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The Glade Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 29 and 31 October 2018. The last inspection was in May 2016 when the service was rated as 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Glade is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The Glade is a residential care service which offers support for up to 25 older adults. It is a converted Edwardian residential property set over four floors. A passenger lift provides access to all areas of the building. Accommodation comprises of bedrooms which have a wash basin facility and a small proportion of bedrooms have an en-suite. There is a dining area situated on the ground floor and a spacious lounge which overlooks a large enclosed garden. The property is both decorated and furnished to a high standard. The service is conveniently situated near to bus routes and local amenities. At the time our inspection there were 19 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

Staff had received training in safeguarding and were knowledgeable in both how to identify and how to report abuse. We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken. People told us staff were caring and kind.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate support. The majority of staff had completed National Vocation Qualifications (NVQs). NVQs are nationally recognised qualifications achieved through training and assessment which help to ensure that staff are competent to carry out their job role to the required standard.

Medication was managed safely and was administered by staff who were competent to do so.

Appropriate arrangements were in place for checking the environment was safe. For example, health and safety checks and audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately. People told us they felt safe living at The Glade.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of

the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions.

People were involved in their care and there was evidence in their care records to show that they had been consulted about decisions. Care records contained detailed information to identify people's requirements, preferences and routines in relation to their care and support.

Appropriate risk assessments were carried out and recorded which helped to keep people safe. People were referred to external health professionals appropriately, this helped to promote people's well-being. People told us they were supported by staff to attend health appointments.

There was no set daily routine at the service and people told us they had a choice in what activities they participated in each day. The service had its own mini bus and people enjoyed weekly trips out.

Effective quality assurance processes were in place to seek the views of people using the service and their relatives.

Feedback about the management of the service was positive. People told us the service was well run and that management were approachable and supportive.

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 remained safe.	**Good**
Is the service effective? The service had improved in this domain and was effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well led.	**Good**

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 and 31 October 2018 and was unannounced on the first day. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the provider, a senior carer, two members of care staff, the chef, four people who lived at the service, a visiting professional and one relative. We also spoke to three relatives on the telephone.

We looked at care records belonging to four of the people living at the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service. We also observed the delivery of care at various points during the inspection and made observations around the service.

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service. One person said, 'Yes, I feel safe living here, the staff make sure the place is secure.' A relative of a person living at the service told us, 'I have total peace of mind that [relative] is safe when I leave.''

People who were able to do so could come and go as they pleased. They informed a senior member of staff so that they knew who was out of the building at any one time.

Appropriate risk assessments were in place to help keep people safe. For example, for people who smoked, appropriate measures were put in place to ensure they did so safely.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were knowledgeable about how to recognise the different types of abuse and how to report any concerns.

We checked to see how the service recruited their staff. We looked at the recruitment records for four members of staff. We found that appropriate pre-employment checks such as disclosure and barring service (DBS) checks were carried out and references were obtained. DBS checks are used by employers to establish if prospective staff have any criminal convictions. This helps to ensure that staff members are safe to work with vulnerable people.

We looked at how the service was staffed and found there was enough staff to meet people's needs. On the day of our inspection, there was a registered manager, one senior carer, two care staff, two domestic staff and a chef to support 19 people using the service.

We looked at the systems in place for managing medication. We saw that a medicine policy was in place to advise staff on the provider's medication procedures. Staff had received training in how to administer medication safely and their competency to do so had been assessed. We checked a sample of Medication administration recording charts (MARs) and saw they were completed appropriately. We also checked stock balances of some medicines and found them to be correct.

Medication was stored safely in a locked room. The temperature of the room and medicine fridge was recorded daily to ensure that medicines were stored at safe temperatures. This is important as if medication is not stored at the correct temperature it may not work as effectively.

We saw that detailed PRN (as and when required medication) protocols were in place for some medicines to help ensure people received their medication when needed, for example pain relief.

We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. Controlled drugs were kept securely in a locked cupboard. We checked the stock balances of a selection of controlled drugs and found them to be correct.

Accidents and incidents were recorded appropriately and analysed by the registered manager for any trends or patterns.

External contracts were in place for gas, electric, legionella and fire safety. Regular internal checks were also completed, such as fire alarm checks, water temperatures, window restrictors and call bells. The service employed its own maintenance person to undertake environmental checks. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan). PEEPS were also kept in a grab bag situated near to the front door. This meant that staff and emergency personnel had important information on people's needs and the support they required to evacuate in the event of an emergency.

The service was clean and well maintained.

Good

Is the service effective?

Our findings

When we conducted a previous inspection in May 2018 we rated the service 'Requires Improvement' in this domain. This was because staff did not always correctly apply the principles of the Mental Capacity Act when assessing peoples' mental capacity. During this inspection we checked to see if improvements had been made and found that they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We looked at peoples care records and saw evidence that people's capacity to consent was assessed appropriately. For example, people had consented to the provision of care and support and management of their medication.

