

Glenthorne House

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Inspection report

2 Dover Street
Bilston
WV14 6AL
Tel: 01902 491 633
Website:

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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

We carried out the inspection on 7 July 2015 and the inspection was unannounced. At the last inspection in July 2013, the provider was meeting all of the requirements that we looked at.

Glenthorne House is a residential home providing accommodation and personal care for up to 27 people, including people living with dementia. At the time of our inspection there were 24 people living in the home.

There was a registered manager in place. 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 told us they felt safe and comfortable within the home and were happy with the care they received. They were supported by staff who knew how to keep people safe and were confident in reporting any concerns or abuse they suspected.

There were enough staff to give people the support they needed. We saw there were enough staff to spend time with people and provide them with the care they needed.

Summary of findings

People's medicines were managed safely so that people received the correct medicines as they were prescribed. The medicines were stored securely and there were clear audit trails for people's medicines.

Staff were well trained and supported in their work. We saw that all of the staff had completed their required training and had annual update of this training so they were aware of the latest changes in practice.

People's consent was sought in line with the legal requirements. Where people were being deprived of their freedom, this had been done correctly in line with the law and people were kept safe through this process.

People liked the food provided in the home and told us that they received the food and drink they needed. We saw that people with special dietary requirements received the appropriate food and that people were given choices of meals and could ask for different food if they did not like the options on the menu.

People's health needs were regularly assessed and they were supported to access outside healthcare professionals as needed. We saw there were visits by the optician and district nurses on the day of the inspection, and people told us they often went to see their doctor and attended other medical appointments.

We saw that staff knew people well and had good, caring relationships with them. We saw many positive interactions between staff and people and saw that staff had a good understanding of people's individual needs and preferences. People were involved in making decisions about their care and were supported to be involved in their care planning and reviews.

Staff respected people's privacy and helped maintain their dignity when providing personal care. We saw staff supporting people sensitively and making sure that doors were closed when they supported people and people told us staff made sure they were comfortable when receiving personal care.

People's care was tailored to their individual needs. We saw that staff knew about people's background and health needs and provided them with the support that they required. People's care plans had information about their life histories and personal preferences as well as information about their care needs.

The provider had a complaints procedure in place and encouraged people and their relatives to provide feedback about the service. Relatives told us that the provider listened to their ideas and made changes based upon them.

There was an open culture within the home, and people and staff told us they felt able to discuss any issues or ideas they had with the management team and the provider. The provider was visible within the home and knew the people living in the home well and had positive interactions with them.

There was a quality assurance system in place that enabled the provider and manager to make sure that they provided people with high quality care. We saw details of changes made to the service following the annual survey and feedback from people and their relatives.

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.

People were kept safe by staff who knew how to recognise abuse and would take appropriate action if they suspected any abuse had taken place. There were enough staff to provide people with safe care that met their needs. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's consent for care was sought in line with the legal requirements. People were supported by staff who were well trained and skilled in their work. People received the food and drink they needed to maintain their health.

Good



Is the service caring?

The service was caring.

People were supported by staff who were caring and knew them well. People were involved in their care and supported to make their own decisions. Staff respected people's privacy when providing them with personal care.

Good



Is the service responsive?

The service was responsive.

Staff knew people's needs well and provided them with care that met these needs. The provider had a complaints policy in place and responded to people's feedback and complaints appropriately.

Good



Is the service well-led?

The service was well led.

The provider created an open culture and people were supported to share their views about their care. The management team provided good leadership for staff and ran the home effectively. There was a quality assurance system in place that helped the provider identify any issues and provide high quality care.

Good



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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 7 July 2015 and was unannounced. The inspection was completed by two inspectors 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.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications, which are details of incidents that the provider is required to send to us by law.

During the inspection we spoke with six people who use the service and two relatives, five members of staff, the business manager and the provider. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We looked at seven people's care records, six staff files and the medicines administration records for ten people.

Is the service safe?

