Community Integrated Care

Glenwood Care Home

Inspection report

Liverpool Road
Widnes
Cheshire
WA8 7HX
Tel: 0151 420 5945
Website: www.c-i-c.co.uk

Date of inspection visit: 14 December 2015
Date of publication: 03/02/2016

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We carried out an unannounced inspection of Glenwood Care Home on 14 December 2015.

The home is purpose built and provides nursing care, support and accommodation for up to 12 people with a learning disability who may also have a physical disability. The home comprises two six bedded bungalows with a connecting link corridor and conservatory. At the time of the inspection there were five permanent residents and another permanent resident was in hospital. Another person was there for long term respite care. The home also provides care for four other people on a short term respite basis and on the day of the inspection one of these people was just going home and another came in later that day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Prior to this inspection we received feedback from the local authority contract monitoring team and during the inspection we spoke with a visiting health care professional to seek their views of the service. They did not have any concerns about the care.

We found breaches in the regulations related to fire safety and maintenance of the premises. You can see what action we told the provider to take at the back of the full version of the report.

The experiences of people who lived at the home were positive.

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing and foster their independence where possible.

People were protected from abuse. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the manager was using the information to improve the service. This demonstrated that it was a learning organisation.

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?

Requires improvement

The service was not consistently safe.

The provider did not have fully effective systems in place to protect people from the risks of fire.

People were unable to use the garden because the wall was unsafe.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received regular support and training to fulfil their role.

The provider worked within the guidelines of the MCA to ensure that people's rights were upheld in the delivery of their care, treatment and support.

People were supported to have a healthy diet and had access to a range of health professionals.

Is the service caring?

Good

The service was caring.

Relationships between staff and people who used the service were positive.

People's dignity and privacy was respected and their independence promoted as much as possible.

Is the service responsive?

Good

The service was responsive.

People received care that reflected their individual needs and preferences.

People had the opportunity to be involved in hobbies and interests of their choice.

There was a complaints procedure and people knew how to use it.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who had been in post for six months. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There was a quality assurance system in place, which helped staff reflect and learn from events such as accidents and incidents and investigations. This reduced risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Glenwood Care 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 14 December 2015 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist adviser who was a nurse specialising in the care of people with learning disabilities. We arrived at the home at 9.45am and left at 5.15pm.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority commissioning team to seek their views. The provider had also 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.

It was not possible to verbally seek the views of most of the people who used the service because of the nature of their disabilities but during our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed four care records, five Deprivation of Liberty applications, staff records, and records relating to the management of the service such as audits and policies and procedures. We spoke with two people who used the service. We also spoke with the registered manager, the administrator, the nurse in charge, two support workers and a visiting speech and language therapist.

Requires improvement

Is the service safe?

Our findings

We toured the premises and saw that fire doors were fitted with self-closing devices but that some were wedged open, including the laundry door. This is not safe practice as the laundry is a likely place that a fire could start and wedging fire doors open would allow a fire to spread rapidly.

The garden was not accessible to the people who used the service because the perimeter wall at the back of the property (belonging to the Council) was not secure. Also there were several broken garden ornaments lying around and the paths were in need of some repair.

This is a breach of Regulation 12(1) and 2(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw that the home was in need of some refurbishment. Some of the lounge furniture was sagging and there were rips in the covering, which staff had covered with throws. The furniture had been identified by staff as requiring replacement 18 months previously. In some areas the paintwork was chipped, some flooring was worn and there was an iron burn on the lounge carpet. There was a wire fence that separated the garden from the main road, which afforded no privacy for the people who lived in the home.

This is a breach of Regulation15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were protected from the risk of abuse.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. This was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Risk assessments were in place for each person dependent on their needs and they were kept under constant review. This meant people's safety was being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. The registered manager and staff members we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe. Accidents were reviewed and actions taken to reduce risk, for example a safety gate had been placed at the bottom of the stairs leading to the staff area in one side of the home because one of the people who used the service had attempted to follow a member of staff up the stairs and had stumbled causing a bruise to the face.

Where people had behaviours that challenged the service, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to manage that person's behaviour to defuse the situation.

Arrangements were in place to cover for times when the registered manager was off duty. Another home manager or regional manager was always on call.

There were sufficient staff to keep people safe. The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw there were sufficient staff provided to enable the people who used the service to participate in personalised activity programmes. There were always at least three members of staff on duty, including a registered nurse, and extra staff were provided to support service users to attend appointments or take part in activities outside the home. On the day of the inspection the registered manager was on duty, together with a registered nurse, a student nurse, five support workers and an activity coordinator. There was a stable staff team and the staff we spoke with said they covered for each other's leave so the home never had to use agency staff. Many of the staff had worked at the home for several years and knew the people they were supporting well.

