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The Glade Residential Care Home

Inspection report

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Birkdale
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Tel: 01704566699

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection of The Glade Residential Care Home took place on 19 May 2016.

The Glade Residential Care Home is registered to accommodate and provide personal care for up to 25 people. It is located in a residential area and is close to local facilities in Birkdale Village. The home provides accommodation over four floors and has lift access. The shared areas consist of a dining room and a lounge. There is a large garden to the back of the building.

There were 25 people living at the home when we carried out the inspection.

A registered manager was not in post as they had recently left the service. 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 said they felt safe and secure living at the home and were supported in a safe way by staff. Visitors to the home that we spoke with also told us they thought The Glade was a safe place to live.

The staff could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home and staff told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the provider (owner) to undertake for the job.

A range of risk assessments had been completed depending on people's individual needs. Care plans were well completed and they reflected people's current needs. Risk assessments and care plans were reviewed on a monthly basis.

People told us they received their medication at a time when they needed it. Checks were in place to ensure medicines were managed in a safe way.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment.

People said their individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People living at the home were satisfied with the meals and said they could have snacks and drinks between meals and at night. A food audit had been conducted shortly before our inspection to seek feedback on the food.

People, families and staff described the manager as effective and approachable. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection. A full and varied programme of recreational activities was available for people to participate in.

Records regarding Deprivation of Liberty Safeguards (DoLS) and how mental capacity assessments were completed suggested management and staff were unclear about how to apply the principles of the Mental Capacity Act (2005). We made a recommendation regarding this.

The culture within the service was and open and transparent. They said they felt listened to and involved in the running of the home. People we spoke with told us the registered manager and staff communicated well and kept them informed of any changes.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities, such as staff meetings were in place to address lessons learnt from the outcome of incidents and complaints.

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments and associated care plans were in place depending on each person's individual needs.

Staff understood what abuse meant and had received training in adult safeguarding.

We observed that medication was administered safely.

Measures were in place to regularly check the safety of the environment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not being adhered to when seeking consent from people.

People had access to health care services when they needed it, including their GP, optician and chiropodist.

Staff we spoke with were receiving regular supervision and their training was up-to-date. Records confirmed this.

People were satisfied with the meals .There was sufficient staff available at lunch time to ensure people received support with their meal and had adequate to eat and drink.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people living at the

home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

People told us they were involved in planning and reviewing their care.

Is the service responsive?

Good

The service was responsive.

People said their care was individualised and care requests were responded to in a timely way.

A full and varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Processes were in place to seek feedback about the service provided.

Is the service well-led?

Good

The service was well led.

People living at the home said they were included in discussions about developments to the service.

Staff spoke positively about the open and transparent culture within the home. Staff and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

The Glade Residential Care 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 team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people. 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 our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 also looked at the intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home. They expressed no concerns about the service.

During the inspection we spent time with seven people who were living at the home and they shared with us their views of the home. We also sought feedback from a relative and a health care professional who was visiting the home at the time of our inspection. We spoke with a total of seven staff, including the manager, the chef, activity coordinator and five care staff.

We looked at the care records for four people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

Good

Our findings

People told us staff were respectful and kind to them and said they felt safe living at the home. A person told us, "The place is secure and the codes [on the doors] are fantastic." Another said, "There are locks on the doors and everybody [staff] is very respectful." A family member told us, "I phone up and they always know where [relative] is. He says he feels safe here". A visiting professional said to us, "I've not seen anything to worry me."

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Staff confirmed they had received adult safeguarding training and records we looked at confirmed this. An adult safeguarding policy was in place and the procedure for reporting any concerns was displayed for staff to access.

We asked people whether there was enough staff on duty at all times. The feedback was mixed with the majority of people advising us there were always enough staff. A person said, "Yes [enough staff], I don't need a lot of looking after." Another person told us, "There is during the day, I'm not so sure about night time."

We asked the staff if there were sufficient staff on duty at all times to ensure people's needs were met in a timely way. A member of staff said, "We have a low turnover of staff and we don't use many agency." Another said, "Mostly there is. If we have hospital appointments or if someone is off sick we might have to work through our break. I think we could do with another member of staff on nights". One of the care staff was allocated each day to assist in the laundry. Regarding this arrangement, a staff member told us, "I've done it for so long I've never thought about it. There's always somebody upstairs." Another said, "We've got protective clothing, but staff could stay on the floor a lot more if we had laundry assistants."

