

Avonedge Limited

# Glebe House

## Inspection report

5 Sundays Hill  
Almondsbury  
Bristol  
BS32 4DS

Tel: 01454616116

Website: [www.bristolcarehomes.co.uk](http://www.bristolcarehomes.co.uk)

Date of inspection visit:

30 September 2019

08 October 2019

Date of publication:

06 January 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Glebe House is a care home that provides personal and nursing care for up to 53 people. The service is provided in accommodation over three floors. At the time of the inspection, 44 people were living at the home.

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

Those people who used the service expressed unreserved satisfaction and spoke highly of all staff and services provided. Comments included, "Your compassion, dedication and patience is immeasurable", "It's a special place, full of special people", "Thank you for the outstanding care you provide" and "Glebe House is of outstanding quality led by exceptional management. On arrival, the peaceful ambience of the entire home is apparent. My husband receives the kindest care and attention".

People and their relatives agreed the service was safe. Comments included, "Dad is very happy here and I feel he is safe and well supported" and "They treat us very well here, I do feel safe". The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

The service provided an effective service. Innovative and creative ways to train and develop their staff was based on research and best practice guidelines to enhance quality and safety of the service provision. People continued to receive a nutritious, healthy diet. The home was decorated and maintained to a very high standard whilst maintaining a homely feel. People were consulted about the adaptation and design of their home and choice and preferences were respected. There were various areas to enjoy activity, events and personal private time. The service had been creative in developing areas of the home that would enhance people's wellbeing.

The service was exceptionally caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. One relative recently wrote to the registered manager and said, "Please pass on our thanks to all the staff who work so hard to make mums life so full, safe and especially happy. I feel privileged to be part of the extended family".

The service was exceptionally responsive to people's health and social needs. People received person

centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was very well led. The whole staff team had been incredibly proud when they received their outstanding CQC rating in January 2017. The provider, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding (published February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

x

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our caring findings below.

Outstanding ☆

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our caring findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well led.

Details are in our caring findings below.

Outstanding ☆

# Glebe House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Glebe House is a 'care home'. People in care homes receive accommodation and nursing and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with 19 people who lived at the service and six relatives. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with nine members of staff, as well as the director, registered manager and deputy.

We looked at five people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, complaints, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and relatives consistently told us they felt they were in safe hands. Comments included, "The whole ambience and diligence of the staff makes me feel safe", "Staff support her so well and she trusts them", "I feel safe when other people are around, that tells me I'm not on my own" and "I do sleep better knowing there is a call bell, "Staff are there when I need them and that makes me feel safe".
- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, diabetes management, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, nursing beds, mobile hoists and equipment to help people shower and bathe safely.
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed. There were some busy moments and they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough numbers of staff on duty. Comments included, "There is always staff around, you can always find someone" and "Staff are there when I need them and that makes me feel safe". People told us they understood that sometimes they might have to wait for assistance, but 'on the whole this wasn't for very long'.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- We asked people if they were happy with the way their medicines were managed. One person told us, "The

nurse gives me my medicine and always tells me what each tablet is for".

- If people wished to manage their own medicines they were supported to do this and risk assessments and audits were in place. People had secure facilities in their rooms and staff monitored stock levels to make sure medicines were being taken as prescribed. One person who self-medicated, told us, "I look after all my own tablets and I know when to take them, it is all part of keeping my independence".
- Policies, procedures, records and practices helped ensure medicines were managed safely. The service used an electronic system for ordering, dispensing, administering, storing and destroying medicines. This had considerably reduced any errors in medicines management.

