

The Glynn Residential Home Limited

The Glynn Residential Home

Inspection report

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Wakefield
West Yorkshire
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16 April 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 10 and 16 April 2018 and was unannounced on both days.

At the last inspection in July and August 2017 we rated the service as 'Inadequate' and identified six breaches which related to dignity and respect, person-centred care, staffing, safe care and treatment, consent and good governance. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The Glynn Residential Home provides accommodation and personal care for up to 38 older people, some who are living with dementia. There were 29 people using the service when we visited.

The home had a registered manager. The registered manager was new to the role but not to 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.

We saw improvements to people's care plans which were more person centred. We saw mental capacity assessments in place for people. However we saw two people had been living at the home for over two weeks but their care plans had not been completed in full. We spoke to the registered manager about this who completed this with family by the second day of inspection.

We saw staffing levels and staff interaction had improved, we saw people were engaged more with staff and activities were more visible on both days of the inspection. Staff told us they felt valued and felt supported by the new registered manager. We saw recruitment was robust and training was in place for all staff. Staff were aware of safeguarding people and who to contact if they had any concerns.

Medicine management had improved with twice weekly audits in place.

We saw moving and handling techniques in the home. On one occasion we saw staff unable to transfer one person out of their chair, the person clearly did not want to move. However we did see some good moving and handling practices on the second day of inspection. We spoke to the registered manager of the importance of ensuring appropriate information was in the person's care plan to support staff on what they should do on these occasions. The second day of inspection this had been documented in the moving and handling risk assessments and staff were fully aware of these.

We saw people's privacy and dignity was respected. Staff were respectful of people's needs and we saw

occasions where staff spoke discreetly to people around their personal care needs, however we also overheard staff speaking loudly about a sensitive matter which was overheard by the inspectors. We spoke to the registered manager about this one occasion and this was addressed immediately.

We saw complaints and compliments were recorded and responded to appropriately. We saw a more robust audit trail within the home. The new registered manager had a good insight of where the home was at and what they needed to put in place to improve standards. We saw accident and incident analysis at the home. The registered manager told us, "We know where we were and where we are now, moving forward we have tried so hard to improve on areas identified at the last inspection and we will continue to do this."

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.

We saw improvements to people's risks however two new admissions did not have all the information in place on day one of inspection. This was addressed on the second day of inspection.

Staffing levels had improved and were sufficient for people's support needs.

Medicine management had improved overall and twice weekly audits were in place to ensure this was maintained.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We saw two capacity assessments had not been completed for people who had been in the service for over two weeks. This was completed by the second day of inspection.

Moving and handling assessments did not always reflected consistent approach. This was rectified by the second day of inspection.

We saw supervisions, appraisals and training in place for all staff.

Requires Improvement ●

Is the service caring?

The service was caring.

We saw improvements to staff interaction with people. We saw staff supporting people in a caring way.

We saw privacy and dignity respected by staff.

People told us they were happy with the care they received.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We saw improvements to care plans for people in the home; however some information was still missing on the first day of inspection.

We saw meaningful activities on both days of the inspection.

Complaints were recorded appropriately.

Is the service well-led?

The service was not always well led.

We saw improvements in place around audits within the home, However improvements were still needed in relation to new admissions to the service ensuring all the information was available in the person's care plan.

The registered manager was more visible in the home. Staff told us they felt valued.

Requires Improvement ●

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 checked 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 10 and 16 April 2018 and both days were unannounced. The inspection was carried out on the first day by three inspectors. The second day was completed by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams 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 also sought the views of two healthcare professionals.

We sometimes ask the providers to complete 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. At this inspection we did not ask them to complete one.

We observed how care and support was provided to people. We spoke with five people who were using the service, three visiting relatives, three care staff, the cook, the activity co-ordinator, outside professional and the registered manager.

