Care Quality Commission

Glengariff Company Limited

Glengariff Residential Home

Inspection report

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Essex
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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

Overall summary

The inspection took place on 5 May 2015 and was unannounced.

Glengariff Residential Home provides accommodation and personal care for up to 55 older people who may also have physical disabilities, sensory impairment or who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 41 people using the service.

A registered manager was in post 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.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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 safe.

There were enough staff with the skills to manage risks and provide people with safe care.

People felt safe and staff knew how to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people receivedd their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received the support and training they required to provide them with the information they needed to carry out their roles.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good

Is the service responsive?
The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good

Is the service well-led?
The service was run by a capable manager who had the skills to provide a good quality service.

Good

Summary of findings

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to listen to people and use their feedback to make improvements to the service.

Glengariff 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 5 May 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with five people who used the service and two relatives. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, five care staff, a member of the ancillary staff and a visiting health professional. Following our inspection we received information from a relative via the CQC website.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

A relative told us that they were confident their family member was kept safe and people said they had no concerns about the way they were treated. One person said, "I enjoy having people around, it makes me feel safe, staff pop in regularly to check that I am okay. I like to spend time in my room; they fitted a lock on the door for me when I asked them."

Staff had received training in safeguarding adults and they were able to demonstrate that they understood about keeping people safe. They understood the different types of abuse and knew what they should do if they suspected that someone was being abused. They told us that they would tell the manager or deputy straight away and they also were aware of the local authority safeguarding team's details. The registered manager had a clear understanding of their responsibility to report suspicions of abuse to the local authority.

The registered manager gave an example of a past safeguarding situation that arose from a medication error and they had used the lessons learned from that situation to make improvements to the service.

People's care records confirmed that the registered manager used nationally recognised and established systems to assess people's level of risk in any particular area so that they could put measures in place to reduce and manage the risks. For example the Waterlow assessment tool was used to assess the risk of developing pressure ulcers and the Barthal Scale process was used to assess the person's ability to manage daily living activities. Other assessments in place included identifying and managing risks associated with nutrition, moving and handling, falls and the use of pressure relieving equipment. People's risk assessments were reviewed regularly as well as when changes in individuals' care needs were observed. When an identified risk changed, the care plans were amended to reflect the person's changed needs. The registered manager was able to explain how they monitored areas of risk, for example falls or pressure ulcers, so that they identify ways to further reduce risks.

There were processes in place to keep people safe in emergency situations such as fire or if an unexpected event should occur such as a failure of heating or lighting systems. Staff understood emergency procedures and knew what their role was in such situations.

The provider had systems in place to recruit staff that helped keep people safe because appropriate checks were carried out before someone was employed. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. The registered manager understood of the importance of employing the right people who understood how to provide good care and knew how to keep people safe.

The provider had a process in place to assess staffing levels based on people's needs so that they had appropriate staffing levels to keep people safe. The registered manager carried out monthly dependency assessments to identify whether staffing levels continued to be sufficient to meet people's changing needs. Staff rotas confirmed that there were consistently either seven or eight members of staff on duty during daytime shifts as well as the registered manager. We saw that these staffing levels were enough to provide care for people promptly when they needed it. Staff were not hurried and had sufficient time to chat to people and spend sociable time with them.

The provider had systems in place to manage the safe storage, administration and recording of medicines for people. Medicines were safely stored in a locked room that was maintained at an appropriate temperature to keep medicines within a safe temperature range. There was a robust system for managing controlled drugs (CDs) that require an enhanced level of secure storage and recording and we saw that the CD records were in order. We observed that medicines were administered appropriately.

Records of people's medicines were completed appropriately and the registered manager had carried out regular audits to check that processes were followed and that people were receiving their medicines safely. When people had been prescribed medicines on an as required basis, for example painkillers, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

Good

Is the service effective?

Our findings

Staff received a range of training which was delivered by different methods. For example, there were face-to-face training courses for practical training in health and safety, fire training and safeguarding awareness. Other online training was carried out for knowledge based learning. Care staff completed induction and practical training in the delivery of care which included promoting privacy and dignity, consent, safe moving and handling of people and use of equipment such as hoists.

Staff said that the training was good and that it was relevant to their role. One member of staff said, "I had a very through induction." Staff explained that they had recently received training updates that included manual repositioning and infection control. We saw that staff followed good practices, for example when supporting a person to transfer from their chair to a wheelchair they explained what they were doing, checked that the person was comfortable and used the hoist correctly.

Members of staff felt that they were well supported by the registered manager They received regular supervisions on a one-to-one basis approximately every four to six weeks. The registered manager managed supervisions of senior staff and also carried out ad hoc observations of practice. Senior staff carried out one-to-one supervisions for care staff as well as observations of care practices. They told us that modelling good practice was also part of their role. A member of staff said, "We have regular team meetings and also have shift handovers where we update other staff about each (person)."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments of the person's ability to make decisions had indicated they did not have the capacity to make that particular decision, there were processes in place for others to make a decision in their best interests. Where people were able to make decisions their care records confirmed that they had been consulted about their care and support.

