

Liaise Loddon Limited

# Glebelands

## 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 inspection took place on 26 October 2017 and was unannounced. Glebelands is a care home that provides accommodation for up to four adults with a learning disability. There were four people living at the home when we visited. The home is based on one floor. There was a choice of communal rooms where people were able to socialise and people had access to garden areas.

There was a registered manager at the home. 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. The provider notified CQC about significant events that happened in the care home and had acted in line with regulatory requirements.

The registered manager was a prominent presence in the service and understood people's needs well. There was a system of audits and quality assurance in place to monitor the quality and safety of the service.

People living at Glebelands were cared for by staff who understood their needs. Staff had undertaken a programme of training in induction which helped to give them the skills to work with people with complex needs. The registered manager provided bespoke staff training, induction and ongoing support tailored to the needs of people, which helped to ensure that staff were confident and competent in their role. The provider had robust systems in place to help ensure that appropriate recruitment choices were made.

There were sufficient numbers of staff in place in order to meet people's needs. Staff understood how to safeguard people from abuse and harm and were confident in reporting concerns to the registered manager.

People's care plans were developed in partnership with people's families and other stakeholders involved in people's care. Care plans were very detailed and contained information for staff to support people to remain safe in the event of escalating anxiety and behaviours. Care plans were regularly reviewed as changes in people's needs were identified through analysis of incidents and reflection on staff's working practices.

The service was focussed on ensuring that restrictions that had been assessed as necessary to maintain people's safety were regularly reviewed to ensure they were minimised as much as possible. There were policies and procedures in place to ensure that people's rights and freedoms were respected and staff understood the need to gain consent before providing care.

People's families told us that staff were caring and dedicated in their roles. People were encouraged to lead active lives and develop their everyday life skills which encouraged them to increase their independence. People were treated with dignity and respect and their individual needs were considered in the delivery of care by staff.

Staff were aware of people's individual communication needs and were creative in ensuring there were systems in place to help people communicate their needs and make choices where possible. The provider had made adaptations to the environment which promoted people's privacy and safety.

People were supported to access healthcare services as required and there were systems in place to manage their medicines effectively. People were supported to follow a diet in line with their requirements and preferences.

There were systems in place to gain people and relatives feedback about the service. There was a complaints policy in place and people's relatives told us they were confident in raising concerns. Relatives told us that the service worked in partnership with them and communicated well with them when incidents occurred or to share updates about their wellbeing.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led	<b>Good</b> ●

# Glebelands

## 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.

This inspection, which took place on 26 October 2017, was completed by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

As people using the service used non-verbal communication and we were unable to get direct feedback from them, we spoke to six relatives to ask them their views of the service provided to their family members. We also spoke with the registered manager, the home manager, two care staff and two social workers

We looked at care plans and associated records for three people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas of the home.

The service was last inspected in July 2015, where the service was rated good.

## Is the service safe?

### Our findings

People's relatives told us their family members were safe at the service. One relative said, "We are very happy with the home and the care provided." Another relative commented, "I am very satisfied that this is the right placement for [my family member]." A third relative remarked, "[My family member] is safe and well looked after." A fourth relative reflected, "The staff know [my relative] really well so they can predict their behaviour and act to keep them safe before an incident happens."

Staff understood how to assess, monitor and mitigate risks to individuals to help keep them safe. People's care plans contained detailed guidance around communication and behavioural support. There included strategies to support people to manage their anxieties and guidance for staff to follow to de-escalate situations and reduce risk further. One person had a risk assessment in place to support them when they became highly anxious. The risk assessment provided comprehensive guidance for staff to identify triggers and signs of anxiety and use a variety of methods to encourage, distract and reassure the person in order to avoid their anxiety levels escalating. Staff were composed and collected as they confidently supported the person in a way that made them feel comfortable and de-escalated their anxieties, allowing them to carry on with their activities planned for the day.

The service analysed and reflected on incidents in order to look for ways to reduce the likelihood of reoccurrence. Staff used an electronic care planning and monitoring system to record all incidents which occurred with people. The registered manager, the home manager and the provider's behavioural specialist collated and analysed these records to look for causes and trends. From these incidents, risk assessments and guidance were updated. The service looked to reduce the incidents that occurred by recognising the early signs that people were anxious and anticipating when incidents may occur, thus preventing incidents from happening rather than just reacting when things go wrong. The home manager told us, "All the care plans and risk assessments are constantly evolving, taking into account what's happened in previous incidents and what works best when supporting people." One person's relative told us, "The work staff has put in means the aggression and frustration [my relative] feels has greatly decreased over time." Records demonstrated that people had experienced a gradual reduction in the number of incidents they were involved in. One social worker told us, "The current placement at Glebelands [for person] provides appropriate support which over time has reduced the risk and frequency of challenging behaviours."