We looked at four people's care records in detail, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

At the last inspection in July and August 2017 we found safe care and treatment and appropriate staffing was not always in place for people in the home. At this inspection we found some improvements had been made in both these areas.

We saw admission information in people's care plans; however two new people who had been at the home for over two weeks did not have this all documented in the care plans. We spoke to the registered manager who told us this would be completed straight away. This was completed by the second day of inspection. We spoke to staff on how to support people both new people and they had a good understanding of their support needs.

We saw people had personal emergency evacuation plans (PEEPs) in place. We found these to be appropriate for the people they supported in the home. These were located by the entrance of the door for easy access. Staff told us they were aware of these.

We saw at the last inspection people's equipment was not always readily available or recorded in their individual care plans. At this inspection we saw people had access to their walking frames and wheelchairs. At the time of inspection only one person was using a hoist. We observed some moving and handling in the home needed some more guidance for staff. We spoke to the registered manager about the support needs of one person in the home. This was placed in the persons moving and handling risk assessment for staff to be aware by the second day of inspection. On the second day of inspection we observed safe moving and handling by staff.

People's risk assessments were up to date and covered risks such as, pressure sores, weight and falls. We saw one person had been identified as losing weight and had been referred to the GP and dietician. We saw preventative measures in place for pressure sores. The care plan documented how to mitigate this risk. For example, the person was encouraged to take bed rest and had a pressure cushion and pressure mattress in place. We saw effective weekly and monthly weights recorded for people. We spoke to the visiting district nurse who said, "Repositioning seems to be effective and staff seek/act upon whatever concerns they have. I am not aware of any concerns raised about the Glynn around care."

At the last inspection we saw lounges were unattended for long periods of time. At this inspection we saw improvements had been made. We saw staff were visible throughout the home.

We reviewed the recruitment records for three members of staff which confirmed the provider's recruitment process was robust. Staff, people and relatives told us they felt there was enough staff. One person said, "Yes there's enough staff here they do a good job to say it's such a big place. They keep coming into the lounge and walking through so I see them a lot yes. I don't have to wait long really but I try to keep myself to myself." Another person said, "They're okay some are good and some are bad, some are more inclined to do their job than others are. They're okay." A relative told us, "The staff are very nice; [name of person] is very popular. He has really improved since he's been here he laughs all the time now. Staff are always busy

they're in and out all the time."

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room.

We looked at the medicine administration records (MARs) for people living in the home. We saw records about medicines were carefully completed and there were no gaps in administration records. We looked at two people's MARs which were prescribed one or more medicines only 'when required'. We spoke to the registered manager about extra information to help ensure staff gave each 'when required' medicine safely (a protocol) was filed for these people's MARs. This was completed by the second day of inspection.

Medicine storage facilities were clean and tidy. Medicines were kept safely and at the right temperatures. The temperatures of the medicines storage room and the medicines refrigerator were monitored correctly.

People and their relatives told us they felt safe at the Glynn. One person said, "I look after myself but I suppose I do feel safe yes." A relative told us, "I honestly think it's great, I wouldn't have [name of person] anywhere else she's so well cared for here. She loves it and we can walk away without worrying about her, she's safe."

Appropriate procedures to safeguard people from harm and abuse. Appropriate referrals were made to the CQC and the local authority safeguarding team. The registered manager and staff were clear on how to recognise signs of abuse and the action to take.

We found there were effective infection control systems in place. The home was clean and there were no noticeable odours. We observed staff followed good hygiene practices washing their hands and using hand sanitiser throughout our inspection. We saw staff wore gloves and aprons when assisting people with personal care.

We saw evidence of lessons learnt through team meetings and these were also discussed in staff supervisions. We saw evidence of maintenance and equipment checks throughout the home including fire checks, hoist maintenance and wheelchair checks in place.

Is the service effective?

Our findings

At the last inspection in July and August 2017 we found safe care and treatment was not always in place for people in the home. At this inspection we found some improvements had been made in this area.

