

Key inspection report

Care homes for adults (18-65 years)

Name:	Glebelands
Address:	14 Wallis Road Basingstoke Hants RG213DN

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Peter McNeillie	2 0 0 5 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Glebelands
Address:	14 Wallis Road Basingstoke Hants RG213DN
Telephone number:	0000
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Liaise Loddon Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	4

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	4	0
Additional conditions:		
The maximum number of service users to be accommodated is 4		
The registered person may provide the following category of service ; Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category : Learning disability(LD)		

Date of last inspection								
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Brief description of the care home
Glebelands is a care home registered to offer support personal care and accommodation to up to four persons with a learning disability most of whom have very high care needs and can display extreme behavior requiring close supervision.
The home is owned and managed by Liase Loddon Ltd who are also responsible for a number of similar registered services in the Basingstoke area and South Hampshire.
Residents Accommodation is in single rooms in a large single story building situated in

Brief description of the care home

a pleasant residential area within walking distance of Basingstoke town centre.
On site parking is available.

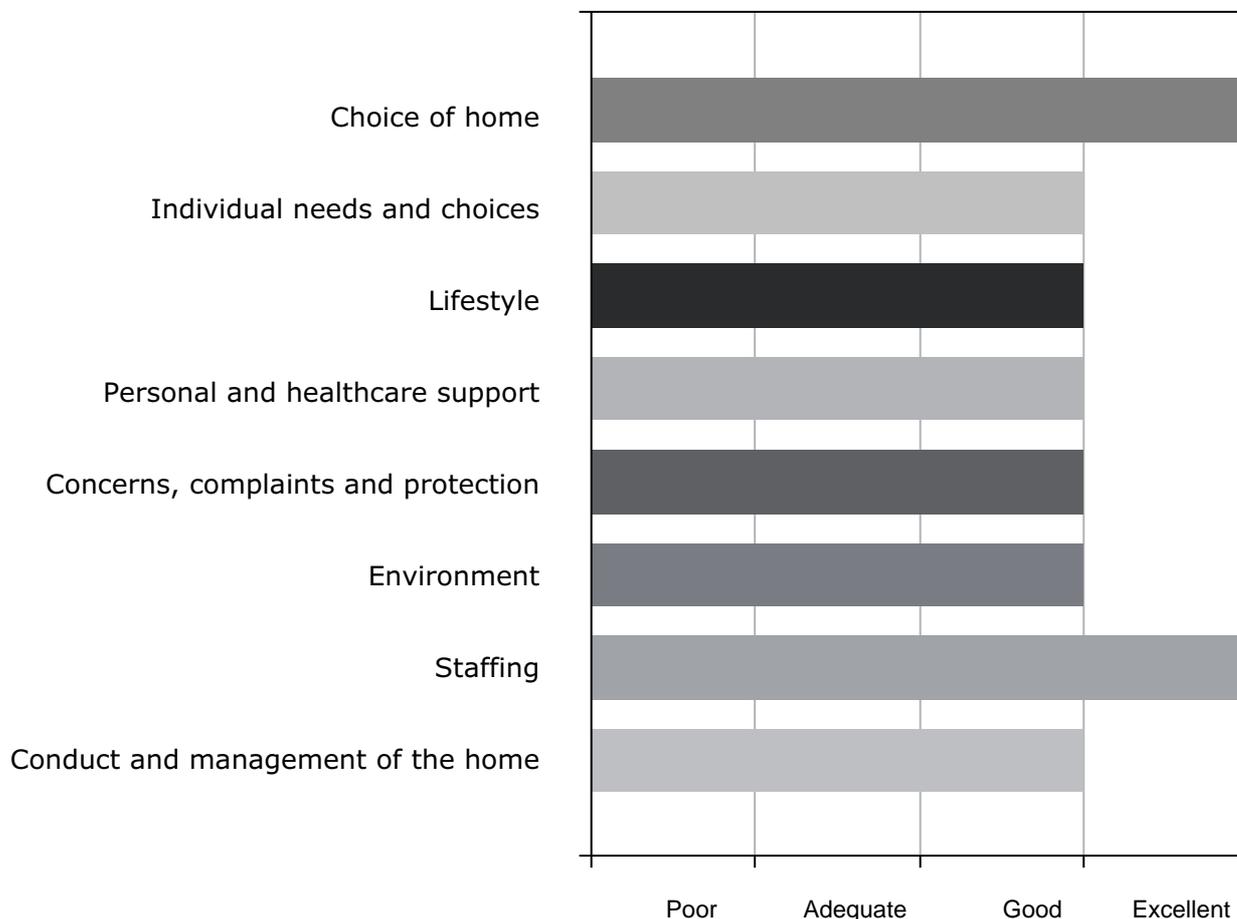
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This is the first inspection since the home was first registered in January 2009.