We saw that staff knew the needs and preferences of the people they supported well. One person told us, ''Staff know me well and have got to know my ways.'' We spoke with a professional who regularly visited the service who told us, ''Staff are proactive and look after the people well.''

We looked at the care records for four people living at the service. We saw evidence of people's (and their relatives) involvement in the collating of information. This helped staff to implement person centred care. Comments from relatives included, ''Staff asked me questions about [relatives care] as soon as we arrived'' and ''I was asked questions about their likes and routine even before they [relative] came into the home.''

We saw that care records contained a detailed record of people's preferred daily routines and preferences. This helped to ensure that people received personalised support dependent upon their needs and preferences. For example, people could choose when they wanted to get up and go to bed, whether to have a bath or shower and what gender of care staff they preferred. Care records also contained information about how best to communicate with people, such as ''hold hand to reassure'' and guidance for staff on how best to support people emotionally to prevent feelings of social isolation. A relative told us, ''The staff know [relative] so well, they know what they like and when, they know just how to handle them.''

Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person so that any changes in support needs could be implemented.

Staff supported people to attend external health care appointments, such as GP and hospital appointments. This helped to maintain people's health and wellbeing. A member of staff told us, ''We would always go to any health appointments with the person unless of course they didn't want us to.'' A relative told us, ''The staff are on the ball, if [relative] needs a Doctor calling out they get one.''

Feedback about the food was positive. One person told us, ''The food is good and we have a say in what we can have.'' The menu rotated on a three-weekly basis. The service employed two chefs and all meals were home cooked from ingredients sourced from independent local suppliers. This meant that food on offer was fresh and nutritious. There was a choice of two menu options for the main meal, people could have an alternative if they did not want either of the two options for that day. One person told us, ''If I don't want what's on offer they will make me something else.'' Menus were clearly displayed both on the wall of the dining room and on the tables. For people who were visually impaired, adapted crockery was used to make it easier for people to eat. This helped to maintain people's dignity and independence. We also saw evidence that the service supported people with specialised diets, for example, a diabetic diet.

We looked at staff training records, we saw that training was based on the Care Certificate and covered a range of health care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. The Care Certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. In addition, some staff had received specialised training for people living with dementia. The service also supported staff to complete formal qualifications in care such as NVQs (National Vocational Qualifications).

Staff were supported in their role through supervision and appraisals. This included meetings with the registered manager to discuss any issues, goals or objectives. Staff we spoke with told us they felt confident to raise any issues they had.

The layout of the environment was easy for people to navigate around. The service had a passenger lift so people could easily access all parts of the building. The atmosphere of the service was homely and welcoming.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive, comments from relatives included, ''The staff are first class, absolutely the best you can get, it's very reassuring'', ''The staff sit down and actually talk to the people and that makes such a difference'' and ''I am always made to feel so welcome when I walk through the door.''

We observed positive, kind and warm interactions between staff and the people they were supporting. It was clear that staff knew the people they supported well. Comments from people using the service included, ''Staff are lovely and there's enough of them'', ''The staff are so approachable, they have helped my life for the better'' and ''Even when I'm on my own in my room they check on me.''

During our inspection we also observed how staff provided emotional support and reassurance to relatives of people living at the home. One member of staff told us, ''We keep the families updated with everything that is going on.''

Staff we spoke with were able to explain how they would maintain a person's dignity and respect. Comments included; ''I always knock on people's bedrooms doors'' and ''I keep doors closed when I'm providing personal care and keep people covered up as much as possible.''

The service supported people with Equality, Diversity and Human Rights (EDHR) wishes. We saw evidence that people's individual characteristics were recorded such as their religion, culture and disability. This helped ensure that people's rights were protected under the Equality Act 2010, this is legislation which helps to protect people from discrimination. For example, a minister visited weekly to meet people's spiritual beliefs. For anyone who wanted to attend external religious services, staff supported people in attending. People's care records contained guidance for staff to support people to wear the correct glasses and hearing aids to maintain effective communication.

We asked staff what equality and diversity meant to them. One member of staff explained, ''Everyone is their own person and we treat them like so, we make it as homely as it can be for them.''

During our inspection we observed the provider (owners of the service) interacting with people and engaging with activities. The registered manager told us they visited almost daily. It was clear the provider adopted a 'hands on' approach in the daily running of the service and genuinely cared about the people they supported. The provider told us they viewed the people living at the service as an extension of their own family. A member of staff told us, '''We work as a team and that's why it's like one big family here.''

Good

Is the service responsive?

