The Glynn Residential Home Ltd

The Glynn Residential Home

Inspection report

Bradford Road
Wakefield
West Yorkshire
Tel: 01924 386004
Website: www.example.com

Date of inspection visit: 28 and 29 April 2015
Date of publication: 04/08/2015

Ratings

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

Overall summary

This inspection took place on 28 and 29 April 2015 and was unannounced.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The Glynn is registered to provide accommodation for 38 people.

The environment was very friendly, welcoming and homely.

People told us they felt safe and staff knew people's individual risks and how to maintain people's safety. However, risk assessments were not always clearly detailed in care plans.

People received their medications when they needed them. However medication was not stored appropriately.

Summary of findings

Staff had received training to support them in meeting people's needs. Staff understood legislation and worked within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People enjoyed the food at the home, although they sometimes had to wait a long time to be served.

Staff treated people with kindness and patience and they were very caring and compassionate in their approach.

Activities were organised but these were not always accessible or meaningful to all of the people living at the home, particularly those who were living with dementia.

There was an open and transparent culture in the home, with regular feedback sought from people, their relatives, staff and visiting professionals.

Quality assurance systems were in place, although these sometimes lacked rigour in the analysis of information recorded, such as audits of equipment and accidents and incidents.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

Medication was not stored suitably.

Although staff knew the risks to individual people, their individual risk assessments were not always clearly recorded in their care plans.

Staff were safely recruited and vetted before commencing work in the home.

Requires Improvement

Is the service effective?
The service was effective

Staff were skilled and knowledgeable in their roles and were supported by managers to undertake training.

Staff understood the requirements of the Mental Capacity Act 2005 and its implications for people who lived in the home.

Staff were respectful of people's right to make their own choices and decisions and people were consulted about aspects of their care,

Good

Is the service caring?
The service was caring

Staff were very kind and caring in their interactions with people.

Staff showed good regard for people's privacy and respected their wishes.

Staff supported people at their own individual pace so as to enable them to be independent.

Good

Is the service responsive?
The service was responsive

Assessment and planning was based upon people's individual needs and people were involved and consulted to develop their care plans.

Activities were organised but these were mostly available to groups of people or people who could express their wishes. There were fewer activities for people living with dementia or limited mobility to engage with in a meaningful way.

Complaints were appropriately recorded and responded to.

Good

Is the service well-led?
The service was not always well led

Quality assurance systems were in place but audits lacked rigour.

Requires Improvement

Summary of findings

There was an open and transparent culture with clear lines of accountability in the service.

The provider was proactive in ensuring there was up to date knowledge of regulations and legislation, including recent changes affecting the running of the service.

The Glynn Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 28 and 29 April and was unannounced.

The inspection was carried out by one adult social care inspector, a senior analyst and an expert 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. The expert by experience on this occasion had experience in caring for elderly people, particularly those living with dementia.

Prior to this inspection we looked at all the information we held about The Glynn. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority commissioners. We had sent a provider information return (PIR) to the provider and this had been completed and returned to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our visit there were 36 people living at the home. During our visit we spoke with 16 people who lived at the home and four visiting relatives, five members of staff, the provider, the care manager and support staff. We looked around the home, observed practice and looked at records. This included four people's care records, four recruitment records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe. One person told us: "I feel safe because there is always someone around to look after you". Another person said: "I do feel safe and sound". One relative said: "The place is always immaculate and there is a nice friendly atmosphere".

We asked people and relatives if they thought there were enough staff. A relative said: "There is always plenty of staff around and the place smells nice".

Staff we spoke with told us there were enough of them to meet the needs of the people who lived at the home in a timely manner and they understood their responsibilities with regard to maintaining people's safety. We saw some staff arrived early for their shift and spent time with people before they started work.