#### Preventing and controlling infection

- The home was exceptionally clean and well maintained throughout. There was a head of housekeeping and a large team of ancillary staff. They worked cohesively and were proud of their contribution to the environment people lived in.
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

#### Learning lessons when things go wrong

- Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further occurrences were prevented.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People's needs were consistently met by staff who had the right competencies, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.
- The provider and registered manager considered innovative, creative ways to train and develop their staff based on research and best practice guidelines to enhance quality and safety of the service provision.
- One example included the use of the Virtual Dementia Tour (VDT) training. PK Beville designed a simulator in 2001, with the hope that it would provide a person with a healthy brain the experience of what dementia might be like. Thirty staff had completed the training to date and other dates had been arranged. They were extremely positive about the training and how it had helped them. Staff told us the immediate impact had raised their awareness to noise levels in the home, colours affecting mood, how people with dementia should be approached and why they may behave in given circumstances. In addition, they not only sympathised with people but could also empathise about how people felt every day of their lives. Comments included, "It was incredible, I am so glad I attended, it has totally changed how I care for people", "It's the best training I have had in order to truly understand what it's like for people with dementia" and "The training was invaluable, really opened my eyes and my understanding".
- In addition to having registered nurses, senior care staff had received clinical skills training since the last inspection. These skills included, taking temperature, pulse, respiration and blood pressure and understanding what the readings meant. They were also able to measure oxygen levels, conduct basic neurological assessment and observation and blood sugar monitoring. They had been trained to record the data in the updated version of the National Early Warning Score (NEWS) 2 tool. This was developed by the Royal College of Physicians (RCP), to improve the detection and response to clinical deterioration in people and was a key element of people's safety and improving outcomes.
- The registered manager shared with examples where these extended roles had a positive impact for people's safety and wellbeing. Following an unwitnessed fall a person had a small red mark on their head. The team leader used her first aid and clinical skills training to assess whether medical intervention was required. They were able to take a full set of vital signs and oxygen saturation rate. They also assessed neurological signs including, eye pupil size and limb movements. The observations and assessments were repeated every half hour to ensure early detection of possible deterioration and head injury. This accurate monitoring and early detection supported staff to identify if prompt medical assistance was required. The enhanced monitoring was able to be carried out in the person's own bedroom, whilst resting, avoiding unnecessary admission to hospital and reducing possible distress. It also avoided unnecessary call out of emergency, out of hours services such as the on-call GP, Ambulance and an assessment bed in the hospital.

emergency department.

- In addition, senior carers conducted vital signs observations if people were reporting they felt unwell. One Senior carer picked up a possible sign of infection a person was experiencing by using the clinical skills training to interpret the results and reported this accurately to the nurse. The nurse was then able to do further investigations and get antibiotic therapy sooner than later to avoid worsening chest infection and earlier intervention.
- Staff felt they were supported by the registered manager, deputy and fellow colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve. They discussed the people they cared for, any professional development and set themselves objectives.
- Staff were constantly encouraged and supported to progress within the organisation and develop new skills. They were proud of their achievements and wanted to be excellent role models.
- Team away days were another way in which staff felt supported and valued. The days were informative, fun, thought provoking and focussed on bringing staff together to enhance cohesive working and continuity in care. It was evident this had been a resounding success and staff were keen to attend the next one. The away day included a topic for training. This year it was about the importance of hydration. Comments about the training included, "It was very useful and relevant", "It was very useful, very positive" and, "It provided me with information I didn't know and there was plenty of time to have discussions". Staff were asked what they enjoyed most about the day. Comments included, "It was uplifting, I enjoyed the whole day", "Spending time with the manager and other colleagues" and "There were lots of useful discussions, working together and lots of participation". Staff considered what they were good at. They felt, respect, compassion, patience, communication, team working, person centred care, creating happiness and joy were just some of their greatest assets.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Wound care champions in the home played an important role in ensuring continual monitoring, assessment and prompt access to treatment when required. The nurses were particularly proud of their expertise and success around wound care and pressure management. They constantly kept up to date with current best practice and participated in clinical trials. They worked in partnership and collaboration with community nurses to help ensure joined up working and continuity of care. They attended the annual Journal of Community Nursing Wound Care forum in July this year. There were many advances in wound care and new dressings recommended for wound healing. The nurses reflected positively on how it helped them identify the appropriate care for people in their care.
- The registered manager told us about a person who wanted to live at Glebe House. On their initial assessment they found she had leg ulcers. Ongoing treatment would require twice weekly ultrasound and prescribed compression bandaging. Suitable, urgent staff training was sourced and arranged for the nurses. In addition, a hand-held device to take ultrasound readings was purchased by the home. This was a prime example where the service 'pulled out all the stops' to ensure effective care and treatment. Through the diligence and skills of the nurses, this person's leg ulcers had now healed, later in the report we describe the impact this has had on them socially and emotionally.
- The registered manager shared with us an example of assessing needs and evidence of delivering an effective outcome where positive advancements had improved people's health and wellbeing. New oral assessments had been implemented in accordance with the NICE Guidelines. Subsequently NHS referral forms were completed, domiciliary visits requested, and some people were able to attend the dentist with staff support. The registered manager spoke with us about one person with a diagnosis of Dementia. It was increasingly difficult for them to accept support from staff with teeth cleaning. They appeared in discomfort at times, had a reduced appetite and they were not drinking and eating optimally. Using the new oral

