

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

Glebelands

14 Wallis Road, FairFields, Basingstoke, RG21
3DN

Tel: 01256844607

Date of Inspection: 14 January 2014

Date of Publication: January
2014

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

Cleanliness and infection control ✓ 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/>	
Summary of this inspection:	
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	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	11
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of the visit there were four people living in the home. Three people had their own ensuite bedroom and one had a separate lounge; bathroom and bedroom which had been specially adapted to meet their complex needs.

We met with three people and six staff. We were also able to speak with a relative on the telephone. People responded positively when asked about the food and if the staff were kind. A relative told us they were very satisfied with the care and support one person received and that any minor concerns they had raised had been addressed promptly. They were particularly complimentary about the manager of the home as was one respondent to the relative's questionnaire, "we are especially pleased with the manager, her contribution to our relative is wonderfully refreshing".

Staff were motivated and said they "loved" their job. One staff member attributed this to the effective and supportive team work at the home.

Staff demonstrated a good understanding of safeguarding and what this meant to them to protect people from abuse.

The home was clean but in need of some updating and repair in some areas. Furnishings were minimal to reflect the complex needs of the people living there.

People were able to participate in a range of activities and there were enough staff to enable them to do this. Staff focused on people's strengths and abilities and sought ways to improve their quality of life and reduce the number of adverse incidents for people.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported in promoting their independence and community involvement. For example, during the visit one person spent time out for a long walk which they enjoyed and was part of their daily plan. Other people were at horse-riding. Other activities included swimming; attending a local gym; going to the cinema and also going out for meals.

People living in the home were not able to communicate verbally but expressed their opinions by use of signs in response to direct questions. For example, one person was asked if they had enjoyed their walk and indicated they did and smiled which indicated they were happy with the time they spent out of the home.

Due to the complex needs of people living in the home, there were not always personal possessions on display, but people did have their own bedding and some personal items were displayed but priority was given to people's individual needs and the need to maintain safety.

People's diversity, values and human rights were respected. For example, people's care plans were detailed and addressed a number of areas including physical; social; sexual and psychological needs. We saw that people were able to get up in the morning at the time they chose and staff were available to support them as necessary. There were vehicles available to take people out of the home as required.

People's privacy and dignity were respected. We saw staff knock on bedroom doors before entering and visitors had to be allowed access to the home by staff. There was a sign clearly displayed advising staff that mobile telephones were not permitted in the home to reduce the risk of people's privacy and dignity being compromised by the taking of photographs. This demonstrated that staff took people's privacy and dignity needs seriously.

People's likes and dislikes were taken into consideration, with each person having a detailed list of things they liked and disliked, as well as things that were important to them; strengths and unique gifts. The records focused on people's strengths and progress was clearly recorded against people's individual goals. These assisted staff when supporting people who were not able to fully articulate themselves verbally. Staff spoke with confidence about how people were involved in their support planning and how they used information from the person themselves as well as family and staff to understand what the person enjoyed doing and how they could best assist them. People also had picture cards available to assist them in expressing themselves.

We saw that families were involved in people's care and support and one relative told us they felt fully involved in the decisions made in relation to the person living in the home.

During our visit we observed interactions between people and staff. Staff spoke to people in a friendly, encouraging and clear way and made appropriate use of touch to support verbal encouragement and assistance. People responded positively to staff which demonstrated that people trusted the staff and had built up a relationship with them. Staff remained calm and the home appeared calm throughout the duration of the visit.

There were no regular meetings for people living in the home due to the complex needs of the people living there, but there was evidence that staff spent time with people and involved them, as far as possible, in decisions about their support.

Some information about how to make a complaint was available pictorially but we noted, with staff, that the full information was not available in one person's room.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. For example we saw one person had a scheduled activity of baking and we saw this took place as set out in the schedule. Other people were spending time out of the home at horse-riding, again in accord with their support plans.

Staff told us they had time to read the support plans and risk assessments to help them deliver support in a consistent way to assist the person in having their complex needs met. Staff said they found the documents helpful. Support plans and risk assessments were personalised and contained a great deal of information.