We observed there were adequate numbers of staff on duty throughout the inspection. We noted that staff were regularly checking on people in the shared areas and responded to requests for support in a timely way. There were sufficient staff to support people if they needed it with their lunch. The atmosphere was calm and unhurried and people were not rushed while being supported by staff.

An effective recruitment process was in place. We looked at the personnel records for three members of staff. We could see that all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references, photographic identification and a record of performance at interview were in place in each of the personnel records we looked at.

People we spoke with said they received their medicines when they needed it. A person said, "They don't run out of my tablets." The manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving, stock, monitoring stock and the disposal of medicines. Medicines were held in two locked trolleys. The trolleys were secured to the wall. Medicines were administered individually from the trolleys to people living at the home. Staff wore a red tabard to highlight they must not be disturbed while giving out medicines. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and did not have a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset. The manager confirmed that the people without a PRN plan had full mental capacity to recognise when they needed the medicine and request it. However, the manager confirmed they had put PRN plans for these people shortly after the inspection.

The care records we looked at showed a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. These included a falls risk assessment, lifting and handling assessment, nutritional and a skin integrity assessment. Care plans related to risk were in place to provide guidance for staff on how to minimise the risks for each person. Some care plans lacked detail, such as how to a support a person if they experienced a diabetic emergency. We highlighted this to the manager who agreed to review the care plans relevant to management of risk.

People living at the home told us the home was clean and that the equipment in their bedrooms was in good working order. A person said, "It's spotless here. It gets cleaned every day." We had a look around the home including some bedrooms and observed that the environment was well maintained and clutter free. Equipment was clean and in good working order. A call-bell system was in place in the bedrooms and it was checked regularly.

We noted that the floors were uneven in some areas, which could increase the risk of falls. There was no indication from the incident reports that the home had a high rate of falls in comparison to the national average. However, the provider said they would address the matter. We noted that some window restrictors were not in accordance with national guidance. Although a low risk to the people living at the home, the manager said they would have the window restrictor's reviewed. One of the people living in the home smoked in their bedroom and measures had been put in place to minimise the risk of fire, including fire retardant bedding and a fire blanket.

Systems were established for checking the safety of the water, fire systems, emergency lighting and equipment. Service level agreements were established for moving equipment, heating, lighting, electrical and gas checks. The records for the checking equipment, including mattress, hoist and bedrail checks were up-to-date. A personal emergency evacuation plan (often referred to as a PEEP) was in place for each of the people living at the home so that they could be evacuated safely and efficiently in the event of an

emergency. These were located in the foyer.

Our findings

All the people we spoke with said they had enough to eat and drink through the day and night. The comments about the food were positive. Regarding the food a person said to us, "It's very good. If you don't like it they'll try and find you something else." Another person told us, "It's very good. I'd soon let them know if wasn't." People told us snacks and drinks were available between meals if they needed it. Most people said they did not need snacks but one person told us, "At night I sometimes ask for a sandwich for the night and the chef makes me one". A family member confirmed that their relative enjoyed the food.

A member of the inspection team had lunch with people living at the home. There was a choice of two main courses; a meat and a vegetarian choice. Everyone said they enjoyed the lunch. It was quiet and calm in the dining room and staff were available to support people if they needed it.

We asked staff how they monitored that everyone was receiving sufficient fluids and adequate nutrition. A staff member said, "Some residents are on food charts if they are not eating. I set up a food chart and inform the manager and document it." Another member of staff said, "I give people the option of sandwich and fruit. I'd report it to senior staff and they'd report it to the GP and dietician."

We asked a member of staff about their induction and they said, "The first day I met the residents, went round the home and did some paperwork. After that I'm just shadowing." Staff told us they were up-to-date with the training and refresher training they were required by the provider to complete. A member of staff said, "I've had brief training on DoLS, I think we have only one or two residents on DoLS. They're a bit more vulnerable. I've not had training on the MCA, I'm not overly familiar with that. I've had moving and handling, health and safety, infection control, fire and first aid." The training monitoring record we looked at confirmed this.

Staff also told us they were up-to-date with their annual appraisal and said they received regular supervision. A supervision schedule for 2014 showed that it had been fully completed. We could see that the supervision schedule had been completed for January and February 2015.

The people we spoke with all told us they had access to health care services when they needed it. This included consultations with healthcare professionals, such as the GP, chiropodist or district nurse. We could see from the care records that staff were pro-active in referring people to health care services if they needed it. 'Grab sheets' were in place for each person in case they needed to go to hospital urgently. They included information about the person's past medical history and current medication.