assessment tool staff identified the problems she was experiencing including sore red gums and plaque build-up. Staff referred them to the community dentist and after their assessment staff received good care advice and options to suit the person's needs using a specific prescribed toothpaste and a soft brush. The registered manager told us, "Within two weeks of following this advice, the resident appeared much happier, they were eating and drinking well, their mouth was less red and sore and the plaque was clear. In the last two months the resident has gained 2kg in weight, accepting mouth care and letting staff support them in brushing their teeth twice a day".

- The registered manager ensured the service worked efficiently and collaboratively to provide joined up working with other professionals. In addition to weekly GP visits the registered manager attended quarterly practice meetings with professionals. They focused on effective medical interventions, reasons for hospital admissions, discussing possible preventions, if appropriate, a review of people who have passed away, end of life care and individual issues to ensure smooth running and quality of service provision.

- Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

People and relatives told us, "They always phone when dad is not so well the communication is very good" and "We trust the staff here to make the call to the doctor if needed we are very grateful for this" and "When I first came here I was out of my mind with pain and didn't know my family or grandchildren. They arranged an operation and since then I have made a remarkable recovery".

#### Adapting service, design, decoration to meet people's needs

- Following the inspection of January 2017, the provider and registered manager had continued to look at further adaptation of the home to bring enjoyment that would benefit everyone who used the service. Through research and consultation with people, the home now had its own beautiful vintage coffee shop. Coffee mornings were held twice a week and were well attended. People enjoyed meeting there with the friends they had made, and their own visitors. Use of the room was not limited to coffee mornings and was enjoyed by many. This included, receiving meals, small group activities, and 'residents clubs' met there. One person told us, "I eat lunch upstairs and have two close friends to chat with, it's has been a lifesaver!"

- People's rooms were comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs. One person told us, "I have been organising the personalising my room. I have all my things around me now and I wake up in my home not a care home".

- Great care and attention had been given to all areas of the home and grounds which were decorated and maintained to a very high standard.

#### Supporting people to eat and drink enough to maintain a balanced diet

- There had been an emphasis on the importance of eating and drinking well. Innovative methods had been sought to support those who were reluctant or had difficulty in eating and drinking. The service had considered various initiatives to promote and enhance 'Dining with Dignity'.

- This year staff had attended training in the International Dysphagia Diet Standardisation Initiative (IDDSI). This initiative was a collaboration between professionals and included, dietitians, speech and language therapists, food scientists, physicians, and nurses. The training provided staff with the knowledge to deliver improved nutrition and safety for those people who had difficulty in swallowing. The framework promoted a person-centred approach to support people's needs and cultures.

