; singing; film club; baking club; external entertainers and quizzes. People could choose what they wanted to do and were also able to try out new activities when identified. Where people did not want, or were unable, to join organised activities staff spent one to one time with them chatting or doing something the person wanted to do. The service had recently started up a coffee shop in the library that people and their relatives could go to. The service also had a bar offering alcoholic drinks. As part of their "You said, we did" system, some work had been done on the activity provision at the service. This was described on the "You said, we did" information board which said, "You asked for more varied activities. We have refreshed our activities programme to include pet therapy, gardening club, creative writing and carpet bowls among others."

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of the AIS and had plans to review and update people's care plans, documenting their communication needs in a way that meets the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or registered manager. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints records for the previous year. We saw the complaints and outcomes were recorded with details

of the actions taken to resolve the concerns raised.

Is the service well-led?

Our findings

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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place and the maintenance team ensured health and safety audits of the premises were carried out, any issues identified were dealt with. The deputy manager undertook audits of the care documentation as part of her role. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service had been awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council in July 2017. All records and audits seen were up to date and details of actions taken to remedy any concerns demonstrated actions were completed promptly.

People benefitted from a staff team that were happy in their work. Staff enjoyed working at the service and thought the service was managed well. They felt supported by the management and their colleagues and felt they were given training that helped them provide care and support to a good standard. Staff were asked for suggestions on how to improve the service. They felt that any suggestions they made were taken seriously.

Community professionals said the service demonstrated good management and leadership and delivered high quality care. Comments from professionals included, "Both the manager and the clinical lead attended my training sessions in order to understand and have knowledge of the information that their staff were being trained on. This demonstrates to me that they are very well led.", "Both the [registered] manager and clinical lead [deputy manager] are good at distributing roles and empowering their staff, regardless of hierarchy.", "I have only seen good quality care when I have attended the home." and "All the residents I have been involved with have reported great satisfaction with their care." When asked if they felt the service worked well in partnership with other agencies, one community professional answered, "They engage very well with other agencies in my experience and take every opportunity provided, training offered, to ensure their staff and residents benefit from this." Another added, "The Care Home is inclusive and engaging. They seek advice and support from different agencies."

People were happy living at the home. One person said about the staff, "They are a smashing crowd." Another person said, "I could be at the Ritz." Someone else commented, "This isn't a five star hotel, it is six stars." In thank you cards from relatives comments made included, "We would definitely recommend Glebelands as having the 'X' factor! Facilities can be good but what really makes a difference is lovely people, working well as a team, under good management. They make residents feel confident that they are individuals that matter. Thank you." and "Professional staff seem to work well together as a team and are

welcoming and friendly. This 'people first' ethos seems to have continued with the new owners."