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. The registered manager showed us records of incidents where they had taken appropriate action and contacted relevant local authority safeguarding bodies after potential safeguarding concerns had been raised.

Sufficient staff were available to meet people's needs. Staff were available to support people without appearing rushed. They were responsive to people's requests and were able to spend time on an individual basis to support them with their personal care or daily activities'. The registered manager told us that

people's needs determined staffing levels. All the people living at the service required staff support when leaving the home; staffing had been arranged to enable them to access their regular programme of activities in the community. The registered manager and senior staff ensured that there was always a senior member of staff working every day of the week. This helped to ensure that staff received sufficient support in their role.

The service followed recruitment processes to ensure they employed suitable staff to work with people. Recruitment files included an application form with work history, references, and right to work documentation. Staff had also attended a competency-based interview and had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people made vulnerable by their circumstances. The registered manager also gave people a chance to meet and work alongside candidates before they started in their role. They told us, "Our recruitment process considers the enthusiasm and positive attitude of the applicants by undertaking a three hour practical assessment in the home, to observe the service users response to the individual in their home." The aim of this was to check candidate's suitability for the role and whether people responded positively to their presence.

People's medicines were managed safely. The provider had appropriate systems in place to obtain, store and dispose of medicines. People's care plans gave clear guidance as to how people would like to be supported with their medicines. People's medicine records included information about what the medicine was, how long the person had taken medicine for, possible effects and how the medicines use and effectiveness would be monitored and reviewed. This helped to ensure that staff understood people's medicines and their functions.

Some people were prescribed "when required" (PRN) medicines for pain or anxiety. Staff were knowledgeable about how to support people with their PRN medicines and promoted a strong ethos to use positive behavioural strategies before administering medicines. People had specific plans in place for PRN medicines. These plans included a clear protocol for staff to follow which identified the steps staff needed to take prior to administration to help the person remain calm and prevent the need for medicines. This meant that people were not over medicated as they only took PRN medicines when all other interventions had not been effective.

## Is the service effective?

### Our findings

Staff understood people's individual communication needs. Where people had limited verbal communication, they used a variety of methods including sounds, gestures, adapted sign language and body language to make their needs known. Staffs were adept at understanding people's individual communication needs and were able to tailor their interactions accordingly. Some people used pictures and visual planners to communicate their choices. Staff would refer people to these communication aids in order to help them structure their day and reduce their anxieties around communicating their needs. The provider employed a communication coordinator administrator, whose role was to design personalised aids for people to promote effective communication. This helped to ensure that staff were tailoring their communication strategies effectively to individual's needs.

Staff received effective training specific to the needs of people. New staff were given training in line with The Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff also received training in positive behaviour management. This training taught management and intervention techniques to cope with escalating behaviour in a safe way. The registered manager delivered this training. This helped to ensure that the training and guidance provided was effectively tailored towards the people living at the service. The registered manager told us, "The training is based on positive behaviour support and proactive strategies. It is embedded within our policies, procedures and practice. The curriculum also covers the importance of accurate recordings and reporting procedures in order to react effectively to a service users' change in need."

Staff received appropriate induction and supervision to help promote their effectiveness in their role. After finishing training, new staff were assigned a 'mentor' who worked alongside them and supported their introduction into the role. The registered manager told us, "We allocate mentors to new staff to ensure safety of both staff and service user." Staff had regular supervision meetings with the registered manager and home manager. At these supervisions, their working performance and training needs were discussed. This helped to ensure that staff were appropriately supported to help them be effective in their role.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Care records confirmed that where people lacked capacity to make decisions, staff completed assessments using the recommended two-stage test. They consulted with family members and made decisions in the best interests of people. These included decisions including installing a key pad lock on the kitchen door to stop people accessing the kitchen unsupervised.