Our findings

People told us that they felt safe and comfortable within the home and were happy with the care they received. We saw that people were kept safe by staff who knew how to support people based upon their needs and preferences. We spoke with staff who were all able to tell us about how to make sure people were safe and how to report their concerns. The staff members all knew the different types of abuse and could tell us how they would report and concerns they had or what to do if they witnessed or suspected any abuse had taken place.

Risks to people were identified and managed by staff who knew about these risks and the correct ways of caring for people so they were kept safe from harm. One member of staff told us about regular staff meetings where they discussed people's care and any recent incidents. They gave us an example in which they had told other staff about an incident that had occurred and what they needed to do to make sure it did not happen again. This meant that risks were shared with the whole staff team and they could act in a way that kept people safe.

We looked at people's care plans and saw they contained risk assessments that clearly set out what the risks to the person were and control measures for staff to follow. One staff member told us, "Everyone has a risk assessment. We go through them. If the risk assessment or care plan is updated it goes in the memo book – we read and sign it at the start of every shift." We saw that staff followed the risk assessments when supporting people to move and used the equipment correctly as outlined in the care plan for the person. For example, we observed a member of staff supporting a person and checking that their shoes were on properly to make sure they did not trip and that the person was stable and able to walk on their own.

There were enough staff to meet people's needs and provide care, although at the mealtimes the care staff

could not always provide support for people as quickly as people liked. One person told us, "Sometimes you have to wait ages for things, it depends what staff are on duty." A relative told us, "Possibly an extra pair of hands would help the staffing levels." During lunch we saw that some people waited a long time for their food but they told us they were happy sitting with the other people in the dining room. At other times we saw that staff had time to sit with people and provide them with personalised care. Throughout the inspection we saw that there were staff available in the different areas of the home and people were able to ask for what they wanted and received support quickly from the staff.

We looked at the medicines system and saw that people's medicines were managed safely and people received the correct medicines at the time they needed them. We looked in detail at 10 people's Medicines Administration Records (MAR) and checked the stocks of medicines for all of these people. We saw that the medicines for these people were all recorded correctly and the staff we spoke with knew how to record the medicines and were confident in providing people with their medicines. All of the medicines were stored securely in locked cabinets and in the correct conditions in line with their instructions.

We did identify that staff were not always correctly recording the application of creams where these had been prescribed for people. We saw on three people's MAR charts that they had been prescribed medicated creams, but there were gaps in the recording of when these creams had been applied. We discussed this with the business manager who told us they were aware of this issue and were changing the system for recording creams that were used. They spoke with the staff members who confirmed that people had received the correct creams and supported them to make sure they recorded these correctly.

Is the service effective?

Our findings

The provider was meeting the legal requirements in making sure that people's consent for care was always obtained. We spoke with staff who told us how they asked people for their consent each time they provided care for them. We saw a consent form that had been signed by a family member who had power of attorney to sign the form for this person.

We spoke with five members of staff about the process for gaining people's consent for care and understanding people's ability to make decisions about their care. We saw that two people had been restricted of their liberty, and that the correct process had been followed to get authorisation and this was recorded clearly within their care records. The staff members we spoke with had followed the instructions within the care plan and provided these people with the correct care. People who did not have capacity to make specific decisions had been assessed for their capacity and we saw that decisions were made in people's best interests, with the involvement of family and other professionals. The provider and business manager understood the procedure to obtain authorisation to deprive a person of their liberty and had completed the appropriate assessments to identify where people may be restricted in their freedom.

We spoke with relatives who told us they found staff to be professional and were skilled in their work. We spoke with staff who told us they felt well supported and had the training they needed to provide people with high quality care. One member of staff told us, "I have annual updates on all my training, the last one was a month ago." We saw in people's staff files that they contained details of the training that the staff member had attended and we saw that the staff all had received regular training and were able to use this training in their work. We observed staff providing care and saw they knew how to use equipment correctly and had good skills in talking to and supporting people with dementia. Staff members told us they received regular

supervision to help them with their work. One staff member told us, "I have supervision regularly with my manager. I can always talk to them if I'm not happy about something."