At the time of our visit the home was supporting and accommodating four residents all of whom have very high care needs, are unpredictable and volatile requiring constant supervision and vigilance by those responsible for their welfare.

Communication with residents was almost impossible. We are therefore very grateful to the management and care staff for their assistance guidance and a health and safety briefing.

This report was written after taking into consideration a number of sources of information and evidence. These included, the information supplied during the initial registration process, the CSCI registration report, information obtained from examining residents and staff records, personal observations, talks with staff, management (

internal and external), a visiting relative and social care professional and responses by the manager to a CSCI Annual Quality Assurance Assessment (AQAA) prior to the inspection.

This key unannounced visit took place on 20/05/09 between the hours of 09.00 am and 01.30pm during which all of the key standards for care homes for younger adults were assessed.

At the time of our visit charges varied between fourteen thousand one hundred and sixty six pounds and twenty thousand eight hundred and thirty three pounds per month.

The results and findings contained in this report will determine the frequency and type of future inspections.

What the care home does well:

The home provides care support and accommodation in a safe, well-maintained pleasant and functional environment by a well-managed supported, motivated, well-trained and qualified staff team who work in a manner that recognizes residents individuality and the need for personal privacy dignity and independence.

Areas of particular note were the pre admission assessment procedure and staffing which we considered to be excellent.

What has improved since the last inspection?

Not applicable as this was the first inspection since registration.

What they could do better:

There were no areas of concern and no requirements or recommendations made.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a well-developed system of assessing and identifying residents needs which ensures residents safety and assessed needs can be met.

Evidence:

There have been four admissions since the home was first registered in February 2009.

We were informed by the registered manager that all admissions are carried out in accordance with an admissions policy that requires that no resident is admitted without a very full and detailed multidisciplinary assessment of needs and attendant risks being carried out involving health and social care professionals and the residents representative.

As part of the assessment the prospective resident would also be visited by a member of the organizations external and homes management team

During the recent assessment of a resident living many miles from the home,

Evidence:

following the original day assessment six further visits of two days of observations took place before any agreement to admit was reached.

This attention to details ensures that the home is confident that it can meet all the needs of the individual in a safe manner and attempts to avert the possibility of the placement breaking down in the future.

All of the residents files viewed which are reviewed on a regular basis were in accordance with the homes admission policy and procedure as indicated above.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a clear and consistent care planning system in place, which ensures residents needs are met within a risk management policy that involves residents and or residents representatives being consulted and making decisions about issues that affect them.

Evidence:

None of the residents were able to read and understand the complexities or the meaning of a care plan.

To ensure compliance with the standards and regulations we viewed all of the residents support/care plans.

These indicated that all of the plans were reviewed by the registered manager, the residents key worker and an external manager on a regular basis to ensure all plans reflected the current needs of the resident and in the absence of agreement by the resident, their representative had been involved in and consulted.

Evidence:

All plans viewed were based on an initial assessment of needs and risk (The previous section of this report refers) which took into consideration resident's needs, wishes, choices, aspirations, risks, abilities, details of any health care professional involved, communication methods, dietary needs , help required with eating and drinking and number of staff required to safely deliver the plan.

Residents right, and the opportunity to take risks is seen as fundamental, however it was clear from records and our observations all of residents would have difficulty in totally understanding the concept of risk and risk taking. Despite this, residents were encouraged and supported by staff to make decisions for themselves within a risk assessment framework. This process identified individual risks and how they were to be managed, enabling residents to take part in activities in a safe manner. Where restrictions were in place these were clearly recorded in the care plan. Staff demonstrated to us that they had a good understanding of the contents of the care plans and risk assessments and were able to explain how this was translated into day-to-day practice.