Staff sought consent from people using a range of communication strategies before providing support by

checking they were ready and willing to receive it. Staff looked for body language, gestures and signs that people were happy to receive care if they did not use verbal communication. This included, using simplified language, using sentences with or avoiding specific key words, the use of signs and symbols and the use of adapted language programmes such as Makaton. This helped to ensure that staff were tailoring their communication appropriately so people had the means to give their consent.

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 are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found Glebelands was following the necessary requirements. The registered manager had applied and received back authorisations and had put measures in place to ensure the conditions of the authorisation had been met.

People's care plans were focussed on care adopting the least restrictive approach in response to managing risks associated with individual's behaviour and safety. The registered manager had identified all the necessary restrictions put in place to promote people's safety in a 'restriction reduction plan'. The plan detailed the practical steps staff needed to take to work with the person to reduce the need for this restriction to be put in place, minimising the impact this restriction had on the person. In one person's 'restriction reduction plan', the person was only able to access communal areas of the service during certain times. This was on account of their high anxieties. The plan detailed measures staff could take to help reduce the person's anxieties with the aim of enabling the person to increase the use of communal areas at the service. These plans were regularly reviewed in order to ensure they were effective in reducing the restrictions needed to maintain people's safety.

People were supported to maintain good health and have access to healthcare services. Each person had a 'health action plan' in place. The registered manager told us, "The health action plan provides us with a history of any health issues and medical professionals visit to ensure they are receiving effective support with their health needs." The health action plan included details of all previous and scheduled health appointments according to people's needs. There were records of regular input by GPs, specialist health professionals, occupational therapists, dentists and opticians. This helped to ensure people had access to required healthcare services.

Some people could become anxious when attending health appointments. There were plans in place to help reduce their anxieties around these appointments, detailing the actions staff needed to take, before, during and after the appointment to help the person engage with these healthcare services. In one person's records, before treatment staff were prompted to assess the person's mood and consider PRN medicines if appropriate. The person was sensitive to sensory stimulation such as noise, so staff were prompted to try to minimise sensory stimulation during the appointment to help the person remain calm. After their appointment, staff were to consider whether the person might be tired and factor this in when planning activities for the rest of the day. The careful consideration of people's needs when planning healthcare appointments helped enable people to successfully attend by reducing their anxieties around these activities.

People were supported to have a balanced and healthy diet at Glebelands. People's specific dietary requirements were detailed in their care plan. Each person had an individual set of guidelines to follow regarding: supporting them to make meal choices; encouraging them with food preparation; identifying places where they have their meals and the support they require around mealtimes. One person made their meal choices by picking out real objects. They enjoyed helping with meal preparation, but staff were

instructed to assess their mood and behaviour to check it was safe for the person to participate. The person had a particular table where they enjoyed eating their meals and were able to eat independently, but staff were to offer the person a spoon if they were struggling with a fork. This highly personalised set of protocols around eating and drinking helped to ensure that people were given choices and supported safely around their nutrition.

The provider had made adaptations to the home environment to promote people's safety and to meet their needs. One person had the use of a separate annex style building connected to the main building. Due to the person's anxieties, the provider had arranged for adaptations to their room to enable them to be safe in there without staff being present. When anxious, the person could display behaviour that could cause injury to themselves or others. They required a private space away from others, but they still required visual monitoring by staff in order to ensure they were safe. The adaptation the provider made helped to ensure the person's personal space could be respected whilst maintaining their safety. People's rooms were decorated and furnished according to their preferences. One person enjoyed an uncluttered environment and chose to have very plain furnishing and decoration, whilst other people chose to decorate their rooms with personal items. There were a range of communal and garden spaces which people had unrestricted access too. The service kept a lock on the kitchen for safety reasons, but people were able to access the kitchen with supervision from staff.

## Is the service caring?

### Our findings

People's relatives told us staff were caring and dedicated in their role. One relative said, "I appreciate that the staff have a really difficult role and they do it really well." Another relative commented, "There are four or five staff in particular who are really good with [my relative]." A third relative remarked, "Over time [my relative] has built up trust with staff and has now really has a real attachment and bond with them." A fourth relative reflected, "[My relative] trusts the staff now, they have got to know him and that give him confidence to try new things."

Staff understood people's needs and were able to tell us about their likes and preferences. When people became upset or anxious, staff were able to use their knowledge of people's likes and preferences to provide quick and effective interactions with people that helped them to remain calm.