People told us that they liked the food and that they were given choices about the food they had. One person told us, "The food is good." Another person told us, "There is a variety of food, sometimes good, sometimes not so good, but if I don't like what's on offer they will find me something else. I'm asked in the morning what I would like later that day." We saw that people were offered choices about their meals and were able to ask for what they wanted. We saw the cook spoke to each person in the home to ask them about their choice for their meal, and that someone wanted a meal that was different to the menu, and this was provided for them at lunchtime. The menu also had different options including a Caribbean option for people who preferred this.

We saw that some people had specific requirements with their food, such as one person who required their food was pureed. We saw at lunchtime this person was given their choice of meal and that it had been pureed for them and presented so it looked like the other meals provided. Staff could tell us about people's different dietary requirements and support they needed to be able to eat.

People were supported to maintain their health and were able to access other services they required. One person told us, "The GP surgery is just across the road so they take me over there in my wheelchair. An optician comes in and you can request a chiropodist." We saw that other health professionals visited the home. On the day of our inspection we saw that district nurses and other professionals had visited people and provided them with the care they required. We saw they had provided staff with instructions on supporting these people, including information on maintaining people's skin integrity. We saw these instructions had been followed correctly. A relative told us, "When [Person's name] was in hospital the nurses commented on how good their skin was considering how unwell they were."

Is the service caring?

Our findings

People told us that staff were caring and treated them with kindness and respect. One person told us, "It's nice here, very good. You can have a bit of banter with the staff." Another person told us, "All the staff speak to me properly and respectfully." A relative told us, "We think it's brilliant here. The staff are really nice." One relative told us, "As a family we looked around other homes before choosing here. We think it is brilliant here." Another relative told us, "It's wonderful here. [Person's name] is doing so well."

We saw that staff treated people with kindness and had good relationships with people and their relatives. We saw staff interacting positively with people, sitting and laughing with them and chatting to people while supporting them. We heard one person tell a staff member that they were concerned about their medicine not working. We saw the staff member listening to their concerns about feeling unwell and reassured them. Later on during our visit we saw the staff member telling the person that they had checked on their medication and that they would contact their doctor if they wanted them to.

People told us that they liked the staff who cared for them and that they knew them well and provided them with the care they needed. One person told us, "The staff are marvellous, you couldn't wish for better people." Another person told us, "I am looked after very good, they know me." We spoke with staff who could tell us in detail about people, including their life histories, personal preferences and care needs. One member of staff told us, "I know people really well. I know their likes and disliked, but I still always ask them." We observed the care provided and saw that staff knew people's preferences well and they had a good rapport with people. We saw that the care staff knew about people's background and their families, as they talked to people about them during the afternoon.

The provider operated a key worker system, where members of staff were the main care worker for particular people and supported them with updating their care plans and making decisions about their care. We spoke with a member of staff who was a key worker, who told us in detail about the person they were key worker for and demonstrated a good understanding of their needs.

We saw that people were supported by staff to make decisions for themselves throughout our inspection. We saw examples where staff asked people about what they want to drink, where they wanted to spend their time and what activities they wanted to do and providing people with these choices. Staff told us that they asked people about their care, asking their permission to provide personal care and supporting them to make choices about their day. Relatives told us they were regularly given information about their relative's current wellbeing. One relative told us, "We're regularly given written information."

We saw that staff treated people with dignity and made sure they maintained people's privacy when providing them with personal care. We saw that staff discreetly supported people out of the lounge when they required support. We spoke with staff about how they provided personal care and promoted people's dignity. One member of staff told us, "Ask them first – ask them if they want a shower, talk them through the process, ask if they're happy with what you're doing." This staff member also told us that some people only wanted female carers, and they made sure that only female carers supported this person. One person told us, "I don't mind male carers. I was asked and I agreed to them."

People's families were able to visit at any time. One person told us, "I can have visitors at any time and my family is kept well informed." We saw family members visiting during the day and they were welcomed by staff who knew them well and had a good relationship with them.

Is the service responsive?

Our findings

We saw that people were given choices about their care by staff who involved people and helped them to maintain their independence and people were provided with support that was tailored to their individual needs and preferences. We spoke with a relative who told us, “It is very person-centred. [Person’s name] likes football and one of the staff took them out to the local fields to play football.” Another relative told us, “I was involved in the care plans. I meet them on a regular basis to discuss [Person’s name] care.”