- The meals prepared and served to people were well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available throughout the day. Comments from people and relatives included, "My Dad really enjoys the food here he has got his appetite back after struggling to get him to eat before he came in", "The food is always very good and the

quality is very high", "The meals are wonderful, I am very happy" and "The choice is good, we can have whatever we like, the cooks always come and see us to make sure we are happy". The results from a recent food survey were extremely positive. All twenty-five respondents gave the highest scores in all categories.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Ensuring consent to care and treatment in line with law 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 Act 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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support.
- There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. Relatives told us, "Residents move around freely, but staff are also very attentive to needs as they arise" and "I do notice throughout the day carers asking or informing people what they would be doing, for example I heard a carer say to a lady would it be ok to take you to the bathroom before lunch?"
- People were moving freely around their home, socialising together and they had arranged to go out. They chose to spend time in various lounges, the dining rooms, the coffee shop, gardens and their own rooms. They engaged with various preferred activities and interests throughout the day.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

The registered manager, deputy and all staff were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this.

Ensuring people are well treated and supported; respecting equality and diversity

- Following the inspection of January 2017, the service had continued to consider how acts of kindness and care would have a positive impact on people's lives and wellbeing. The provider, registered manager and staff demonstrated a determined, positive commitment to people and made sure they felt valued.
- People and family members were unreservedly grateful and satisfied with the kindness and compassion shown to them. Comments from people included, "The staff treat me just as if I was their mum, it's so nice!", "Oh my goodness they are very caring and would do anything for you, they often come in for a catch up because they are interested in what I have been up to" and "The staff are what make this a lovely place to live, they help me out and show they are caring by giving me time to talk and we often have a hug".
- Relatives told us, "It's absolutely lovely here, staff are so good they treat people like a member of their own family", "I like that they are patient with mum and make her feel good about herself by complimenting her all the time" and "Dads wellbeing is much better, he is happy you can tell in his body language and is never upset when we leave him".
- Throughout our visits we heard about the 'small things' that gave 'simple pleasures' and further demonstrated the caring, kind philosophy of the whole home. The following are just some of the examples where we found the service had continued to improve and demonstrated true empathy for everyone they supported.
- All staff were extremely sensitive and proactive during times when people needed care and compassion. They continuously reviewed, discussed and explored needs and preferences in relation to personal and family support. One relative spoke with us about how their parents had been supported since living in the home and the positive impact they had been afforded. Their accommodation had been arranged so they shared a large bedroom with an additional room as their own private lounge. Their relative told us it was imperative when they decided to move to a care home they continued to live as a married couple. They told us, "I am very happy knowing they are together, even during the days when they are not feeling well they can still hold hands and be together. When mum was in hospital staff really helped dad keep busy and spent time with him knowing he would be missing mum".
- Staff had considered family members feelings and emotions when their loved ones moved into the home. Family often required extra support during this transitioning time. This was particularly difficult for those who had to make decisions for their loved ones to move into a care environment and make decisions about their care. The activity coordinators set up a group called 'Friends of Glebe', where family members came

together once a month for refreshments, to talk and to know they were not the only ones feeling this way. One activity coordinator told us, "They really are helping each other through difficult times and forming great friendships there is more of a community feel between families now. One relative told us, "The meetings have been a great help and support to me as we are all in the same situation and it helps to offload to people that understand how I feel, I am very grateful to the staff here for organising this".

- A new call bell system had been recently installed. The provider had looked at different systems and their features to ensure people and their needs were considered. The new system had advanced technology so that the volume and tone at night time could be adjusted to avoid disruption to other people as much as possible.

Supporting people to express their views and be involved in making decisions about their care

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views about what support they required. These were just a few examples where people were empowered to make decisions.

- All staff were extremely mindful of the sensitivity required to support people who had made the difficult decision to leave their own homes and move to a care home environment. One staff member spoke with us about people's emotions including sadness, anxiety, fear, loss and grief and how this affected their wellbeing. They shared with us how they were supporting one gentleman who felt he had made the wrong decision to move to a care home. At the age of 102 he had led an active life as a farmer and told staff he had no intention of 'slowing down and being idler'. Staff spent time with him talking about things that interested him and what he would like to get involved in. Gardening had been a passion and he wanted to be involved with the gardens at Glebe. During our visit he had gone to the garden centre with a staff member to choose bulbs to plant ready for spring. He had also started to make friends and getting others involved in a gardening club. He thanked staff for giving him a 'purpose each day'.

