

## The Glades Health Care Limited

# The Glades

### Inspection report

Dinnington Hall, Falcon Way  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Glades is a care home in the Dinnington area of Sheffield, close to local facilities and transport links. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received support from staff who knew them well, understood their needs, and were kind and caring. One person told us, "The staff are perfect." A relative told us, "I entrust the person I most love with them and that's the highest compliment I can give them."

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. Risk assessments provided guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

Staffing levels were enough to meet people's needs. The home was clean, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received care and support from staff that were kind, caring and attentive to their needs. People, their relatives and professionals were involved in making decisions about their care and support needs. People's privacy and dignity was respected, and where applicable their independence promoted. Staff understood the Equality Act and supported people without discrimination.

The provider and registered manager had good oversight of the service. They knew staff and people well and provided a supportive environment to live and work. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop the service.

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 good (published 27 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Glades

## 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 team consisted of one inspector.

#### Service and service type

The Glades is a 'care home'. People in care homes receive accommodation and nursing or 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

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 reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with two people about their experience of the care provided. We also spoke with seven members of staff including the registered manager, the clinical lead, the business manager, a nurse, support workers and a domestic assistant. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meal. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We spoke with two relatives of people living at the service and received feedback from two professionals who have involvement with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said "I feel safe and secure here. The staff make sure of that. They watch over me."
- The registered manager was aware of their responsibilities to report safeguarding concerns and work with relevant organisations to ensure people were kept safe.
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member told us, "I would not hesitate to report anything to the managers. For example, if a person had a bruise. I know that's my responsibility."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom.
- Staff told us they had met with a person's family and advocate and suggested the person was moved to another room where they would have more privacy and space, which they believed would have a positive impact for the person. This was agreed, and staff told us the move had been beneficial to the person and had reduced risk to their wellbeing.
- Some people were living with health-related conditions such as epilepsy. There was clear guidance about how staff should support the person in the event of a seizure. This included how to support the person during and after the seizure.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staffing and recruitment

- There were enough staff on each shift to ensure people's needs were met. Staffing levels were assessed daily, or when the needs of people changed. The staffing rota showed the numbers of staff on shift matched the numbers planned for.
- In order to maintain appropriate staffing levels some regular bank and agency staff were used. The registered manager told us, "We have a small cluster of staff we can call upon at short notice, who know people really well. This is important so that people are not being supported by staff who are not familiar with their individual needs."
- Records confirmed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

### Using medicines safely

- Medicines were safely managed. There were safe systems in place to acquire, store, administer, monitor and dispose of medicines.
- Nurses administered medicines and their competency was assessed regularly to ensure their medicines administration practices were safe.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed, and if it had been effective when taken.
- There were regular audits of medicines and action was taken when any shortfalls were identified.

### Preventing and controlling infection

- The home was clean and tidy throughout and equipment was clean and well maintained.
- Staff had completed infection control and food hygiene training. We saw staff using Protective Personal Equipment (PPE) such as aprons and gloves when needed, for example when providing personal care and serving meals.

### Learning lessons when things go wrong

- The provider had policies and procedures for reporting and recording accidents and incidents.
- The registered manager had introduced a 'lessons learned log'. This was looked at each month by managers to consider such things as the outcomes of audits, observations made and accidents and incidents. Managers looked at what the situation was and made recommendations for improvement and to prevent on-going issues or re-occurrences. For example, one person had a choking episode and managers looked at the person's care plan and risk assessments. They then made changes, in consultation with other healthcare professionals to prevent a re-occurrence of this.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This ensured their needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This showed people's diversity was included in the assessment process.
- Joint assessments were held with relatives, advocates and professionals including speech and language therapists (SALT), dietitians, physiotherapists and psychiatrists to ensure staff delivered care and support in line with best practice and working within national guidelines.

Staff support: induction, training, skills and experience

- People and relatives told us they had confidence in the staff's skills and knowledge. One relative said, "The staff must get exceptionally good training because they are really knowledgeable and have a very good awareness of what people need."
- Staff received ongoing training and updates that were relevant to their roles. These included training on first aid, moving and handling, equality diversity and inclusion and nutrition and hydration.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Records showed staff training, supervision and appraisals were up to date and in line with the provider's requirements. Staff told us they were supported by the registered manager and other senior staff and could discuss issues at any time.