Our findings

During this inspection we looked at the care records for four people. We saw that people's care plans contained detailed information about people's preferences in relation to their support and treatment and daily routines. For example, people could specify where they liked to eat their breakfast and how they liked to spend their day.

Care plans recorded information detailing people's life history and what was important to them. One person told us, ''I was asked a lot of questions to help the staff get to know me.''

Care plans also contained a detailed pre-admission assessment which helped to ensure people's support needs could be met from the day of their admission. A re-assessment of needs was regularly undertaken to ensure that any changes in people's health and support were identified.

Risk assessments were carried out in relation to needs such as nutrition and mobility. This ensured that support from staff remained responsive to people's needs and that risk was managed appropriately.

People had a choice regarding how they spent their day. Those who were able to do so accessed the local community independently. Activities were provided by care staff and the provider of the service. Activities on offer included singing, arts and crafts, bingo and quizzes, board games, old movie afternoons and coffee mornings. People also enjoyed activities provided by external providers such as hair and beauty treatments, exercise classes and pet therapy. Activities were available on almost a daily basis. In the summer months the service ran a gardening club, in addition to growing flowers and plants people grew herbs which they then enjoyed in their salads.

The service had its own mini bus and people enjoyed weekly trips out. People had a choice in where they wanted to go and past outings included trips to Blackpool lights, city shopping trips, garden centres, farms, beaches and marinas. People could also visit places which were sentimental and significant to them such as their former house and school and the church where they got married. This helped people to recall happy memories and reminisce about former times.

The service also enjoyed visits by local school children and the Brownies which helped to encourage development of inter-generational bonds. Strong links had been made with the local community, a person living at the service was a member of a local group which met weekly for lunch. This enabled them to continue with activities they were involved in before they lived at the service.

For people living with a visual impairment, the service offered talking books. One person was supported by staff with the use of emails to communicate with their family. This helped the person to maintain strong family bonds.

During our inspection we saw that people could personalise their own bedrooms. Some people had items of their own furniture. We saw that people had direct input in the running of the home, for example, people

had influenced the renovation of the dining room, they had chosen the colour scheme, curtains and wall paper. New carpets had recently been laid and people had chosen the style and the colour. This helped people to become involved and feel the service was a home from home. We also observed that pictures on display on the walls of the service included images of the local area from days gone by. This helped people to reminisce and recall what the area used to be like.

People had access to a complaints procedure and knew how to make a complaint. One person told us, ''I've never had to make a complaint, I would just speak to the staff who would sort it.''

At the time of our inspection there was no one receiving end of life care. Care records we looked at contained details of people's end of life wishes and guidance for staff to ensure that appropriate support was provided throughout the process.

Good

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality and safety of the service. We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified were improvements were required. This helped to ensure standards were maintained.

We looked at how accidents and incidents were managed and found they were recorded appropriately. They were analysed for trends and patterns which helped to prevent re-occurrence.

The registered manager told us they encouraged an open-door policy. This ensured transparency in the running of the service and encouraged a positive ethos. Staff we spoke with described the manager as being, ''approachable'' and ''supportive.'' A member of staff told us, ''They are really interested in the residents and it shows.'' Comments from relatives included, ''The home is run well, I am made to feel so welcome when I walk through the door, I am kept up to date with everything, nothing is too much trouble'' and ''There is an open and honest approach, the [service] is pro-active and the manager is very supportive.''

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Questionnaires concentrated on a set topic at any one time such as 'the dining experience' to gain insight into the needs and expectations of people. We saw that as a direct result of people's feedback in relation to this topic, changes to the menus had been implemented to include food that people favoured. People had also chosen food from their childhood days and enjoyed conversations about the past when it was on the menu. This helped people feel they had real choice over the day to day running of the service. This made the quality assurance processes extremely effective as changes had been implemented as a direct result of people's wishes.

Regular meetings were also held for people living at the service, we looked at minutes for past meetings and saw that people chose what topics they wanted to discuss, for example, ideas for activities, holidays and menu options. One person told us, ''We can say what we would like to eat and do and its done.'' The service had recently implemented a 'Wish Tree', this enabled each person to personalise a leaf with a wish of their own such as a preferred activity or how they wanted to spend a 'perfect day'. The service would then do their best to ensure their 'wish' came true.

There were processes in place for relatives of people living at the service to feedback their views. Feedback about the service was positive. Written comments included, ''Wonderful care'' and ''Lovely rooms.'' Relatives were also invited to meetings to provide feedback. We also observed positive written feedback from visiting professionals, comments included, ''The team here love their job, they treat it like a family.''

The registered manager held regular staff meetings so that staff could have their say. Staff we spoke to found meetings beneficial as it gave them an opportunity to learn from any past events and make suggestions for improving the service.

The registered manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.