To promote equality and diversity and to ensure that race, gender identity, disability, sexual orientation, age, religion and belief are promoted and incorporated into what they do, in their AQAA the home told us "We are lucky to have a multi cultural staff team, and promote multi cultural days so our service users can enjoy experiencing different cultures such as tasting food, looking at pictures/DVDs of that particular culture. We also enjoy a mixed age, gender and religious group of staff. All four of our service users are from a white British background, but we encourage full participation in the above activities. We do not tolerate prejudice in any way. These topics are also addressed when the staff complete their LDQ (Learning Disability Qualification).

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The social activities family, contacts and the provision of varied and nutritious meals were well managed and reflected residents interests and choices.

Evidence:

Due to the high care needs and unpredictability of the residents the use of some community facilities is restricted, however where possible residents are encouraged and supported to use external facilities, these include, local shops, pubs, swimming at a local private pool, parks and walks.

In house we observed residents taking part in a number of activities they had chosen, these would have included, food preparation, arts and craft, massage and games.

The home views residents activities as very important to the individuals development, consequently, staffing is arranged to ensure residents are supported by people familiar

Evidence:

to them and whenever possible no activity is canceled due to lack of staff.

We observed staff interacting with residents in a positive, respectful non-patronizing manner. It was evident that caring for the residents was more than a job for the staff who expressed and demonstrated a total commitment to their residents.

Resident's families and friends are encouraged to visit at any time. On the day of our visit we spoke to a relative who told us the home always made her welcome and kept her fully informed on any matters that might affect the wellbeing of her relative.

Residents who are free to make and receive telephone calls, receive visitors in private and choose who they wish to see, are supported in maintaining family contacts and establish friendships. Staff assist residents to visit their families for day visits and in one instance in overnight stays on special occasions such as Christmas.

Residents are encouraged to participate in the choosing, buying and preparation (with assistance) of the meals using pictures of food in their individual communication passports.

A daily menu in a written format based on residents likes and dislikes was displayed in the kitchen.

The homes staff and management recognized that alternatives to a written menu is of great importance for some residents who may find the addition of pictures are beneficial to their understanding of the food available on a particular day. We accept that should such an item be displayed due to the residents disabilities, it may be of limited value. We were satisfied that residents are aware of the food on offer by staff communicating with them using the pictures in the communication passports previously referred to.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Satisfactory arrangements are in place, ensuring the personal emotional, health care and medication needs of residents are met.

Evidence:

Details of the personal care, support and health care needs of residents need were clearly recorded in their individual health care action plans which included all aspects relating the residents health care e.g. height,weight,foot care,eyesight,hearing,sleep,allergies,teeth,continence,sleep, mobility etc with which staff demonstrated a clear understanding and familiarity.

Guidelines seen and comments by staff indicated that where possible, despite communication difficulties, residents were exercising choice in some of their lives including activities, bedtimes, clothes, food etc however with regard to other issues such as the gender of career, key worker, GP, dentist optician, and how and on what to spend their money they lacked the understanding to make meaningful choices and had to rely on care staff or their representatives/relatives.

Records indicated that any special medical, health or social care needs would be

Evidence:

provided following consultation with the appropriate professional. These might include the local; doctors, district nurses, physiotherapists, occupational therapists, speech language therapists, care managers and any other specialist required including the community learning disability team.

Records were kept of appointments with all health and social care professionals and included details of any advice and treatment given.

Medication records confirmed that all prescribed medication, (which was seen to be securely stored) was administered in accordance with a medication policy and procedure by trained staff. The record of medication administered to residents and unwanted items disposed of were complete and accurate.

A procedure that ensures residents can assume responsibility for their own medication was in place. Records viewed confirmed following a risk assessment no resident was responsible for their own medication.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has clear policies and procedures in place which ensures residents are able to complain and are protected from abuse.

Evidence:

The complaints procedure, which was also included in the service users guide had been updated to reflect the recent changes to the regulator by including information on how to contact The Care Quality Commission (CQC). A visiting relative confirmed they were aware of this procedure but had not had any reason to use it.

Apart from being produced in a written format four other communication methods had been employed to assist residents in making themselves understood.

A record of complaints, which included time scales within which complaints must be dealt, is maintained. No complaints have been received by The Commission for Social Care Inspection (CSCI .The previous regulator) or CQC since registration.