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

- People told us they enjoyed their meals and had enough to eat and drink. One person said, "The staff cook lovely meals and I cannot fault the food at all."
- People were able to eat their meals where they chose. During the inspection most people ate their meals in the dining room. One person chose to eat in the lounge.
- People were supported to eat and drink enough for their health and wellbeing. Eating and drinking assessments had been carried out for each person and staff had appropriate guidance to safely meet people's nutritional needs.
- Where people required their food prepared differently due to a medical reason staff knew this. The service involved people's relatives and worked in partnership with professionals including dietitians and SALT

teams to ensure people's dietary needs were met safely.

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

- Records showed, and people and staff told us people were supported to access healthcare professionals when their needs changed.
- Records were kept about the healthcare appointments people had attended and staff implemented the guidance provided by healthcare professionals.
- Each person had a hospital passport which provided hospital and emergency services important information about their health and care needs to ensure they were safely supported.

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

- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities.
- There was a lift which provided level access. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- There was a large garden area with access for wheelchairs. Outdoor seating and tables were available. We saw people enjoying using the outside space.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA and were working within the principles of it. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Where people were deprived of their liberty for their own safety for example, with equipment such safety belts and bedrails, DoLS authorisations were in place and the conditions of the authorisation were being met and kept under review.
- Where people's mental capacity had been assessed and they were found to be unable to make specific decisions for example, about their medicines or finance; best interest decisions were in place.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with respect and staff were kind and compassionate. One person said, "This is a great place to live, I feel like I am now home. The staff are perfect and support me all the time."
- Relatives spoken with could not fault the home in any way. A relative told us, "This is a big statement to make but I am totally at ease with [name] living at The Glades. [Name] is treated exceptionally and accepted for who they are, without any discrimination."
- Peoples' equality and diversity was respected. Staff talked about treating people equally. They had received training on equality, diversity and inclusion to support people's differences.
- People were asked about their lives, interests and preferences at pre-admission and then at regular care planning reviews. Staff had taken time to get to know people as individuals and could tell us about each person's likes, dislikes, preferences and personal traits.

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

- Relatives were involved in planning their loved one's care and support needs. A relative told us, "Each and every person is made to feel like one of the family. The staff are amazing and involve all of us with everything."
- People were provided with choice, so they could make day to day decisions for themselves. Staff told us they used people's body language to determine their preferences. During our lunchtime observation we saw staff asking a person, "Do you want juice or coffee?" By observing the person, the staff member was able to understand the person's preference.

Respecting and promoting people's privacy, dignity and independence

- One person said, "I have my independence when I want and support when I want."
- A relative told us, "I've often seen staff making sure people's privacy and dignity is maintained. They must be trained in this, although I think they're so good it comes as second nature to them."
- We saw in one person's care plan that they liked to dress in a certain way. On the day of the inspection we found the person dressed as per their wishes and proudly showed us their outfit.
- Staff told us they promoted privacy and dignity by knocking on doors, closing blinds, curtains and doors and seeking consent first before supporting a person. This was confirmed from our observations.
- Information about people was kept securely in lockable cabinets in the office and staff knew the importance of keeping information about people confidential.

## 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had a care plan that was kept under review and updated when their needs changed. Daily care notes confirmed people were supported in line with the care and support which had been planned for them.
- People received care and support that was person-centred. It met their individual needs and reflected their choices. One person said, "The staff know me very well. They know I like to have my meals in the lounge on a tray. They know I like to go and visit my mum's grave and they support me to do this."
- Changes in people's health or care needs were quickly communicated and updated in their care plans. One relative told us, "They [staff] have very high standards. Communication between the staff is good, so things get done quickly. When changes are needed, they happen."

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.

- People's communication needs had been assessed and appropriate guidance was in place for staff on how to meet their needs.
- Some people were non-verbal. As most staff had worked at the home for many years, they knew people well and could sense their mood through their facial expression and body movements.
- Information was available to people in easy read and pictorial formats. The registered manager told us further work was underway to provide further information in formats which people could identify with.