We saw there were sufficient numbers of staff on duty to meet people's needs. At busy times, such as lunchtime, people chose where they wished to eat and so staff deployment was spread over four rooms, making it more difficult for staff to provide immediate attention to people if they needed it. We saw ancillary staff, such as the chef, maintenance staff and cleaning staff were present during our visit. The provider told us they maintained a staff bank and part time staff to help meet short term staffing demand variations and agency staff were never used to cover staff absence. The provider said staff turnover was low and they preferred to try to retain staff. Some members of staff confirmed they had worked at The Glynn for a considerable length of time and therefore knew the people and their families well.

We reviewed the processes in place for staff recruitment. We looked at four staff files and saw staff members had been suitably vetted and had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The provider information return form (PIR) stated systems were in place to recruit, induct, train and supervise all staff to follow the organisational policies and practises which protect people.

The provider told us staff induction generally took two to three weeks depending upon the member of staff. Staff described their induction process as being thorough, although one staff member's files showed their induction had been completed over two days which may not have been as thorough as others

Staff we spoke with were confident about how to recognise and report possible abuse and to make sure people were safeguarded at all times. Staff knew the whistleblowing procedure to follow if they suspected poor practice and they said they were confident to refer concerns to ensure people received safe care. The provider told us they had subscribed to the West Yorkshire Police missing person safeguarding initiative, 'The Herbert Protocol' to enhance their safeguarding procedures.

Care records did not always clearly identify individual risks to people. We found some information was sparse and risk assessments were not always detailed enough to reflect people's needs. For example, one person's risk assessment for their moving and handling needs was blank and there was no detail to inform staff of the equipment to use. In practise we saw staff knew people's individual risks and needs but this was not detailed should any unfamiliar staff need to support people.

This is a breach of regulation 12(2)(a); assessing the risks to the health and safety of service users of receiving the care or treatment.

We saw accidents and incidents were recorded. The provider told us they had recently introduced a new system which provided a table to record falls and trips. However, although the provider told us they analysed these, it was unclear how accidents and incidents were monitored and there was no summary of actions taken or to identify trends and patterns. We discussed this with the provider who said that where no trends or patterns were identified this would be stated on the bottom of the analysis form to demonstrate these had been reviewed.

The provider told us of plans to make improvements to the premises in order to enhance the environment for people who lived there. There was evidence of wear and tear, such as damage to wall paper and skirting boards in a room caused by a person's wheelchair where the gap was narrow for them to fit through. We saw evidence of some areas being refurbished. We saw there were some areas where improvement may be needed to ensure people's safety. For example, one room had damaged floor covering, one of the floor surfaces on the first floor was uneven and we had

Is the service safe?

concerns in relation to the height of the banister rails at the top of one landing. We discussed this with the provider who told us they had considered the area safe in relation to falls and the people using these areas but would look at this again in light of our observations. The provider was responsive to our observations where one person's bedroom door was sticking and ensured this was promptly adjusted.

We saw some gas cylinders outside the rear of the home, used for power to the laundry facilities. The provider was unable to evidence safety of these cylinders during our inspection, although later produced documentation to show these had been checked for safety. The provider assured us no staff or people had any contact with these cylinders. We referred to the Environmental Health Officer and the fire officer for further advice and the fire officer made an inspection of the home shortly afterwards and confirmed there were no concerns about the provider's use or storage of these.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were only administered by staff that had been appropriately trained. We observed some people being given their medication during our visit and saw that staff supported people appropriately. We looked at the medication administration records (MAR) file. We saw that MAR charts had been completed correctly.

People we spoke with said they received their medications on time and if they had any pain staff would make sure they had pain relief. One person we spoke with had responsibility for self-medication and said staff always supported them by reminding them to take this.

We looked at the medication policy and procedure which was regularly reviewed and gave clear guidelines to staff on the safe management of medicines in the home. Staff responsible for giving medications told us they were aware of this policy and procedure.

However, we saw medicines were not stored correctly in line with NICE guidance. For example, we saw an unlocked filing cabinet within a store room which contained miscellaneous medicines including items to be returned to the pharmacist as well as PRN (when required) medicines for people. The store room was accessible by all staff and was used to house a water tank and other miscellaneous items. This room was extremely warm and this meant medicines in here were not stored at the correct temperature.