- The registered manager and activity coordinator spoke with us about a lady with dementia who required new undergarments. This was something that their husband wanted support with. The whole approach with the couple was respectful, sensitive and dignified. Great thought and attention to detail in planning this was required to ensure it was a success with minimal distress for the lady. The staff phoned a lady's department store in advance to arrange a personal fitting service. They explained to staff at the store that the lady had dementia and would require a sensitive, caring approach, time and patience. The activity coordinator wrote a reflective account of their journey together. They said, "On the way we talked about where we were going, what styles and colours we preferred and they told us they wanted something pretty. When we arrived staff at the store were ready for us and I felt reassured by them. The lady was very pleased with her choices and felt safe in her new environment. It was nice to see her feel valued in making choices and decisions. Her husband was delighted. He thanked us and told us we would never know what that meant to him".

- One person recently told staff he wished to go to a well-known burger restaurant before he was unable too. He had never been before and spoke with staff about how he had heard good things about it and that it was very popular with the younger generation. He said, "I expect this generation have never dug up potatoes or shelled peas!". This was his wish and staff supported him and his family to make sure this happened.

Respecting and promoting people's privacy, dignity and independence

- Promoting dignity and respect was at the heart of everything when delivering any care and support to people, family members and each other. People and relatives told us, "Mum's always wanted to look her best from her lovely weekly hairdo, her clothes, makeup and pearls, thank you for helping her to maintain her dignity at all times", "They treat you with dignity and they are very gentle" and "There is such a nice feel of inclusivity here". People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving,

manicures, helping people to fasten their jewellery. People enjoyed going to the homes salon to have their hair done.

- The service provided an environment where independence was encouraged and celebrated. Staff were exceptional in enabling people to remain independent and gain skills in independence. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. An independent physiotherapist was employed. This meant people had on-hand expertise and continual assessment. People had easy access to help in restoring movement, rehabilitation and reducing the risk of injury or illness.
- People told us, "Staff know my limitations and know when I would need help, they support me in the shower but still allow me to do what I can, you are never rushed" and "They help me undress and then leave the sink ready for me, I wash what I can then call them back and they will help me with what I haven't been able to do. It's a bit of team work but I certainly do what I can manage".
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff continued to provide an excellent responsive service to meet peoples changing needs. Professionals and specialists continue to commend the service on providing person centred care and achieving exceptional results. We read three recent letters received by the home from various professionals, where they stated, "The compliance by the nursing home is excellent" and "It is worth commending the home, especially the nurses and carers for their dedication and compassionate approach that they continue to demonstrate".
- A paramedic had recently written to the registered manager praising staff for their responsive quick action when they had identified a person was choking. They wrote, "Your care team successfully performed back slaps and abdominal thrusts to clear the patient's airway. Without their quick thinking and calm choking management the outcome could have been very different. The staff were fantastic and the situation was well managed!". This provision of care was attributed to the home's ethos of 'prevention was better than cure'. Nurses were trained in Care Homes Early Warning Signs (CHEWS) by the Royal College of Nursing. CHEWS were specifically designed by qualified, experienced healthcare professionals for nurses and based on the 'Early Warning Scoring' systems supporting the 'Out of Hospital' Strategy. This enabled nurses to spot illness and/or deterioration in a person that much earlier.
- The homes approach to care continued to be person centred and holistic. One relative said, "All aspects of wellbeing are considered and members of staff are aware of the needs of each individual". The care plans were informative and interesting. They reflected that people had been involved in developing their plans and relatives also contributed where necessary. confirmed this. The registered manager and staff knew people extremely well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives confirmed that activity provision both within the home and the community continued to be a resounding success. The service had recently been awarded care home of the month from an organisation that promoted music to enhance quality of life particularly for those people with dementia. They wrote to the registered manager and said, "This award is to celebrate the excellent person-centred work day in and day out. There is a real atmosphere of family here and it's always a joy to visit".
- There was a dedicated activities team who provided support seven days a week. The ethos of the home was that people should be afforded every opportunity to live a normal life and enjoy those things that

everyone has a right to.