Staff were caring and committed to promoting people's wellbeing. Staff were committed to sharing people's achievements when they completed goals or tried new activities. The registered manager told us, "We organise service user celebration events and reward the service user's achievements, this supports and promotes their sense of worth. We recognise that self-esteem and confidence are very important for our service users, staff praise them for all of their achievements via verbal praise, through certificates, and during house meetings." This helped encourage people to increase their independent skills and to recognise and celebrate their successes.

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. One relative commented, "The staff keep us really involved. It is very much a family affair as we work in partnership." Another relative said, "The staff keep us updated, consult us as a family and keep us involved in important decisions about care." The registered manager told us, "We have regular contact with the parents and families in the form of phone calls, home visits, emails, reports sent monthly informing family members about their general well-being, activities, achievements and concerns. We also encourage feedback from the family members via regular sent forms." People's families were involved in formal review meetings with staff and were also able to log into the service's electronic care planning and monitoring system to check on their relative's wellbeing or make suggestions to staff about making care more effective.

People were supported to maintain relationships which were important to them. One relative commented, "I spend a lot of time at the service. I am always made to feel welcome." Details of important figures in people's lives were listed in their care plans, alongside the support they required to maintain these links. The service was proactive in facilitating family contact by welcoming relatives into the service or co-ordinating visits to family homes. When families visited the service, staff were conscious to give them some privacy and time with their loved ones, but remained in close vicinity in order to provide support if people became anxious. People's relatives told us that staff were friendly and accommodating to them when visiting the service or arranging trips home. One relative said, "I have always been made to feel welcome by the staff team when visiting the home."

Staff respected people's privacy and dignity. Some people liked to have time on their own away as it helped them reduce their anxieties. Where people required this space, it was clearly identified in their care plans and staff understood the importance of respecting this. Staff were conscious to knock on doors to gain permission to enter people's bedrooms. Staff were conscious to maintain people's dignity around appropriate dress and regular engagement with their personal care to ensure they were clean. People were given a choice about who supported them with their personal care. The registered manager told us that people had staff members who they were particularly comfortable with and they would often gesture or indicate to staff that they would like their support.

## Is the service responsive?

### Our findings

People's care plans contained detailed information about people's likes, life history, behaviour and communication needs. Each person had a 'what's important to me' document. This contained information about people's life histories, likes around foods, places and activities, triggers to anxieties and what goals are they working towards detailing the support they require from staff to achieve objectives. This was a document staff had developed with people to detail their communication strategies and how to provide effective support between people and staff. One person was particularly sensitive to the word 'no' and so staff were conscious not to use this word as it could upset the person. Another person required staff to maintain direct eye contact with them if they were anxious. This helped the person to stay calm and regulate their own anxieties. Staff were knowledgeable in putting this guidance into practice which had a positive effect with people as staff understood how to be responsive to their needs.

People's care plans contained information about how people preferred to be supported. One person's care plan detailed how they liked to walk very fast and disliked it when staff walked in front of them. Staff told us that by following these guidelines, they were able to help the person become less anxious when out in the community. Another person liked to run their own bath and required staff to provide a set of verbal prompts around washing in order to ensure they completed their personal care. The instructions and prompts for staff were very specific and followed a routine that they were comfortable with. This helped support staff to follow people's wishes, even if they were not always able to verbalise them.

People's diverse sensory needs were considered and adaptations were made to meet these needs. Each person had a 'sensory plan' in place. This plan detailed people's specific sensory needs in relation to sights, sounds, textures, flavours, smells and other sensory input. One person found light touch very difficult and could find these interactions with people very distressing. Their sensory plan detailed staff should tailor their interactions to avoid light touch such as handshakes. It also detailed that the person liked to spend time alone in their room in the dark away from external noise and sound, as they found it calming. Staff were able to tell us how respecting the person's wish to do this had a positive effect in reducing the time periods of anxiety lasted. Another person was registered blind. Their sensory plan detailed how they had memorised the layout of the service, enabling them to orientate independently around the service. Their plan identified the importance of keeping furniture in specific places; otherwise the person would become disoriented. This demonstrated that staff were responsive to people's specific sensory needs.