Due to the problems of communication we were unable to ascertain how residents felt about discussing any concerns they had with the homes manager. Staff told us should any resident by their behavior exhibit signs of being unhappy or distressed they felt confident in raising the issue with management and were confident any issued raised would be dealt with promptly and fairly.

Evidence:

A whistle blowing and Adult Protection Policy and Procedure based on the "No Secrets" publication had been implemented to work in tandem with the multi agency procedure produced by Hampshire County Council.

All management and staff spoken confirmed they had received training in recognizing various types of abuse and were aware of and were able to demonstrate the procedure to follow should they witness or suspect the abuse of a resident.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A safe, well maintained, clean and suitably furnished home is provided for residents which meets their needs.

Evidence:

The service which has its own on site parking is a large modern, converted single story building situated in a pleasant residential area within walking distance of the centre of the North Hampshire town of Basingstoke, close to shops and community facilities.

From the outside there is nothing to distinguish the home from its neighbors, there are no discriminatory signs and nothing to indicate it is a care home.

All areas of the home were clean and free from unpleasant odors and obvious hazards. Furniture was comfortable, in a good state of repair and met residents individual and collective needs. An infection control policy and procedure was in place as were disposal aprons, gloves, antiseptic hand soap. A separate laundry room equipped with washing machines fitted with high temperature and sluice programmes is housed in its own building adjacent to office facilities.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Resident's needs are met by sufficient numbers of well trained and supported staff who are recruited and selected using a procedure designed to protect all residents.

Evidence:

The residents currently being accommodated have very high needs and in some instances require two staff to be available with them at all waking times.

In our view, at the time of the inspection staff numbers and the deployment of staff was sufficient to meet the residents needs.

The manager informed us the planned staffing level for the home is six staff at all times plus management, a cook and a cleaner (for part) during the day and evening. During the night four waking staff are on duty plus telephone back up for emergencies.

He also informed us staffing could be raised if residents needs increased or a particular days programme required additional staff.

As part of this inspection, we viewed four staff recruitment and training files selected

Evidence:

at random.

All files viewed included evidence that staff are employed in accordance with a robust equal opportunities recruitment, and selection procedure, which is designed to protect residents.

This involves the completion of an application form, the signing of a rehabilitation of offenders declaration, an interview, and satisfactory Criminal Record Bureau (CRB) disclosure, Protection of Vulnerable Adults (POVA) and reference checks.

Following their appointment, very comprehensive training records viewed confirmed that all staff are subject to an in house and Learning Disability qualification (LDQ) induction training that include first aid, handling medication, food handling, moving and handling, safeguarding and infection control.

Following completion of their induction programme All staff are expected to undertake a National Vocational Qualification (N .V. Q.) Course. Information provided by the Manager indicated that 20% of staff had been trained to NVQ level 2, 20% to NVQ level 3 and 20% had a related degree. The comprehensive staff training programme is further supported by all staff receiving regular one to one supervision.

As a commitment to its staff, the employing organization has been a achieved "Investors in People " status.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management of the home ensures the health, safety and welfare of residents and staff are promoted and the home is run in the best interests of the residents whose views about living in the home are formally sought through their representatives.

Evidence:

The manager who has many years of experience working with persons with a learning disability especially supporting people with autism is a qualified learning disability nurse (R.N.L.D.) and holds an NVQ Registered Managers Award at level four.

In talking with staff we were satisfied that the home has a clearly defined management structure; staff were aware all of their responsibilities and the limits of their authority.

Staff described the management both internal and external as supportive, approachable, accessible and encouraged them come up with ideas and suggestions for improvement.

Evidence:

As part of the corporate and homes quality monitoring system, residents and resident's representatives staff and health /social care professionals will be invited to participate in satisfaction surveys. The views expressed in the surveys are seen as key in highlighting areas that may require improvement or attention and the future development of this service.

As the home has only been operating for a few months surveys have not yet been requested but will be requested shortly. Views express to us about the home from a visiting relative and social care professional were all positive.

An in house health and safety policy was in place to ensure the day-to-day safety of staff and residents. Procedures include, weekly health/ safety checks, the regular servicing of equipment, staff training in the techniques of moving and handling, infection control, control of substances hazardous to health (C.O.S.H.H.) first aid, health and safety, reporting accidents, and procedures to follow in the event of fire (including evacuation).

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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