We observed staff interacting with people and heard them referring to people using abbreviated versions of their names. We saw in these people’s care files that they had been known by these names and this was their preference, and staff were following these instructions and helped people to feel comfortable by doing this.

We looked at people’s care records and saw that the main care plans were personalised to their individual’s needs and contained a good amount of information them and their preferences. We saw in one person’s file a detailed ‘About Me’ section that set out their personal preferences and details about how they liked their care and their routines. In this routine we saw particular information about how they liked to spend their morning and what they liked to eat and drink. We saw this person was provided with care as it was specified in their care plan and staff were aware of these preferences.

Staff members told us about different activities that were available and that people were supported to continue doing the activities they liked wherever possible. We saw examples where people were supported to go out shopping, go for drinks in a local pub and attend local services which met their religious and cultural needs. We saw there were other activities arranged including exercise classes and visits from a local Church.

The provider had a complaints policy that people were given when they moved into the home. People told us they knew how to complain if they needed to. One person told us, “I have no complaints, they are fair to me.” One relative we spoke with said, “If I have any concerns I would speak to the carers or the manager.” People and relatives told us they felt confident to raise any issues and that told us staff and the management responded well to feedback. One member of staff told us, “People tell us what they want, what they like and if they aren’t happy and we can change things for them.” We discussed the complaints policy with the provider, who told us that there had not been any recent formal complaints. We saw that previous complaints had been responded to appropriately and within a reasonable timescale. The provider encouraged people to give them feedback and had a good relationship with family members who felt able to discuss any issues with them.

Is the service well-led?

Our findings

People told us that they thought the home was well run and the management were helpful and supportive. One relative told us, “They [provider and manager] listen to any suggestions I have.” Another relative told us, “This is a well-run home. We see the managers regularly.” We saw that people, their relatives and staff were able to give feedback about the service and provide ideas for improving the care provided. One member of staff told us, “We have meetings every month where we can give our ideas. They listen to you, as you’re on the floor and know what’s best for the people you care for.”

The provider gave us details of the annual survey they complete, in which they ask people living in the home, their relatives, staff and other stakeholders for their feedback about the care provided and ideas for improvements and changes to care. We saw that there was a high level of satisfaction from people and relatives about the care they received and people were happy with the service and how the home was run. We saw the survey had highlighted an issue with the laundry system, as some people stated they had been given other people’s clothes. We discussed this with the provider who told us about the changes they had made to the laundry system to improve this for people. This included having a member of staff who checked the laundry and discussed clothes with people to make sure they had the right clothing and were happy with the new system. We spoke with one relative who told us this had improved and they had not had any issues about the laundry recently.

There was an open culture in the home and people and staff all felt able to raise any concerns or discuss issues with

senior staff. The providers were both working in the home on the day of our inspection, and people told us they were in the home most days. We saw the interactions between the providers and people and saw they knew them well and had a caring approach to them. Staff members told us they could approach the management if they had any concerns and felt they would be listened to. Staff also told us that when they had raised concerns the manager had been proactive in dealing with the issues, which gave the staff member confidence in the leadership of the home.

There was a registered manager in post, who provided the daily management of the service. We saw that all incidents had been reported to the local authority and to us as required by law. We saw that any incidents had been properly investigated and all concerns for people’s safety were taken seriously and acted upon quickly by the management team. We found that changes were put in place to prevent repeat incidents occurring.

The provider had a quality assurance system in place to make sure they provided people with high quality care. We saw that this included the annual survey, three monthly reviews of people’s care and records and regular conversations with family members and health professionals to make sure that people received care that was appropriate to their needs. The provider completed spot checks on staff and observations to make sure that staff were providing people with high quality care. We saw that the provider had identified there had been problems with the medicines deliveries from the pharmacy, where they had seen that incorrect medicines had been supplied several times. They showed us the details of the new pharmacy and system for checking the medicines to make sure that people received the correct medicines.