This is a breach of regulation 12(2)(g); the proper and safe management of medicines.

We saw the home was clean and tidy in most areas, although in one area between the office and the boiler room we detected a strong odour of urine. Staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE) which we saw was in plentiful supply around the home. Staff responsible for cleaning were aware of infection control procedures. We saw some equipment that was in need of cleaning or replacing. For example, one person's bed base was stained and their mattress was dirty. We saw two crash mats under people's beds that needed cleaning. We discussed this with the care manager who agreed to give priority to making sure this was done. We noted one person was using a sling, which was stained.

In bathroom and toilet areas we noted there were a lack of bins and in communal areas there was no available hand sanitiser. However, we noted staff carried hand sanitiser gel in their pocket.

The provider told us people could bring their own personal bedding if they preferred and we saw some people chose to. We saw where the home provided bedding, duvets were not always in covers and some of the duvet material was puckered and exposed the fibre filling. We asked the provider to review their hygiene practice in relation to bedding and refer to the infection control team for advice if necessary.

The dining room was used by the hairdresser on the first day of our inspection. We saw that although the floor was swept prior to lunch being served this did not effectively clean up all the hair and this was visible on the floor whilst people had their lunch.

Good

Is the service effective?

Our findings

During our visit we spoke with people about the staff who supported them. People spoke positively about the staff and said they felt sure staff were well trained. One person told us: "I feel confident that the staff know what they are doing and they know me as a person. They know my likes and dislikes".

One relative we spoke with said: "The staff know everyone well and they are sympathetic when some residents get upset".

People had named key staff who were available to meet their needs. The provider information return stated key workers had appropriate skills to share, support and review their changing health and social needs and to involve people in all aspects of their care. Staff we spoke with told us about how they were key workers and were knowledgeable about the individual needs of the people they supported. Key worker surveys were undertaken to check staff confidence in their roles.

Staff told us they received regular supervision and they felt supported in carrying out their work. We saw records to evidence supervision and appraisal meetings were held with staff regularly.

All of the staff we spoke with told us they had received regular training to ensure they had the skills necessary to undertake their work. Staff completed training in various ways, some of which was online training. Staff told us they received regular training in dementia care, challenging behaviour, first aid, medicines administration, infection control, moving and handling. We saw evidence in staff files that knowledge checks and quizzes were carried out to confirm staff understanding of what they learned through training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff told us they had had training in mental capacity and DoLS and when asked understood the implications for the people who lived at the home. At the time of our inspection we saw there were two people who were subject to authorisation under the DoLS and the provider had worked closely with the local authority to ensure the procedure was correctly carried out.

We saw in the care files we looked at that, where appropriate, assessments of people's mental capacity had been completed. We spoke with people to establish if there were any restrictions placed on them. None of the people we spoke with thought there were. People told us they went out with relatives to local places. One person said: "I am supported to be as independent as I can". The provider also made arrangements where a person lacked capacity for them to be supported with making decisions using an Independent Mental Capacity Advocate (IMCA).

People were given a choice about the food they would like and at lunchtime there was a choice of two hot meals and two desserts. For people who had difficulty with verbalising their choices we saw there were photographic menus to help them indicate what they would like. We noted condiments or napkins were not available to all people and some people had to wait a long time to be served their meal.

We saw in people's care records, their individual nutrition and hydration risks were assessed.

People told us they enjoyed their meals, although we noted second helpings were not offered where people ate well. The chef told us much of the food was made from scratch and we saw the menus were varied. Menus were displayed in the annex dining room and on the white board in the entrance hall. We saw snacks of sweets, crisps and biscuits were offered to people and one person told us they enjoyed running a tuck shop where people could choose snacks.