The registered manager had a good awareness of their responsibilities around assessing people's capacity to make decisions and they had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also understood about processes for assessing people's capacity to make decisions and they told us they had received training in MCA and DoLS.

People's nutritional needs were well met and they were provided with food and drink that met their needs and they enjoyed. A relative told us their family member's diet had been significantly improved since moving to the service. They said that within a very short time staff had encouraged their family member eat. They stated, " I'm sure you can appreciate what a huge relief this has been for … family and friends and credit has to be given to the staff who's gentle, empathetic and non-judgemental approach enabled my [relative to eat]."

People made positive comments about the food. At lunchtime one person told us, "I enjoyed my lunch" and someone else at the table said, "It was lovely." Another person said, "I can't complain you always have a choice and there is always enough to eat and drink."

Feedback was sought from people about the foods that they would like and the chef had put together a new menu taking peoples preferences into account. They had also extended the times for breakfast so that it was more flexible and catered both for people who were early risers and for those who preferred to get up later.

The registered manager carried out a monthly audit of people's weight to identify where people were losing or gaining weight which may have indicated there was a risk to their health. When a risk was identified, measures were put in place to support the person with their nutritional needs. For example, where a person lost weight because of poor appetite, staff understood what foods would encourage the person to eat. The chef demonstrated a good understanding of people's nutritional needs and explained how they fortified food and drinks to provide additional calories so that people with small appetites received sufficient nutrition to maintain their health. The chef and other care staff were also able to tell us about people's likes, dislikes and preferences and how these were catered for. In the afternoon people were offered afternoon tea with home-made mini cakes and slices of fruit. The chef

Good

Is the service effective?

explained that sometimes people do not have very large appetites so they tried to encourage them to eat by offering a variety of tasty small snacks and this appeared to work well.

A member of staff told us there had been some "changes for the better." For example, there was an emphasis on hydration and encouraging people to drink more. They had installed 'hydration stations', which were set up in communal areas with drinks machines to provide flavoured drinks on tap that people could access at any time. The manager explained that they used small disposable beakers because people were more likely to drink more if the drinks were smaller and they had more frequent fresh drinks throughout the day. The registered manager explained that encouraging people to drink little and often could reduce the risk of conditions such as urinary tract infections which were sometimes associated with falls, so they had made appetising drinks available at all times and staff encouraged people to drink.

Where a person was frail and cared for in bed, risk assessments were carried to identify the impact the person's lack of mobility had on the condition of their skin. In order to reduce the risk of skin breakdown leading to pressure ulcers, repositioning was carried out regularly. Staff monitored people closely and if a change skin health was noted, relevant input was promptly sought from community nursing services. Staff gave an example of someone who had been identified as being at risk because of their lack of mobility. The person did not want to be disturbed at night to be repositioned when asleep and this was discussed with them so that they understood the possible outcome. Assessments were carried out into the impact of this and additional monitoring took place at other times so that any signs that may have indicated the start of a pressure ulcer were recognised and dealt with promptly.

Where people were not able to make decisions about their health or care needs, relatives told us they were encouraged to be involved in decisions about their family member's care. For example one relative said they went to hospital appointments with their family member.

A visiting health professional told us about how people's health needs were managed. They said that staff were very good at seeking input from their team promptly when anyone developed a health need. Staff also did a good job of monitoring the person and asking for a return visit if necessary.

The service worked well in partnership with primary medical services. An initiative had been developed by two local surgeries so that services received a monthly visit from one of the doctors with the aim of reducing hospital admissions. A health professional told us that initial results were positive and issues such as chest infections were picked up promptly and dealt with quickly and effectively.

Good

Is the service caring?

Our findings

People were happy about the way staff provided their care and support. One person told us that staff were friendly and said, "I am very happy here." Other people told us, "I have a laugh and joke with the staff." and "Very polite staff you can't fault them."

A relative who contacted us stated, "I am delighted by the high standard of care, social interaction, and the preservation of choice and dignity that is displayed by the empathetic care staff." One person told us, "I try to remain as independent as possible and staff respect my wishes." Staff understood people's needs and their preferences and provided care and support in ways that the person preferred so as not to cause them undue anxiety.

We saw staff speak to people in a kind and caring manner and they showed respect for people's choices. For example when staff asked people a question, they allowed plenty of time for the person to make their decision or when someone wished to speak about something staff listened attentively. Staff told us they respected people's views, preferences and how they wish to spend their time. For example, some people preferred to get up late or liked to eat their meals in their rooms instead of going to the dining room.