At the last inspection one member of staff had not completed appropriate moving and handling training. At this inspection we saw all staff had completed this. Training records showed that in addition to online training staff had received face to face training in areas including; safeguarding and practical moving and handling training. We saw improvements to handover information which was more clear and robust for staff to follow.

We saw the home was adapted appropriately for people living with dementia. We saw signage at wheelchair level and also toilet areas and people's own rooms had signage in place. The registered manager told us this was always on going.

We observed lunch on day one of inspection. The food served was corned beef hash with vegetables or shepherd's pie, the food was hot and portion sizes were large. Drinks were already poured (orange squash) and left on tables; people were not offered a choice of a hot drink or an alternative. Jugs of juice were left on the tables. A staff member noticed that a one person had not eaten much; they were sat in a chair by the window. They were offered an alternative and when they refused they was offered a dessert by staff which they accepted. People looked to enjoy their meals. One person said, "This crumble is lovely, 'I'm enjoying this thank you.'" However one person requested apple crumble for their dessert and was told by a staff member, "No you can't have that you're diabetic, you've got sago." We spoke to the registered manager about how the staff member spoke to the person and they told us this would be looked into straight away.

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. We saw improvements in relation to people's capacity assessments in their care plans these were in place and accurate to the individual person.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed they had received training in the MCA and DoLS, and were able to tell us how these impacted on the ways in which they worked with people. One staff member told us, "People are free to make their own choices."

Staff attended team meetings where they were encouraged in discussions around care plans, recording of handovers, new documentation for the home and also in relation to the changes in the management's team. One staff member said, "We are kept informed of what is happening all the time. I feel things have improved in the home and will get even better."

We spoke to a visiting professional on the first day of inspection. They told us staff were very accommodating and that they were proactive in taking advice if given. They said, "I come for pressure care, I am not aware of any concerns in the homes management or on pressure care, repositioning seems to be effective and staff act upon whatever concerns they may have. I feel there are adequate staff on duty to support people and they answer the door quickly." We saw in care plans where people had been referred to the appropriate outside professional. For example we saw in one care plan someone had lost weight and they were referred to the GP and dietician.

Is the service caring?

Our findings

At the last inspection in July and August 2017 we found staff did not always have time to sit and talk to people and staff terminology was not always appropriate. At this inspection we found improvements had been made in this area.

We saw improvements had been made in relation to staff having time to sit with people and interact. We saw staff chatting to people and discussing what they would like to do that day. One person said she felt upset so the staff member sat with them reassuring whilst actively listening to them.

People told us they were treated with privacy and dignity. One person said, "I suppose so yes." Another person said, "I go to the toilet by myself I can do most things." We heard staff speaking to people with dignity. We spoke to the registered manager in relation to one occasion when this was not so. This was dealt with straight away by the registered manager.

We saw people's bedrooms were personalised. We saw people had their own individual items in their rooms. One person was keen on showing us their room which they told us, "I love my room it's really big."

We saw staff promoted people's independence in the home. One person was becoming distressed so a member of staff sat with them and spoke about the weather and this calmed them down and begun laughing.

We spoke with people who lived at the home about visiting times. People told us their relatives and friends could visit at any time and that they were unaware of any restrictions.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.

Staff we spoke with told us people received good care. One staff member said, "Yes definitely it's a good care home." Another staff member said, "Put it this way I would be happy with my mum living here, I look after people like I look after my mum. It's a good place."

Is the service responsive?

Our findings

At the last inspection in July and August 2017 we found person centred care was not always evidenced. At this inspection we found some improvements had been made in this area.

We saw care plans were more person centred at this inspection. Staff told us they were able to support the person from reading their care plan. We saw evidence of work completed with the registered manager and staff to ensure detail about the person and from the person's point of view. We spoke to the registered manager of the importance of information for new people in the home. We saw end of life information needed more work to ensure this was person centred. We discussed this with the registered manager who told us this would be looked into with people, family and staff.