- Ideas and initiatives to support this were constantly thought about and discussed with people and their families. This was achieved through monthly 'community chat' meetings, one to one sessions and questionnaires'. The activity coordinator told us, "We have found that by having these meetings our residents like to have a key role in making decisions. They don't just want to participate or be told that they are doing". The amount of activity, trips and events were too many to mention, here we have shared a few examples where activities remained innovative and met people's individual choice and preferences.
- One lady we met told us about how she used to run a book club in her local community. She discussed this with the activity coordinator and plans for her to continue this at Glebe House were in full swing. She had chosen the first books for the club and contacted the library for sourcing these. She had sent personal invites to other people in the home to join the club. They were clearly enjoying facilitating the club and continuing to do something that had always given her such pleasure. This lady told us, "Since moving to Glebe I have made a miracle recovery".
- One gentleman had suggested that it would be nice to have a Glebe House choir. The activity coordinator told us, "He picked a few songs to get us started and although he doesn't sing himself he likes to help run the choir and is happy to speak at seasonal events". People and staff were excited about the choir especially with the lead up to Christmas.
- The knitting group was particularly enjoyed by many. Some were beginners and others who were more proficient helped others when they got in a tangle or required assistance casting on. Staff were also learning how to knit. Items made were sent to the baby unit at a local hospital and this made people feel like they were contributing in some way. Staff were mindful of the importance to ensure there was a balance of male and female activities. Interestingly gentleman enjoyed and took part in cooking, knitting items such as socks, and another person liked doing tapestry. Equally the ladies took part in DIY and gardening.
- The culture was inclusive whilst respecting people required private time to themselves. The registered manager and staff recognised the importance of being creative to prevent people feeling isolated regardless of their physical conditions or illness. The registered manager shared with us their recent achievements with a person with long term mental health needs who was refusing care intervention and was very withdrawn and wouldn't leave their room. With the support from the Care Home Liaison Team and a mental health nurse and the due diligence and patience of the staff strategies were put in place to help enhance this person's quality of life. Small steps were celebrated and started with staff spending 10 minutes in the morning and afternoon to sit and talk to this lady, helping her to feel cared for and understood. Within a week there were 'huge changes' to the lady's quality of life, she was engaging and appreciative of the company, she began to accept more personal care. Gradually she expressed a wish to socialise with others, singing and clapping to visiting musicians and singers and joining people in the dining room at mealtimes. The registered manager told us, "This was so encouraging and rewarding. This is a clear example of how being responsive, caring and spending time with people can change someone's quality and enjoyment of life amongst many other things".
- A person who had leg ulcers was at risk of isolation and had been reluctant to join people at mealtimes or any group sessions. This was because they were embarrassed about the specialist bandages on their legs and the wounds could have an odour at times. In addition, the legs could be uncomfortable which would make one not feel like socialising. Following the skilled intervention of the nurses to heal these wounds this person was now enjoying everything Glebe House had to offer.
- It was important to ensure that families and friends didn't feel isolated and were kept informed and involved by receiving quarterly newsletters, especially for those who were unable to visit often. The newsletter provided information about significant events with colourful photographs and plans for the coming months. They improved communication around key policies and highlighted how everyone could be further involved in the running of the service and support community events. One relative wrote to the home and stated, "The extra efforts that have been put in place to keep families updated has not gone

unnoticed and is much appreciated. We were so lucky to find you!".