Each person has a daily progress recording sheet and information such as what the person ate, what activities they were involved in as well as general presentation and needs were recorded.

People's physical needs were met. For example, the men appeared shaved and well groomed. Clothes were personal and well fitting. Protective clothing was provided to maintain hygiene and protect people's clothes. For example, one person was baking and we saw they were wearing an apron. We were told that a barber visited the home on a regular basis as some people would find it difficult to attend a barbers shop.

Each person had a detailed timetable to assist staff in planning and delivering support. These time tables included information about activities outside of the home as well as how to ensure the person's day was spent on meaningful activities as well as free time.

One person, when asked if the staff were nice, indicated they were. Another agreed that staff were kind and also that the food was good.

The information we were provided with, together with our observations demonstrated that people experienced a high level of support that met their needs and protected their rights.

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

There was a safeguarding policy to assist staff and this policy contained the contact details of the relevant authorities. The documents were clearly displayed on the notice board in the home as well as on the wall in the main office. Staff spoke with confidence about the action they would take if they suspected that a person was at risk of abuse.

Visitors to the home had to be allowed entry by staff and this prevented people from entering the home unless there was a legitimate reason for them doing so. Entry and egress were controlled by digital locks and we saw the garden area was also secured to further enhance safety.

People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We saw that an authorisation had been approved for a person to be lawfully deprived of their liberty and the rationale was clearly set out detailing why this was in the person's best interests. We were able to speak with a relative who confirmed that they had been involved in the decision making process and was wholly in agreement with the plan. Staff told us that the deprivation was preferable to physical restraint and we saw there were comprehensive support plans and risk assessments detailing how the plan was to be implemented. We noted that the numbers of times the relevant support plan was actioned had reduced over time and the number of adverse incidents affecting the person had also reduced.

The deprivation of liberty safeguards were only used when it was considered to be in the person's best interests. We saw that staff had made referral due to concerns that they may be depriving a person of their liberties in relation to preventing un-supervised access to the kitchen area, but the local authority had concluded that there was only a restriction and this did not amount to a deprivation. This demonstrated that staff took into account their legal responsibilities in relation to people's freedom.

There were risk assessments in place to support and promote the independence and liberty of other people. For example, we saw that information was clearly set out detailing the number of staff needed to accompany people to activities and outings and these plans

were followed.

The information we were provided with, together with our observations, demonstrated that people were protected against the risk of abuse.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw there was an infection control policy for staff to follow. We also saw that there were cleaning products as well as colour coded mops and staff we spoke with were able to clearly state the correct use of each product and mop for different areas of the home. We saw that cleaning products were stored in a locked cupboard in the kitchen which was also locked and not accessible to people unless staff were present also. This ensured that people were not at risk from accidental harm from using the products incorrectly.

Staff used disposable gloves appropriately and we saw there were large supplies of these for staff use as necessary.

We were told there was a full time cleaner and also that staff would carry out cleaning duties as necessary. We saw staff promptly cleaning up spillages throughout the duration of the visit.

The home appeared generally clean but some of the decor was in need of update and repair. For example, the flooring in one of the ensuite bathrooms was coming away from the wall. Staff told us they had requested redecoration throughout the home but no date of when the work would be done had been set.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Representatives of people who used the service were asked for their views about the care and support provided at the home, and these were acted upon. We saw that questionnaires were regularly sent to relatives and noted that the feedback was almost wholly positive. Comments included "we are happy that our relative is happy".

We saw that comprehensive quality assurance audits were carried out by the managers of the service and domains covered included the environment; paperwork and aspects of people's care. An action plan was required if a service did not reach a particular score.

The manager of the home carried out regular health and safety audits as well as an environmental check. We saw that the last environmental check had identified that a new extractor fan was needed and we were told this had been ordered.

Whilst there was no formal method for seeking the views of people who use the service, this was done regularly and informally as part of supporting and evaluating people. Staff had a good understanding of what people liked and disliked as well as what was important to them. Staff did, however, stress that it was important for staff not to make assumptions, but to try and obtain the person's views and opinions.

There were regular staff meetings and staff found these a useful forum to express their views and also any concerns or ideas and were confident these would be acted upon.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
