

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Glebelands

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3DN

Tel: 01256844607

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Liaise Loddon Limited
Registered Manager	Ms. Emma Peck
Overview of the service	Glebelands is a residential care home for up to four people with learning disabilities. People may also have associated physical or behavioural difficulties.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Assessing and monitoring the quality of service provision	12
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2012, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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The registered manager was on leave on the day of the inspection however the deputy manager was present throughout the inspection.

We found that the people living at Glebelands had profound disabilities and were not able to communicate with us. We spoke with three staff and families of people living in the home and examined records, meeting minutes and feedback forms. Families told us "The ethos of Glebelands should be the ethos for all care homes" and that staff worked with them in planning their relatives care to ensure their relative got the best possible service. We saw that the staff were familiar with people's needs and gave them opportunities to make choices.

Minimum staffing levels were maintained and shortfalls in staffing were covered. Staff had received an appropriate induction and were also supported through a system of regular supervision and appraisals.

The provider had effective and robust systems in place to ensure the CQC were notified of safeguarding incidents. Staff were able to demonstrate a good understanding of the safeguarding reporting process.

The provider's quality assurance systems were effective in ensuring the performance of the home was adequately monitored, and that the needs of people living in the home were effectively assessed.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People were supported in promoting their independence and community involvement.

We spoke to the families of people living at Glebelands, they told us they had been involved in agreeing and reviewing the care plans for their relatives. The families told us that their relatives liked living at the home and staff supported their relatives in becoming more independent. Each person had their own room in the house. The rooms were kept in accordance with people's specific needs and preferences which meant that some rooms were sparsely furnished.

People living in the home were involved in activities throughout the week. We saw the weekly list of planned activities available for each person and activity sheets noting when these activities had been completed. People took part in activities such as horse riding, swimming, bowling, arts and crafts classes and cookery. A family told us that their relative enjoyed swimming and that the home had ensured that their relative had regular access to a swimming pool. The family told us that their relative had flourished in what he was able to do whilst living at Glebelands.

There was a set meal menu for people living at Glebelands. We saw that the menu had been created taking into consideration the dietary needs and choices of the people living there. People were able to assist in preparing and cooking meals with support from staff. We saw the weekly menu displayed in the kitchen of the home. Other food choices were made available to people if they did not like what was being cooked that day.

We viewed three care files and found they contained comprehensive information relating to the needs of people living there. We found the manager involved people, their family, and representatives in care reviews. We saw that people's care files were person centred and individual to them. Information in their care records was detailed and identified their preferences, personal wishes and likes and dislikes. This included personal care routines, food choices, leisure and recreation activities, sensory and communication needs. There was also a section entitled 'memorable moments' this section outlined events in the

person's life which marked a positive significant event. These care files provided a clear and concise summary of each persons needs. Staff had countersigned the care plans after reading them to ensure they were kept up to date with any changes.

We observed that staff were familiar with each person's likes and dislikes and had good relationships with the people in the home. Staff were able to tell us about each person's personal preferences and what they liked to do during the day. The staff were available to talk to people individually at any time about their views as well as their feelings and needs. We saw this in practice.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People's care files contained all the relevant details relating to the person's life including behavioural support, environmental and physical support, communication needs, risk assessments and dietary needs. The records we saw were detailed, in an accessible format, and written in a clear and respectful style. We noted regular reviews of the care records and risk assessments had taken place. Daily diary records were also completed by staff performing care.

People's care and treatment reflected relevant research and guidance. The involvement of other professionals and partner agencies was recorded in the care plans. One of the initial care plans had involved the school from which one of the people living at Glebelands had come. This ensured that Glebelands were prepared to assist this person's care needs and understand the meaning behind changes in their behaviour. We noted regular reviews of the care records had taken place.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that detailed risk assessments were in place for all the people in the home. These were comprehensive and covered all aspects of the person's welfare and safety when living in the home. The risk assessments took into consideration the consequences of intervention, the risk to the person, staff, bystanders, and the environment when undertaking specific activities. We saw a risk assessment for a fireworks display taking place at Glebelands. As part of the risk assessment the noise of the fireworks had been assessed in relation to one individual who did not like loud noises. Appropriate measures had been taken to ensure that this person would not be affected by the noise. We noted regular reviews of the risk assessments had taken place. Staff had also countersigned the risk assessments to ensure they were kept up to date with any changes.

There were arrangements in place to deal with foreseeable emergencies. We asked the deputy manager what emergency contingency plans there were in place for any evacuations for the home. The deputy manager explained that in the event of an evacuation, accommodation and care for the people living in Glebelands would be allocated by the provider in one of its other homes.