We observed the service of lunch in both the main and smaller dining rooms. We also saw people in the lounge supported on a one to one basis with their meals. However, we saw one person struggled to eat their meal as they were seated in an armchair and their positioning was poor, making it difficult to reach their food. Staff told us this person stated they did not want help and the person told us they knew they could ask for help if they wanted to. We discussed with staff the possibility of ensuring this person

Good

Is the service effective?

had access to more appropriate seating when having their meals. We later saw this person seated to the dining table for their next meal. Another person was seated too low to the dining table and their chin was close to their plate.

We saw people had access to regular drinks in between meals and staff gave people choices of what they might like. One person told us they preferred beer and that staff went with them to the local pub sometimes, which they enjoyed. We saw one person was offered their drink in a brightly coloured baby cup. We discussed this with staff who told us this cup was effective at ensuring the person's drink did not spill. However, we discussed the use of this cup might compromise the person's dignity. The provider agreed to review this.

We saw from people's records that the advice of healthcare professionals including GPs, district nurses and dieticians were sought as needed. However, one relative told us their family member was unable to attend a recent appointment because no transport had been arranged. We saw a visiting optometrist who told us they worked closely with the home to carry out eye checks for people and said the provider was proactive in seeking advice and support with people's eye care.

Good

Is the service caring?

Our findings

We found The Glynn had a very caring, welcoming and homely atmosphere. People spoke positively about their relationships with staff in the home. One person told us: "I used to live locally and I chose this home because I knew they really cared. When I came to look round I just knew it felt right. I've been happy here ever since". Another person said: "I just love it, I can't manage on my own and I know the staff care about me here". Another person told us: "They just know my little ways and that's what I like". One person said: "The staff treat me with dignity and respect when they are giving me a shower. When I first came here I felt a bit embarrassed but now I feel comfortable with them".

We spoke with a relative who told us: "My [relative] has been here a number of years; the staff are very kind and caring". Another relative told us: "My [relative] is very well cared for, I do think it's a caring home".

We saw staff interaction with people was highly respectful, kind and compassionate. Staff spoke with people at face to face level and took time to ensure people were not rushed or hurried. We saw where one person presented with challenging behaviour, staff used calm and kind interaction, which helped the person feel calm. Staff noticed when people looked sad or confused and they took time to patiently support them. We heard one member of staff say: "How are you today? You don't seem yourself", then took time to listen to the person. Another person complained of feeling unwell at the meal table and staff quickly gave reassurance and support to assist the person to their room.

Staff gave clear explanations when assisting people and consulted people about aspects of their care. Staff asked people before assisting them and gave reassurance when helping people to move from place to place. There was friendly banter between staff and people in the home and they were seen to laugh and smile together in conversation. When people asked questions staff were seen to take time to explain and provide information. For example, we saw one person was repeatedly confused about what day and date it was and staff provided the answer and referred to the information on the clock to help the person understand.

Staff we spoke with were passionate about their work and the people they supported. It was evident through discussion with staff they knew people's individual personalities and preferences. Staff were keen to emphasise this was people's home, rather than staffs workplace and they told us they offered the same kind of support they would want for their own relatives.

We saw staff were respectful of people's privacy and support for people's personal needs was managed discreetly and on an individual basis. We discussed with the provider whether arrangements for the hairdresser and the optician visits offered sufficient privacy for people, as these services were offered in the dining room. We did not find any adaptations within the home environment which would support people living with dementia, such as signage to assist people with orientation around the home. The provider agreed to consider these matters as part of the ongoing refurbishment plans for the home.

The provider was knowledgeable about providing care for people at the end of their life and some people's wishes were recorded in their care plans, although these were not always made clear in all of the care records we looked at.

Good

Is the service responsive?

Our findings

Some people we spoke with told us they enjoyed the activities that were arranged in the home. For example, people told us they were planning a picnic in the park and they enjoyed going to watch a show locally. One person said they were "able to go out with my two daughters for an hour or two" and another person said they were "able to get my hair done". One person said: "Staff take us out for a short walk". One relative we spoke with said their family member had little communication but was encouraged to be near people playing bingo, as this was what they enjoyed.