Staff carried out their duties in a cheerful manner and we saw many examples of small interactions that made people smile such as jovial banter that made people laugh. People chatted to staff in a relaxed manner and appeared at ease. We noted that the housekeeping staff who were doing a good job keeping the environment clean and fresh carried out their role in a cheery manner, smiling and chatting with people. A relative told us, "It means so much to see my [relative] smiling once again."

Relatives confirmed that their family member was treated with dignity and respect. We noted that staff were discreet and sensitive when checking with people whether they needed any support with personal care such as using the bathroom.

Good

Is the service responsive?

Our findings

People's needs were assessed when they moved to the service and the assessments were updated when there was any change in the person's care needs. People had plans of care that were developed from the information gathered during the assessment process and they contained detailed information. Care staff were knowledgeable about the care needs of the people they supported and they understood how people preferred to have their assessed needs met. Staff told us they were involved in the care planning process and information about any changes they observed was taken into account.

Staff also had a good understanding of people's past life which helped give them a starting point for conversations so that they could identify the kinds of things people may like to do. There was background history in people's are records that incorporated the person's early childhood, their working life, important relationships and significant life events. Staff spent time with people, talking to them about current affairs, their lives and the work they did. We saw that this helped them to reminisce and recall memories.

People told us that they had been consulted about how they would like to be cared for. When people were unable to explain their preferences, relatives had input into the decision making process. One relative said that they had supported their family member in discussions about the changes to their care needs, "To make sure the support provided was right for them." People told us that the staff were very good and provided care and support in the way that they preferred. One person said, "They do a good job, they know my likes and dislikes."

A person told us how they were supported to maintain relationships with friends they had before they came to live at the service as well as keeping in touch with family. They said, "My family come to visit and I go to have Sunday lunch with them. I've been out this morning to meet friends at [a church coffee morning]."

There was a range of activities and pastimes available for people to take part in if they wished. Staff told us, "Activities happen and are centred on people's choices." The service had recently employed an apprentice whose role was to assist with people's social needs. They told us they had only just started but they were enjoying getting to know people and what they liked to do. A member of staff had the role of activities co-ordinator and they organised group activities as well as one-to-one sessions with people. We saw that people enjoyed music and dancing and the member of staff leading the session did so with enthusiasm and vigour. They danced with people and encouraged others to join in with the singing. During the entertainment people were animated and we saw many people smiling, laughing and joking. We saw that people spent time on individual activities of their choice such as reading or doing crosswords. Some people entertained their visitors.

The provider had a clear process in place for responding to concerns and complaints. People told us they had no complaints but they would be happy to talk to staff if they did. A relative said, "If I have any concerns I speak to the staff and they deal with it very quickly." A record was maintained of any complaints received and what actions were taken in response to the issue. The registered manager spent time talking to people, giving them opportunities to raise any issues they may have and used the feedback from the people who had raised concerns to improve the service.

Good

Is the service well-led?

Our findings

Relatives and staff made positive comments about the way the service was managed. A relative explained about the challenges of arranging a care package for their family member but said, "The experience of the team working within this extremely well run home has made life so much easier for both myself and my [relative]." Staff also received praise from relatives for their listening and communication skills. A relative told us, "There is good communication with the staff they always keep us informed of what is going on."

A member of staff told us, "The manager is very professional and has got the best interests of people at heart." Another member of staff said that they had worked at the service for a number of years and they thought the management was better now. They also said, "The staffing has improved more on shift." The registered manager told us that they promoted an open, transparent culture by "leadership example" and they encouraged open dialogue between staff and management. They went on to explain how the management team provided "positive support" for staff who reported poor practice. Staff told us that they were able to raise issues, make suggestions or question practice. For example a member of staff told us how the registered manager had listened to staff when they put forward the proposal to install a kitchen upstairs. A staff member said, "The manager is supportive and listens to what I have said."

The registered manager was enthusiastic about developing the staff team to drive improvement in the service. A member of staff told us, "The manager encourages us to develop our skills." and another member of staff said that the manager, "Encouraged development and this raised staff morale." The open culture meant that staff felt well supported and able to raise concerns or ask for advice. One staff member said, "You can talk to senior staff any time you want they are always available for support and advice."

On a daily basis the registered manager was a visible presence and spent time talking with people and listening to them so that their views could be taken into account when making decisions. The registered manager also carried out a range of audits to monitor the quality of the service. We saw that people's care plans and risk assessments were checked monthly to ensure that they contained the most up to date information. Nutrition, pressure areas, falls and incidents or accidents were audited monthly to identify any trends and actions plans were put in place to make improvements. Health and safety checks were carried out on the environment, fire systems and equipment so that areas for development were identified and relevant improvements made.

There were systems in place for managing records. People's care records were well maintained and contained a good standard of information. Care plans and care records were kept securely and not left on display. People could be confident that information held by the service about them was confidential.