We looked at the recruitment files of the two most recently recruited members of staff. These provided evidence that appropriate pre-employment checks had been carried out

Requires improvement

Is the service safe?

to make sure the staff were suitable for their role, including checks had been made with the Disclosure and Barring Service (DBS). (The DBS is a national agency that keeps records of criminal convictions and people who are unsuitable to work with vulnerable adults.)

People's medicines were stored and administered safely. Medication was kept in a locked cabinet within each person's room. Staff had received training in the administration of medication. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences. When people were prescribed as required medication (PRN) there were protocols which detailed the signs and symptoms people may exhibit at the times they may require it. This supported the staff to recognise people's needs for their medication when they were unable to verbally communicate.

Plans were in place in the event of emergencies such as a fire. Clear information was available to staff as to what support people would need to safely evacuate the building. Fire drills were held monthly and fire systems were tested and serviced at the required intervals.

The home smelt fresh, was clean and staff had received training in infection prevention and control. A housekeeper was employed.

The home was spacious and had appropriate equipment, such as hoists and specialist bathing equipment. Equipment was checked and serviced at the required intervals and staff were trained in its use.

Good

Is the service effective?

Our findings

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager, who told us some people living at the home were subject to Deprivation of Liberty Safeguards and an application had been made to the local authority for another person living at Glenwood. Records showed that when people needed support to make specific decisions, 'best interest' meetings were held which involved all the relevant people and representatives in the person's life. Staff we spoke with during our visit were aware of DoLS and records showed that staff had received the relevant training. During our visit we saw that staff obtained people's consent before providing them with support.

We saw that staff had the skills to be effective in their role. There were seven nurses employed at the home, three of whom were registered in the care of people with learning disabilities and four in general adult nursing. All staff received a comprehensive induction in the first three months that covered the Skills for Care induction standards and then had a further three months probationary period. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. Some staff had been identified as needing refresher training in certain topics and we saw evidence that this had taken place or had been scheduled. Staff were supported to undertake vocational qualifications and said they were not asked to do anything for which they felt untrained. Some support workers had recently had training in the administration of a specific medication which needed to be given to a person who used the service when required. Previously only the trained nurses had been able to administer this so the person had limited opportunities to go out, but since the support workers had received the training the person was able to go out much more. On the day of the inspection a speech and language therapist was in the home assessing two staff that she had trained in intensive interaction, which is a way of communicating with people who have very limited communication skills. The manager was also seeking funding for staff to receive training in autism awareness. We spoke with the student nurse who was on her first clinical placement and she told us that one of the nurses was her mentor and she was learning a lot about the aims of the service, the provision of personal care and nutrition.

Staff had not been receiving regular supervision or staff meetings before the current registered manager was employed, but at the time of the inspection the manager had set up and commenced an ongoing programme of individual supervisions for all staff. A staff meeting had been held in October and another one was planned for the day of the inspection. Staff turnover and sickness levels were low.

We observed that people were supported to have sufficient amounts to eat and drink. The person we spoke with told us they were happy with the meals provided. People were involved in menu planning and wherever possible were supported by staff to go to the local shop or supermarket to purchase food. Key workers were familiar with people's likes and dislikes and tried to facilitate these when planning the menus. Staff helped people to eat when they were ready and we saw that meals were served at various times to accommodate people's activities, waking times and preferences. We observed staff taking time to sit and talk with people and join in with conversations at the meal tables. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. Staff told us that they encouraged people to eat as healthily as possible but ultimately it was the person's choice. A record was kept of what people had eaten and people's weights were monitored to make sure they were maintaining a healthy body weight.

Good

Is the service effective?

The nurse in charge told us that all people who use the service were registered with a local GP who would see them at the surgery or visit the home if required. He said that they could be given first or last appointments at the surgery to avoid waiting. We saw that people had access to a wide range of health care facilities and everyone had a health action plan in place that was reviewed frequently. Records showed that staff recognised when people were unwell and sought professional advice. People were supported to attend health care appointments such as their GP, optician, chiropodist and dentist. Referrals were also made to psychiatrists, psychologists, physiotherapists and speech and language therapists as required. Care records contained a range of plans to support people to maintain good health.

Everyone had a health passport on their file, which could be taken with them if they were admitted to hospital. This included essential information about the person's health and care needs and also information on what was important to the person and their likes and dislikes.

Good

Is the service caring?

Our findings

It was clear that the registered manager and the staff on duty knew people well and there was a relaxed and happy atmosphere within the service. Staff demonstrated a passion for the people they supported.

The local authority contract monitoring team and the speech and language therapist we spoke with during the inspection expressed the view that staff were very caring.

We observed throughout our visit that staff assisted and supported people in a kind and caring way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, offering support and encouragement. People were very comfortable and relaxed with the staff who supported them. We saw people laughing with staff members, which showed there were trusting relationships between the staff and the people who used the service. Interactions we observed were positive and people's privacy and their dignity were respected. For example, a staff member explained to one person who used the service the purpose of the inspectors' visit and asked if they were happy to talk to an inspector. Personal care was only provided in bedrooms or bathrooms with the doors closed. People were able to spend some time alone in their bedrooms if they wished and there were other areas where people could choose to be alone.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. We saw staff communicated with people in a variety of ways. Where people had communication difficulties staff gave the person time to give their views and did not rush them. This showed that staff had developed positive caring relationships with the people who lived there.