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 were supported to take part in activities they enjoyed. People's past life, interests and hobbies were assessed to inform the care and support provided.
- There were a range of group and individual activities taking place each day. Throughout the inspection we saw people sitting together in the lounge, watching television, listening to music, using their I-Pads and enjoying themselves.
- People also enjoyed going out on activities and being involved in the local community. Visits to such places as Rother Valley country park and the cinema were arranged. Some people enjoyed going out shopping, to the pub or just for a drive or walk.
- On the day of the inspection it was nice weather and some people were supported to visit the sister home

and socialise with the people who live there. One person told us they liked to go there and use the coffee machine. We saw people were sat outside the home in the sun and eating ice cream.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to appropriately.
- Relatives told us they knew how to make a complaint if they were unhappy and were confident their concerns would be listened to and acted on. A relative commented, "I am happy with everything and I don't have any concerns or complaints."
- Resident and relative meetings were held which gave people an opportunity to raise any worries or concerns. The registered manager told us they were currently looking at how they could change the format of the complaints procedure to ensure it was accessible to people with varying communication methods.

#### End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- People were given an opportunity to talk about their end of life (EOL) wishes and these were recorded in their care plan. We saw where one person had decided they didn't want to discuss this at that time and had been told by staff they could refer to this at any time if they wished.
- Staff had completed training in EOL care and had been involved in caring and supporting people at the end of their life.
- Staff said EOL care plans were put in place and other healthcare professionals were involved in supporting the persons care, for example, McMillan nurses and the GP.

# 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 good. At this inspection this key question has remained the same. 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

- Since the last inspection a new registered manager was in place. The registered manager was a well experienced manager who also managed the sister home adjacent to The Glades. The previous registered manager was working as the clinical lead manager alongside the registered manager.
- Staff told us the management team knew people well and had a good understanding of their needs. They said they were a visible presence at the home and provided support and guidance.
- Staff were aware of their individual roles and responsibilities in providing care and who they should report any concerns to. Staff were updated at each shift about changes to people's care and support needs. This meant they were promptly told of any changes.

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 their responsibilities under the duty of candour.
  - The registered manager had a good understanding of when and who to report concerns to.
- We saw incidents were recorded and relevant professionals informed, such as the safeguarding team. They submitted relevant statutory notifications to the CQC promptly.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- The service had an annual plan of quality audits. This showed what audits were carried out each month throughout the year. Audits completed included, accident/incident analysis, mealtime experience, health and safety, medicines and complaints. Up to July 2019 audits of all areas had been completed between one and six times.
- Where actions had been identified details of how this would be completed, and by who and when were recorded. For example, the daily chart audit had identified that some entries on food and fluid charts were not signed. In response to this a letter was given to all staff to highlight the importance of clear documentation. The person responsible for this was the clinical lead and this was signed as completed 27 June 2019.

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

### characteristics

- People and relatives were encouraged to share their views and feedback about the service. This was through surveys and meetings. The last 'resident meeting' was 21 April 2019. We saw the minutes for these meetings included pictures to help with people's understanding of what was talked about and what decisions were made.
- The last relatives meeting was 27 June 2019 when only one relative had attended. The registered manager said the meetings were poorly attended and when she had asked about this, relatives had told her they spoke with her and staff immediately if they had anything to say and therefore did not feel the need to attend a meeting.
- In January 2019 the registered manager had sent out questionnaires to people who lived at and visited the service, multi-disciplinary teams, families, visitors and friends to ask their opinions of the service. Feedback was positive and had rated all aspects of the service, good. For example, people liked the food, thought the home was clean and well decorated, said the staff were friendly and created an inclusive and loving family atmosphere.

### Continuous learning and improving care

- Following an audit visit from Rotherham local authority, the provider and registered manager had actioned the recommendations made to make improvements to the service. This had included commissioning an external auditor to carry out a check of finances.
- The registered manager was in the process of introducing 'champion' roles for staff. Staff would be trained to a higher level in such things as nutrition and hydration and dignity. They would then disseminate their knowledge to improve staff skills and further improve the care and support people received.

### Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The registered manager had links with the local community and key organisations to benefit people living in the home and to help with the development of the service