Although the home was not specifically for people who lacked mental capacity, the deputy manager explained that some people had developed over time needs associated with their memory and decision making. Therefore, we looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A small number of DoLS applications had been completed and forwarded to the Local Authority. Although they had not been authorised, we saw frequent reference in two people's care records to their DoLS plan. This could be confusing for staff as there was a potential they could unlawfully restrict a person believing a DoLS was in place. We highlighted this to the provider and manager. The manager agreed to rectify this in the care records and ensure staff were informed.

Mental capacity assessments were not in accordance with the MCA. For example, capacity assessments had been undertaken generically – for no particular reason - and merely identified that the person had capacity. Mental capacity assessments should be undertaken to determine whether a person has capacity to make a particular decision. Furthermore, we saw that a DoLS had been applied for a person yet the mental capacity assessment undertaken was not completed in full and stated the person had capacity.

We recommend that the provider considers current guidance in relation to the Mental Capacity Act (2005) and takes action to update its practice accordingly.

Good

Our findings

We asked people living at the home their views of the staff and how staff interacted with them. People spoke highly of the staff and the care they received. For example, a person said, "I love them [staff]. They are all very caring. They listen to you and if they can do anything they will do it." Another person told us, "The staff are lovely. They treat you like a friend." Families were equally positive about the caring attitude of the staff. A family member said, "The staff are very pleasant and friendly." People said they could have visitors at any time.

People said staff were respectful towards them and knocked on their bedroom door before walking in. They told us staff were careful to ensure their dignity and privacy was maintained when receiving support with personal care. Staff said they maintained people's privacy and this was important. A member of staff said, "I talk to people in private and always knock before entering [people's bedrooms]. Another member of staff said, "I always ask people if they want privacy on the toilet but stay within a distance so I can hear them or I give them a bell."

Through conversation it was clear staff had a good understanding of people's individual needs and preferences. The staff we spoke with demonstrated a warm and genuine regard for the people living at the home. There was a calm atmosphere throughout the inspection. We observed a positive and on-going engagement between people and staff. We heard staff calling people by their preferred name and supporting people in an unhurried, caring and respectful way. Staff conversed with people while supporting them with care activities. We heard staff explaining to people what was happening prior to providing care or support.

A document titled 'About me' was in place in each of the care records we looked at. It included information about the person's life, career, interests and preferred routines. It also highlighted any communication needs the person had, things that may worry the person and the person's preferred way to be supported with personal care. People's preferred gender of staff to support them with personal care was not identified and the manager said they would address this.

The majority of people we spoke with said they were involved with reviewing their care plans. A person said, "Yes, the care is reviewed frequently." Another said, "I see it [care plan] when I want to look at it." Some people who experienced memory loss were unable to recall if they had been involved in their care plan.

Regular communication took place with people's families if appropriate and this was recorded on a

'relative's dialogue sheet.' For example, we noted that a person's relative was contacted in April 2016 to update them on changes to the plan of care.

Good

Our findings

People told us staff responded promptly if they needed anything, including support with an activity or if they needed to see their doctor. The care plans we looked at were comprehensive and focused around each person's specific needs. Any health concerns were responded to promptly. For example, if a person was unwell then staff contacted the relevant health professional and informed the family in a timely way.

We spoke to people in their bedrooms and could see that the rooms were personalised to each person's taste. People told us they were encouraged to bring in some of their own items, such as wall pictures, ornaments and furniture to create a homely feel.

People said they had plenty to occupy them during the day and staff encouraged them to spend their day as they wished. A person said to us, "I have my iPad and knitting. I read and watch the TV. My husband is here for most of the day." Another person said, "I sometimes go to town on my own on the bus. I visit friends and I'm always writing letters. I like to get a paper on a Sunday and I join in the activities."

People told us there were plenty of activities they could participate in if they wished. A person said to us, "I walk to the village in the afternoon, I join in the bingo and quizzes. I'm not bored, that's why I walk to the village". Another person said, "I sit in here [bedroom] and watch telly, I go to the lounge for activities and I have visitors." A family member told us they were pleased that WiFi was available to their relative and that the provider had supported their relative to collect their computer from home and install it in their bedroom.

Two activity coordinators were employed on a part time basis. Both had different skill sets, which meant the activities were varied. One of the activity coordinators facilitated group activities and the other focussed more on person-centred individual activities. During the inspection we observed one of the activity coordinators supporting people with an adult colouring session. The activity coordinator told us he was specifically exploring activities for men and was talking to them to establish their former occupations, hobbies and activities they may be interested in. Memory boxes were in place for men. The provider also facilitated activities and facilitated an art class each week. The provider was also supporting people to develop a dignity tree. We observed the provider facilitating a session in the afternoon that was based on a television quiz show. The people who joined in the activity said they enjoyed it.