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

People were involved as they were able to be in the running of their home. Regular reviews took place for all people who used the service, which included their family or representatives, to discuss people's care, aspirations and to set goals for their future.

We saw from records that relatives and people's friends were free to visit at any time without restrictions.

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it.

There were contact numbers for an advocacy service on the notice board and one person had an independent mental capacity advocate to support them to make decisions.

Good

Is the service responsive?

Our findings

Most of the people who had lived in the service permanently had a profound learning disability and some had an additional physical disability. The people who stayed in the home on a respite basis were more able.

Before admission people were assessed to determine whether the home could meet their needs, and they weren't admitted until the home had all the required equipment in place and staff had been trained in meeting their needs. People came on visits to the home and stayed overnight and for weekends before deciding if they wanted to move in. Care plans were drawn up to inform staff on what people's needs were and guide them how to meet those needs. The plans focused on maintaining people's abilities and meeting their health needs. These contained a lot of information and it wasn't easy to see quickly what a person's care needs were. The manager had consulted with the staff and devised a new format which was easier to follow and staff were in the process of transferring the information into the simplified format. After admission, there was ample evidence of reviews where the person's needs were reconsidered in the light of any improvement or deterioration.

People were supported to take risks to promote their independence through the effective use of risk assessments. For example, people had risk assessments in place to assess whether they were safe to prepare hot drinks, whether they were safe to visit places outside the home or whether they could manage their own money.

One person who had been in the home on a respite basis told us that in January he was going to move from the care home to a supported living environment. Staff had supported him to learn daily living skills such as doing his laundry and making simple meals. We also saw evidence that this person had been involved in interviewing prospective members of staff.

People were encouraged to maintain and develop relationships. People were also encouraged to visit their families and one person regularly went to stay with a relative three days a week.

People were supported to undertake their hobbies and interests. Daily programmes were geared around people's special interests which had been discerned through assessment. Staff told us that people were supported to go on holiday.

We saw that people's activity schedules were based on their individual preferences and promoted their inclusion in the local community. An activity coordinator was employed four days a week together with an assistant activity coordinator who had a learning disability and was paid to work one day a week but chose to work other days as a volunteer. During our visit three people were supported to attend a dress rehearsal of a play their drama group was putting on. People were also supported by staff to go shopping, out for meals, swimming and horseriding. Other activities took place inside the home, such as crafts, games, reading to people and themed evenings. The person we spoke with told us that he had a speaking part in the play, that he went to a disco every week and that staff took him to the pub to watch the football team he supports. He had also been to a live match and toured the stadium.

The registered manager told us that feedback was gained from people and their relatives through care reviews, direct conversations and feedback forms. The registered provider carried out an annual survey to seek the views of relatives and staff. The last ones had been carried out in September. We were told that there had been very little feedback from relatives because most of the people who used the service had been there for over 10 years and relatives were involved in care reviews.

There was a satisfactory complaints procedure in place, which was on the noticeboard. There had been one recent complaint about the lack of recent investment in the environment.

Good

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager who had been in post at Glenwood for six months. In conversation with the inspectors he demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities as manager. The manager was supported by a deputy who was also supernumerary for fifty percent of their working time. Clerical support was provided by an administrator.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service was in place. Help and assistance was available from a regional operations manager. The registered provider had a quality team who reviewed information submitted from the home such as statutory notifications, any reports from external assessors, accident forms and clinical governance forms that included information on people who used their services such as admissions, discharges, deaths, weight loss, infections and pressure ulcers.

The manager was about to start an annual quality assessment of the service, which would cover care provision, communication and decision making, health and safety, the environment, medicines, safeguarding, training and complaints. The manager had already identified that refurbishment of the premises and grounds was required and said that some work was due to start in January. He had identified that staff training and supervision was not up to date when he commenced employment and had put systems in place to address this. He had identified that more staff were needed to support people to participate in activities outside the home and had recruited more staff.

The local authority had completed a quality inspection earlier in the year and we saw that the manager was working on the actions required. The manager showed a commitment to working with other agencies to improve the quality of service for people.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. They said they felt supported and could approach the manager at any time for help and advice. They said this hadn't always been the case because the home had not had a permanent full time manager for about a year before the current manager came into post. They said this had resulted in necessary improvements to the environment not being carried out in a timely manner and a lack of staff to take people out, which had impacted on the people who used the service.

The provider had a whistleblowing policy and records showed this had been drawn to staff's attention.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not fully protected against the risks associated with fire and the garden was unsafe for people to use. Regulation 12(1) and (2)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met:The premises were not maintained to a suitable standard. Regulation 15(1)(e)