

Croftwood Care UK Limited

# Gleavewood Residential Care Home

## Inspection report

Farm Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gleavewood Residential Care Home is a 'care home'. The service is registered to accommodate up to 32 people. At the time of the inspection 26 people were living at the service some of whom were living with dementia.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they felt safe and their relatives also found the service safe and well managed.

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

The provider had recruitment processes in place to ensure suitable staff were employed. People told us they felt safe when receiving support from staff. Staff were well trained in safeguarding and understood how to protect people from poor care and abuse.

Care plans had been reviewed regularly to ensure they were accurate. People and staff spoke positively about the management of the service who they felt were approachable, and always listened to their views. Systems to monitor the quality and safety of the service were in place and were well managed. The provider was open to improvement and listened and acted on feedback.

### Rating at last inspection

The last rating for this service was rated good (published 06/04/2018)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Gleavewood Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Gleavewood Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

Gleavewood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gleavewood Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

### During the inspection

We spoke with the registered manager, deputy and regional manager. We spoke to 2 support staff and one domestic staff. We spoke with 4 people receiving support and 2 relatives.

We reviewed 3 people's support records, including the administration of medicines. We looked at staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk. Referrals to the local authority safeguarding team had been made when needed.
- Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.
- People told us they felt safe and two relatives told us they trusted the staff and felt their relatives were kept safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks and reduce the risks involved in supporting people including actions taken to reduce risks of falls.
- Staff had completed the appropriate mandatory training to keep people safe. Staff told us they were kept fully up to date in all training including health and safety and in supporting people to stay safe.

Staffing and recruitment

- The registered manager ensured there were enough staff, with the right training and skills, to meet people's needs.
- The provider operated safe recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed.
- Staff told us they had received training to support them in their role.

Using medicines safely

- The provider had processes in place to safely support people with prescribed medicines.
- The registered manager ensured staff received medicines training and had processes in place to assess their competency.
- People's medication records and medication audits confirmed they received their medicines as required.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.

### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives told us they could visit at any time and were always made to feel welcome.

### Learning lessons when things go wrong

- The registered manager ensured lessons were learned and practice changed if any trends were identified.
- The provider had systems in place to support staff reporting and recording any accidents and incidents.

### Is consent to care and treatment always sought in line with legislation and guidance?

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 made on their behalf must be in their best interests and as least restrictive as possible.

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

- The provider was working in line with the Mental Capacity Act.
- People's mental capacity and ability to be involved in decisions about their care and give consent to care was assessed and recorded within their support records.
- Staff demonstrated a good understanding of supporting people to make decisions and told us they were kept updated with MCA training.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and deputy led by example and demonstrated an open and transparent approach. We observed staff interacting positively with each other and other professionals.
- There was a positive and open culture at the service. Relatives told us they had supportive experiences and told us the staff very very caring and always listened and offered their support.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Support plans gave examples of where the provider had taken measures, to improve people's lives.
- Relatives told us the care and support provided had really contributed to improvements to their family members health and well being. One person told us they saw the staff as family and had a very positive experience in their recuperation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirements under the duty of candour.
- People and their relatives were kept informed of issues when needed.
- Statutory notifications had been submitted to CQC in line with requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider was actively involved in the service. The operations support manager and registered manager met regularly.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- Monitoring systems in place included regular audits and checks of staff practices, support plans and the quality of the care which showed positive outcomes.

- The provider worked in partnership with others and developed supportive relationships with visiting professionals such as the GP each week and the district nurses. Staff told us they helped to support them with each persons care needs including access further specialist support and equipment.