#### End of life care and support

- Staff remained committed, proud and privileged when providing end of life care that was person centred and respectful. We read heartfelt comments from families who had recently lost loved ones. They wrote, "She was unbelievably well looked after and this was such a huge reassurance to us all. I felt you all went above and beyond to deliver such a fabulous service", "For the thoughtful, professional care from everyone you have my greatest gratitude. This love will always be remembered", "You are lovely, dedicated, hardworking people" and "Your care at this time was exemplary".
- Improvements had been made around recording people's wishes when receiving end of life care. The advanced care plan had been further developed to support people and their families more effectively. This meant that people and their families could make very specific requests. This included where families wanted to stay at the home to be with their loved ones. We read some feedback from those who had been with their loved ones right to the very end. Comments included, "The understanding from all staff what we wanted to there during those last days, was never questioned. This meant you gave us an incredible gift, to be with mum as she moved from this life to the next. The staff were always there when we needed them yet understood this was our time", "Having been able to stay with you for a week in your home I realised what dedicated people you were. You looked after dad and us so compassionately it was like being wrapped up in a hug" and "Thank you for all the care given to me during my visits. This love will always be remembered".

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard. Since the inspection of January 2017, the service had considered innovative ways in which technology could assist in effective communication, comprehension, and orientation. There had been several new additions to the home to help assist people with this.
- The home had purchased three voice-controlled computing devices that connected to a 'Voice Service'. This provided responses to questions, played music choices, reported on the weather, news or sports scores and much more. The registered manager told us the devices had been very successful in empowering people to communicate personal choices and interests, whilst promoting independence.
- WIFI was available to everyone. Staff provide teaching sessions for people on how to use the laptops and tablets. These facilities assist people to keep in touch with family and friends, accessing information and were recently used to explore current political candidates to vote for.
- Several large digital calendar/clocks for those who were vision impaired or had memory loss had been provided and had helped to orientate people in the date and time.
- The speech and language team (SALT) continued to work alongside staff to help formulate care plans around effective communication. The registered manager told us about one person who had a degenerative disease in their brain who was unable to communicate verbally. The SALT and a specialist nurse worked alongside the person, their family and staff to find effective ways of communicating. This was achieved by using the movement of the persons eyes to answer yes or no questions and a communication board.
- Staff had received training to help understand non-verbal body language to help interpret how people might be feeling. Some people with dementia may have difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is a tool designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

Improving care quality in response to complaints or concerns

- The registered manager's approach to concerns was thorough, open and transparent. Where required lessons were learnt and improvements had been made.
- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. People told us, "I have not had to raise a concern or make a complaint but would be very happy to do so if I felt it necessary", "I could approach any staff knowing they would listen to my concerns" and "I haven't really had to make a complaint but I would be happy to raise a concern if I had one. Staff listen to us when we say things and make things right for us".

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service was exceptionally well led and was part of a small organisation consisting of four homes. The ethos, vision and values were provider led and, as such, applied across all four services. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered managers worked in collaboration. However, each home was additionally recognised for its individuality. They had a healthy, respectful, working relationship for each to strive to provide the best possible care independently, based on their own merits, in addition to those at organisation level. One of the care homes had recently sustained their outstanding rating following a recent inspection by CQC.
- Systems in place were sophisticated and contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a large service with an equally large workforce, yet it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- The registered manager continued to strive for excellence within her role through further professional development. She had recently attended a course in Emotional Intelligence in the workplace. The course objective was for managers to be more effective and resilient at work, who wished to improve their self-awareness and ability to manage others. The registered manager shared with us some of the new skills the course had afforded her. This included, how emotions drive thought processes and decisions, and sometimes limit effective thinking, managing and working with people more effectively by understanding and respecting their emotions, recognising your own triggers and what makes you react emotionally and what motivates you and having a greater understanding about how your emotions alter when under stress.
- Following any national training events, the registered manager and deputy considered ways in which they could further enhance the quality of care people were provided. This year they attended a 'Focus on Dementia' day. They were particularly interested in one speaker who gave a personal account of their experience working with the Butterfly Project and the idea that people with dementia are no longer in 'thinking' mode but in 'feeling' mode and what this means for individuals. The registered manager told us it was thought provoking and that she was currently meeting with the organisations trainers to consider how this project can be introduced and tailored to be person-centred to the home itself.
- We met with the director to discuss new proposals and initiatives since the last inspection. In addition, we discussed the continued vision of the organisation and their groupwide development, shared values, visions and ethos for each of their four homes. Work in progress included, introducing nurse associate roles to bridge the gap between nurses and care staff. This role would further enhance prompt access to medical