We saw where people could express their preferences, they were able to follow their own personal interests. For example, one person showed us their art work and we saw they had a range of artist's materials in their room. Another person told us they chose to spend time in their room and we saw they enjoyed listening to classical music. We saw people were invited to be involved in making birthday cards for one person whose birthday it was. Staff told us the person would be presented with their cards at tea time.

We saw a range of planned activities was displayed on the notice board for groups of people. However, we observed some people, particularly those living with dementia and people with limited mobility had few opportunities to engage in purposeful activities. For example, we saw people spent long periods of time sitting passively with little to do. Where the television played we found people did not watch. People had limited access to magazines and objects of interest in communal areas. One person told us: "I am in my room all the time. I do not like to go anywhere else as I need support to get about. Sometimes I wish staff would spend a bit more time with me to chat". One person we saw spent a large part of the day in a chair away from other people and with little to do.

We asked people about whether they knew how to make a complaint. One person said: "I don't know what I'd have to complain about, but if I did I would speak to any of the staff". One person said: "If I had a concern I would tell a member of staff and then I would tell my daughter". Relatives we spoke with said they felt all staff were approachable should they need to raise any concerns and they felt they would be listened to and acted upon.

Care plans we looked at showed information was updated regularly. There was good evidence where other professionals had been involved in people's care, such as memory services, GPs and dentists. We saw regular reviews with people had taken place and people had been consulted and signed their care plans. This had been an area identified for improvement at the last inspection.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with said the provider was frequently visible in the service and comments about how the home was run were positive. One person said: "I know who's in charge, I made it one of the first things I knew when I came here". Another person said: "I know the place runs well". Relatives told us all staff were approachable and they had confidence in how the home was managed.

The registered provider and the management team demonstrated openness and accountability. The provider shared some of the actions they were taking to make improvements, such as plans for refurbishment. The registered provider was very positive about the inspection process and regarded this as a useful opportunity to improve the quality of care for people who live at The Glynn.

We saw there were clear lines of accountability in the home. The registered provider was available to all staff and the care manager was responsible for the day to day practise. Team leaders and staff members were identified for people and relatives on the white board in the entrance.

Staff we spoke with indicated there was an open and transparent culture in the home and they were motivated and clear about their roles and responsibilities. There was evidence of good teamwork in staff communication with one another to meet people's needs. Staff told us they felt very well supported and valued in their roles. They said there were regular opportunities for staff meetings and supervisions and their professional development was given high priority. We saw staff were motivated and committed to supporting the people who lived at The Glynn.

We saw there were some systems in place to ensure the smooth running of the home. For example, regular checks of the environment and equipment were made, with services and maintenance carried out as recommended. However, we saw quality assurance systems were not always robust enough to ensure people's safety. For example, we saw a fire risk assessment that stated carbon monoxide detectors were recommended in 2011. Although not a mandatory requirement, these had not been installed as recommended and there was no clear rationale in place as to why the provider had chosen not to do so. It was not clear from the recording of accidents and incidents how these were analysed to identify patterns and trends or whether these triggered updates to individual risk assessments. Mattress audits did not sufficiently highlight where there may be problem areas and what was being done about this. For example, it was not clear from the records when mattresses had been cleaned.

Quality surveys were carried out and questionnaires were sent to people, staff and other professionals and positive results were seen. For example, relatives comments included: "We have regular meetings and any concerns are listened to and acted on" and "I feel if I have any concerns I can ring and my concerns will be quickly responded to". Where suggestions were made through surveys we saw these were acted upon. For example, we saw a staff photo notice board was to be arranged following comments made. We saw a recent survey sent to people and relatives related to the new legislation and the five domains of 'safe', 'effective', 'caring', 'responsive' and 'well led'. This showed the provider was keeping up to date knowledge of matters affecting the registration and the changes to the regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care records did not always identify individual risks to people Medicines were not stored effectively.