We saw records of communication between the manager and relatives of people living at Glebelands. The manager ensured that the families of the residents were kept updated of any matters concerning their relatives by way of phone calls and emails on a weekly basis. A family told us "we get feedback from Glebelands and are kept informed".

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Safeguarding and whistle blowing information was available on request for the people and staff at Glebelands to refer to. The information was not displayed openly in the communal areas of the home since the people living there did not like notices or wall hangings displayed.

We found that Glebelands had robust safeguarding and whistle blowing policies and procedures in place. The policies and procedures were followed in practice, and took into account relevant legislation and guidance for the management of abuse. We saw records relating to safeguarding incidents that had occurred in the last twelve months. We found that the manager had fulfilled their statutory duty in informing all relevant parties.

Training records showed that all staff had received training in safeguarding and the prevention of abuse. We saw that regular refresher training was also arranged for safeguarding procedures. Staff we spoke with were aware of the safeguarding and complaints procedure and were able to describe how they would escalate any concerns.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. There were people who lived at Glebelands for whom restraint was appropriate to prevent them from serious harm and distress. These people did not have the mental capacity to ensure they were safe from harm. The provider had applied for deprivation of liberty safeguards (DOLS) for the restraint required for these individuals. We saw that the DOLS applications had been made successfully to the relevant supervisory body and that the Care Quality Commission (CQC) had been notified for monitoring purposes. We saw records of risk assessments that ensured that less restrictive methods had been considered. The risk assessments demonstrated there were no other less restrictive ways of keeping the individuals safe and well. The DOLS were found to be a proportionate response to the likelihood and seriousness of harm to the individuals concerned.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. When we visited the service there were sufficient staff on duty to meet the needs of the people in the home. The home employed 25 staff on a permanent basis. All but two of the staff were qualified to a Level 2 Diploma in Standards of Care; the remaining two staff were undertaking the qualification. The home operated with minimum staffing of five members of care staff to four people living in the home. The registered manager and deputy manager were also on hand to provide additional support if it was required. At night the home operated with three waking care staff. The registered manager used the provider's bank staff to cover shortfalls. We checked the staff rosters for the last five weeks and found that staffing did not drop below the levels specified as minimum by the deputy manager

We saw that training was recorded by the manager who had a system for ensuring that it was completed. The records demonstrated that staff had completed a range of training suitable to their role.

Staff we spoke with told us there were usually sufficient staff on duty to meet people's needs. Staff told us they were supported by the manager in furthering their skills and could ask for additional training if they required it. We saw records relating to supervision and an annual appraisal that showed that staff had gone through an appraisal process and that supervisions were being undertaken on a bi-monthly basis.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Relatives of people living at Glebelands were contacted on a weekly basis by the registered manager to update them and obtain any feedback they had for the home. The provider also sent relatives and visitor's feedback forms every six to eight weeks to obtain their views. We saw records of weekly conversations and emails between the registered manager and relatives, and feedback form results. We also saw the follow up records and communications for actions taken as a result of feedback obtained during these processes.

The feedback forms were positive and comments had been made such as 'my son is happy and contented' and 'the staff are very good at all times'. We found there had been no complaints made in the previous 12 months and beyond this period of time.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Incidents and accidents were recorded in separate books, we saw that preventative measures were identified, and changes were implemented where they were necessary to prevent further occurrences.

We saw a range of quality audits which included areas monitored such as: fire safety, fire safety, disposal of waste, cleanliness and housekeeping. Recording of audits was completed by the manager and staff on a weekly or monthly basis according to the type of audit. All records we saw were complete however the provider may like to note that there were some audits that were out of date.

The manager told us that the provider's director of process and the development manager visited the home every eight to twelve weeks to perform quality assurance checks against regulations. After each visit they produced a report of their findings and action plan for any areas that required improvement. We were shown copies of the audit reports and action plans for the last two visits. The manager showed us records that related to the implementation of the action plans. The registered manager stated that if action plans had not been completed within a timescale set by the provider they would be expected to feedback the reasons for the delay, and escalate them for completion. Although we saw

that the action plans had been implemented, the provider may like to note that we could not find audit trails for completed action plans.

We saw that person centred fire and emergency evacuation plans took into account the individual limitations to each person's learning disability and associated physical or behavioural difficulties.

Staff that we spoke with felt able to approach the management with concerns or suggestions. We saw the minutes of staff meetings and records which demonstrated that the registered manager had responded to matters concerning staff.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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