People told us there were regular parties and special events. We could see that photographs were taken of these events and were available for people to look at. The local advocacy and befriending services were

active in the home. Special sport events were organised at the home accompanied by a pie and a pint. School and Brownies came to the home at Christmas to sing. Weekly trips in the minibus were organised.

People told us staff arranged for them to have a postal vote for general and local elections and most recently the EU referendum.

A complaints procedure was in place. People we spoke with were aware of how to make a complaint but assured us they had no complaints about the service. People living at the home told us they would complain if necessary and only one said they had made a complaint. They confirmed the complaint was dealt with to their satisfaction.

There were mixed responses about people about whether processes were in place to provide feedback about the service. People said meetings were held and they could raise concerns. A person said, "Yes I've been to one [meeting] and they [staff] listen to concerns." Another person said, "We do sometimes [have meetings]. They will change things if you grumble about them." However, some people were unaware that meetings took place. A person said, "I don't think so [whether meetings were held]. In fact I'm sure they don't have them." We mentioned this confusion to the manager at the time of the inspection. We noted from the meeting minutes that the last meeting held for people living at the home was on 5 March 2016. A suggestion box was also in place for people to post any feedback about the service. We noted that a food survey had been undertaken recently with people living at the home.

Good

Our findings

People living at the home were aware of recent changes to the management of home. They said the new manager was very approachable. People also said the home was well run. A person said, "I'd give them a medal for what they do."

We asked people what they liked best about the home. A person said, "The atmosphere and the staff; they're all lovely." Another told us, "The food, the staff - you can have a laugh and a joke with them and it's clean." We asked the same of families we spoke with. A family member said, "I think it's got a friendly feeling. The staff engage with people."

We also asked people what improvements they felt the service would benefit from. In relation to the environment and décor a person said, "The home is a bit tired". Another person said, "I wish we had a cat."

Staff were also pleased with how the home was managed. Regarding the manager, a staff member said, "She is very, very good; very different. She lifts the mood. She is very personable, firm but fair, very approachable." Another member of staff said, "She is doing really well; well organised and approachable." Staff meetings were in place and we noted that the last meeting was held in April 2016. Staff said meetings were useful so that staff were kept informed of what was happening and any changes. Staff also had handovers between shifts so that they were aware of any changes since they were last working. The handovers were recorded.

Staff told us the home was a lovely place to work. A member of staff said, "I just love it. It's really friendly, like a family." Another said, "I like all the staff. We get on well and support each other." Regarding what the home did well, a member of staff said, "The fact that it's a home not set to a timetable. It's a homely home, the food is nice and the residents are fab."

We asked staff what improvements they thought the service would benefit from. One of the staff said, "I'd like more training in first aid and palliative care." Another said they would like a ramp to the back garden so people could access it easier, and some nice garden furniture. The manager advised us that developing the garden and access to it was planned. They also told us that they were working with Southport Collage regarding a gardening project that will involve people living at the home attending college and for apprentices to come to the home to support people with gardening.

The visiting healthcare professional told us they had no concerns about how the service was being run.

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. All the staff we spoke with said they would feel comfortable questioning practice. Staff were also able to tell us where the home's policies were located, including the policies related to whistleblowing, safeguarding and complaints.

A 'you said, we did' from May 2016 was displayed in the office and in the foyer. There was one for people living at the home showing the changes that had been made based on feedback and one in response to staff feedback. We noted that people living at the home had requested a smoking shelter and the provider confirmed that this was planned to be put in place.

We looked at the arrangements in place to monitor the quality of the service. A range of audits or checks were established. These included checks to monitor that medicines were managed safely. An infection control audit was undertaken in April 2016. We noted it would benefit from further development to ensure it was in accordance with the Code of Practice for health and adult social care on the prevention and control of infections. A quality audit of the service was undertaken by an external company early in 2016 and it covered all the CQC essential standards. The provider had been working to the quality audit since March 2016 and we could see that the majority of the actions had been completed.

The provider conducted a review of the service each month from the prospective of the people living at the home. We could see from the records that the provider spent time individually with each person seeking their feedback and views. This was recorded and we could also see that any issues raised were addressed.

The manager informed us that the care records were being revised and new paperwork was being introduced, which meant the care records would be more concise, streamlined and person-centred. The manager aimed to have all the care records revised by the end of May 2016.

A process was in place for recording, monitoring and analysing incidents. It included a monthly accident log, the location and time of the accident, the action taken and the outcome.

The registered manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.