We saw activities had improved in the home. A large activities board was on the wall in one of the hallways on the ground floor of the home. This included an invitation sent from a local school inviting people to take part in a visit from the children. We saw lots of pictures on display showing interaction from both children and people in the home. There was also an activities rota on the wall for the coming week which detailed which activities were taking place on each day. For example these included baking, quizzes, chair exercises, reminiscing, dominos and a visit from a singer. Each day a document was printed from the computer detailing events and history from this day in previous years. This was shown to and discussed with people on an individual basis by a member of staff and then displayed on the notice board each day. We saw activity assessments and activity records had been completed for each person and kept in a file in the office which detailed what activities people had taken part in, what they enjoyed doing and any future suggestions. One person said, "There's baking this afternoon that I'm going to do." A relative said, "[Name of person] does go out, we take her out but she likes her routine here and always wants to get back. She's happy as Larry, there's always something that seems to be going on and staff are very good with people."

We saw some people were sat in their chairs for long periods of time without moving, we did see staff trying to encourage people to move. However interaction by staff had improved and they were chatting to people as they passed by asking if they would like anything. We saw staff talking to one person after they became distressed. The staff member sat and had a cup of tea with the person while engaging in conversation.

Staff we spoke with knew people very well. We asked one staff member how they knew how to support the two new people with limited information, They told us, "The manager discussed with us what we needed to do. [Name of person] doesn't communicate well so it can be difficult sometimes, for example they don't like to go to bed but we showed them the room, put some music on to relax them, offered [name of person] a meal and we put a chair next to the window so they could see outside. We got a lot of information from [name of relative] we are still getting to know them. They are responding much better to us now, [name of person] likes to touch our hands and is becoming more receptive."

We saw the complaints procedure and associated forms were displayed in the home, and the statement of purpose made clear the provider welcomed and would respond and act on all feedback. The provider made contact details for the local authority and the CQC available in this information. We saw one complaint since

the last inspection which had been completed in accordance with the home's policy. We spoke to the registered manager about a couple of concerns that came to our attention on the first day of inspection. The registered manager told us they would address these with people and relatives straight away.

Is the service well-led?

Our findings

At the last inspection in July and August 2017 we did not see robust audits in place. At this inspection we found some improvements had been made in this area and on going improvements were in place.

At the time of inspection there was a newly appointed registered manager who had been in post since January 2018. A registered manager is a person who has registered with the 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.

We found the registered manager was more visible in the home. Staff told us they found them to be approachable and available to support with care if needed. One staff member said, "They are doing their best, they will get better with time and we all muck in." Another member of staff said, "It's well managed definitely." All the staff we spoke with told us they would recommend the home to people.

We found the documentation in the home had improved since the last inspection. We saw evidence to support more improvements in relation to the running of the home. We saw audits in relation to medication, accident and incident analysis, complaints. We saw where things had gone wrong lessons learnt were discussed at team meetings. The management team were working hard to make improvements to the home. The registered manager said, "We are always looking at ways to improve. We have a lot to do but we will get there." We were given a file on day two of the inspection of areas where the service had developed and improved their documentation. This showed the registered manager was responsive and acted on straight away to the areas we had discussed on day one of the inspection. The registered manager had a good working knowledge of the systems and processes in place and there were noticeable improvements and confidence in the management of the home.

We saw evidence of resident meetings taking place each month; the last one took place on 27 March 2018. Items discussed included St Patricks Day activities, the visit from the school children, suggestions for future activities and meal ideas. The registered manager told us that relative meetings do not formally take place but that relatives are invited to attend residents meetings if they wished. Relatives confirmed this to be the case.

The home had good links with the local schools and community who they invited into the home regularly to engage with people in their home. The registered manager said, "We do this to try build up better links and resources to improve their home."

We saw the home had received a 4 star food hygiene rating in August 2017 which was displayed on the front door.