health screening for people, including venepuncture, heart trace and monitoring, wound care, and healthy lifestyle support. A new apprenticeship programme was being developed to ensure it was be-spoke and personalised to the organisation, this will run alongside a vocational qualification.

- The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles and become champions. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these subjects and improved auditing to ensure better quality and safety.
- Investing in staff and their professional development was always supported and encouraged. This was key to ensuring staff felt valued and had the opportunity to progress their careers either within the organisation or with other health and social care partners.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home had an excellent connection with the local and wider community. They had been proactive in challenging negative views around social care. Raising awareness about care homes and how they can be a positive place to live was paramount. New connections with the community had been made since the last inspection and people who used the service had fully engaged in how they wanted to achieve this.
- Over the last year the home had received several requests from performing arts colleges to visit. The students either provided a show, sung or danced as part of their performance exam. People had thoroughly enjoyed being part of this initiative and welcomed the assessor's questions for feedback about individual performances. The activity coordinator told us, "The residents genuinely look forward to hearing about students' progress when they revisit and how they did in their exams".
- School children visited Wednesday and Thursday mornings to join an activity, including parachute play, reading, singing, or crafts. Some parents had asked to bring their children in over weekends and after school. The feedback had been encouraging and positive. The head of the school had explained that some parents had lost their own parents and others lived far away and they enjoyed being involved in the home. Discussions had taken place with the head, parents and people in the home and they were looking at setting up 'buddy sessions' with children and their families. Shared ideas included, sending Christmas and birthday cards, writing letters and arranging special time to meet up together. The activity coordinator told us, "The residents love to explain what they have been doing and watching the children's faces".
- There was a good following of volunteers at Glebe House. Volunteers were family members of people who previously used the service and students. Some volunteers were there for work experience and had progressed to become doctors, dentists and nurses. Many kept in touch with the registered manager, shared their news and progress and thanked them for the experience they had at the home. Comments included, "I can't thank you enough for giving me the opportunity, one day I will be a good nurse, and I'll never forget my trajectory" and "I have learnt so much from you all which I will be taking with me into my nursing career".

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

- The registered manager and deputy demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was without doubt exemplary. They led by example and all staff embraced and shared their visions which ensured the vision and values were put into practice. Comments included, "I cannot speak highly enough about them, they are wonderful", "The manager is brilliant, we are proud to be part of her team", "They

always listen to our ideas, there is never a dull moment" and "It is rewarding to be part of a team that strive for the very best and this all starts with the managers, their dedication and vision".

- The registered manager was respected, trusted and empowered to make decisions and implement change to improve the service. Both the registered manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the registered manager's views.

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. Relatives views included, "She is really good with communication and approachable if I need to discuss anything", "The manager is always on hand to provide fast, timely solutions to any concerns that may arise" and "She is a lovely lady that cares a lot about her residents and will always stop to listen".
- Systems in place continued to ensure services were reviewed and audited to monitor the quality and safety of the services provided. Regular audits were carried out in the home including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required. We looked at the quality monitoring reports conducted by the head of quality and care. The audits lent themselves to a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.

Working in partnership with others

- The service prided itself on how it continued to work in partnership with other organisations to make sure they were following current best practice, promoted joined up working and shared new initiatives and ideas.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.