People were encouraged to develop their living skills, independence and try new experiences. Each person participated in a learning programme based around building their life skills. One relative said, "Despite [my relative's] very complex needs, staff are really community focussed. [My relative] is encouraged to get out and develop their skills and be part of community they live in." The registered manager told us, "We use an accredited learning programme that promotes our service users' independence, skills and progression in activities such as cooking, cleaning and laundry. The service users are set short and long term goals and the modules also relate and support their preferred activities, in the home or in the community. Each individual receives a certificate once a module is completed and this programme supports with their lifelong learning and helps in promoting their independence." One person had completed a module within the programme

which focussed on independent living skills and developing work related skills. In this module they had developed the skills of making sandwiches and participating in the upkeep of their home environment through gardening. The person liked to take photos of their achievements which enabled staff to prompt them around activities by referring to previous occasions where they had taken place. This helped people develop their everyday life skills.

People's needs were reviewed regularly and as required. The registered manager and home manager regularly reviewed people's needs in order to determine whether the support was effectively structured. This reviewing took the form of observations, feedback from staff, reflection on incidents and feedback from family. The service also held annual reviews of people's needs. These reviews were comprehensive and included reviewing people's medicines, healthcare needs, incidents they were involved in, behaviour and mood, activities and development of independent skills. The reviews also set targets to work towards for the coming year and reflected on how well staff had supported the person to meet targets set from the previous review. In one person's most recent review, the person had been working towards developing communication strategies with staff and a target was set for the coming year to work towards safe use of the kitchen and kitchen equipment. Logs of the person's daily activity confirmed they had been working with staff towards these goals. A range of people were involved in these reviews including the person, their family, health professionals, staff and social workers. This helped to ensure that people's needs were comprehensively reviewed.

There was a policy and systems in place to deal appropriately with complaints and the registered manager acted on feedback to make improvements. People were unable to formally give their feedback about the service so relied on family members to raise issues and concerns. People's relatives told us they knew how to make complaints and were confident that the registered manager would take concerns on board. In response to recent feedback, the registered manager had implemented sending monthly reports to relatives in relation to their family member's health, behaviour and wellbeing. The registered manager also sent questionnaires to relatives to ask them for feedback about the service and ideas for improvements. Feedback from the last questionnaires sent was very positive and all respondents confirmed they felt their relatives were well cared for. This demonstrated that the registered manager was responsive to people's concerns and feedback.

## Is the service well-led?

### Our findings

People's relatives and social workers we spoke to told us that the registered manager and home manager were competent and professional in their roles. One relative said, "The manager communicates well with us and we believe they are doing a fine job." A second relative commented, "I think the management team there are very professional." A social worker fed back that, "I have always found the management of the home to be very cooperative with any request I have made for access to information. They always respond promptly."

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. Staff told us they felt confident raising concerns to the registered manager and referred to the provider's whistleblowing policy as guidance to follow if they had further concerns. The home's whistleblowing policy provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. The policy was clearly displayed in the service.

There was a clear management structure in place within the home. This comprised of the registered manager and the home manager. They were a prominent presence in the service and regularly worked alongside people to support staff. The registered manager also delivered training and had a very good understanding of people's needs. The provider also had an area manager who regularly visited the service to carry out audits and observations of staff working practice. The registered manager completed a weekly report which was submitted to the provider. This report including details about, staffing levels and issues, incidents, people's achievements, environmental reports, targets for the upcoming week and any complaints which had been received. Senior managers from the provider reviewed this report and followed up any issues identified with the registered manager. This helped to ensure that the provider had regular insight into the day to day running of the service.

The registered manager kept their knowledge updated to ensure the home was working within current professional and legislative guidelines. They told us they used a range of internal and external sources to ensure their policies are in line with up to date guidance. These included learning from regular internal provider meetings and following updates from external professional bodies such as The Care Quality Commission.

The registered manager supported staff to understand and be effective in their role. Staff were given regular feedback about their working practice in team meetings and supervisions. The registered manager, home manager and senior managers from the provider assessed their performance through work based observations. The registered manager said, "We use a variety of tools to ensure high quality of care including senior visits, unannounced night checks, weekly reports to head office. The area manager observes staff interactions and provides them with feedback on their support with the services users, engagement, interaction and communication." This helped to ensure that staff were given practical support and guidance to be effective in their role.

There were effective quality assurance systems were in place to monitor quality of service and the running of the home. The registered manager carried out a series of audits in key areas to help ensure a safe environment was maintained at the service. These audits included health and safety, medicines, and audits of care plans to ensure they contained up to date information. These helped to ensure that the registered manager had an overview about key areas and were effective in monitoring and maintaining the quality of the service.