Care Quality Commission

Prime Life Limited

Glengarriff House Nursing Home

Inspection report

8 King Street
Market Rasen
Lincolnshire
LN8 3BB

Tel: 01673844091
Website: www.prime-life.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out this announced inspection on 18 August 2017.

Glengarriff House Nursing Home can provide accommodation, nursing and personal care for 18 younger adults who have a learning disability and/or who need support to maintain their mental health. There were 15 people living in the service at the time of our inspection visit. The accommodation is a courtyard setting where there is a two storey older property and a separate building where there are two self contained flats.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

At our inspection on 23 February 2016 we rated the domains 'effective', 'caring' and 'responsive' as 'good'. We said that the domains 'safe' and 'well led' were 'requires improvement'. Our overall rating of the service was 'requires improvement'. In more detail, we found that there were not always enough care staff on duty and people were not always provided with a relaxed and enjoyable dining experience. In addition, we found that quality checks had not quickly addressed these problems and had not resolved the various defects we found in the accommodation. We concluded that the registered persons' failure to operate suitable quality checks was a breach of the regulations.

Shortly after our inspection visit the registered persons told us that they had made the improvements that were necessary to address each of our concerns. We completed a further inspection on 7 December 2016 to check on the progress that had been made. We found that each of our concerns had been addressed and that the breach of regulations had been rectified. However, we did not revise our original ratings. This was because we needed to be sure that the progress which had been made would be sustained. In addition, we noted that there were other concerns that needed to be addressed. These were further defects in the accommodation and a shortfall in the completion of some fire safety checks.

At the present inspection we found that the particular defects in the accommodation we had identified at our last inspection had been put right. We also noted that fire safety checks had been completed in the right way. However, we found that there were further defects in the accommodation that needed to be addressed.

Our other findings at the present inspection were as follows. Nurses and care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People were supported to take reasonable risks and most of the necessary steps had been taken to avoid preventable accidents. Medicines were managed safely. There were enough nurses and care staff on duty and background checks on new

nurses and care staff had been completed in the right way.

Nurses and care staff had received training and guidance and they knew how to care for people in the right way. People were helped to eat and drink enough and they had been supported to receive all of the healthcare they needed.

People were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Nurses and care staff were kind and people were treated with compassion and respect. People's right to privacy was promoted and there were arrangements to help them to access independent lay advocacy services if necessary. Confidential information was kept private.

People had been provided with all of the assistance they needed and had agreed to receive. Nurses and care staff promoted positive outcomes for people who sometimes became distressed. People were supported to pursue their hobbies and interests and there were arrangements to quickly resolve complaints.

Although people had been consulted about the development of their home their suggested improvements had not always been quickly implemented. Quality checks had been completed but they had not always resulted in shortfalls in the accommodation being promptly addressed. In addition, the registered persons had not continuously displayed the quality ratings we had previously given the service. However, they had told us about significant events that had occurred in the service and good team working was promoted. Nurses and care staff were enabled to speak out if they had any concerns about how well the service was meeting people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Nurses and care staff knew how to keep people safe from the risk of abuse.

People had been enabled to take reasonable risks and at the same time most of the necessary steps had been taken to avoid preventable accidents.

Medicines were safely managed.

There were enough nurses and care staff on duty and background checks had not been completed before new staff were employed.

Is the service effective?

Good

The service was effective.

Nurses and care staff had received training and guidance and they knew how to care for people in the right way.

People enjoyed their meals and were supported to eat and drink enough.

People were supported to make decisions for themselves and steps had been taken to ensure that they only received lawful care.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Nurses and care staff were caring, kind and compassionate.

People's right to privacy was respected and their dignity was promoted.

There were arrangements to enable people to access lay advocates if necessary.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were given all of the help they needed.

Positive outcomes were achieved for people who sometimes became distressed.

People were offered sufficient opportunities to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People had not been fully involved in the development of the service.

Quality checks had been completed and the registered persons had told us about significant events that had occurred in the service.

The registered persons had not correctly displayed the quality ratings we had given to the service.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

Care Quality Commission

Glengarriff House Nursing 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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 18 August 2017. The inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home. The inspection team comprised an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection visit we spoke with eight people who lived in the service and with one relative. We also spoke with a nurse, four care staff, the registered manager and the regional manager. We also observed nursing and personal care that was provided in communal areas and looked at the nursing and personal care records for four people who lived in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are not able to speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I like the staff and they help me." Another person who had special communication needs and who used sign assisted language smiled broadly when sitting next to a member of care staff in the lounge. Relatives were confident that their family members were safe. One of them remarked, "Yes, I do find the staff to be attentive and I'm sure that my family member is in safe hands here."

Records showed that nursing and care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that nursing and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

People had been supported to take reasonable risks as part of everyday life. This included being helped to make themselves drinks and snacks in the kitchen and using appliances in the laundry. At the same time most of the necessary steps had been taken to help people to avoid preventable accidents. We found that hot water was temperature controlled to reduce the risk of scalds. Windows were fitted with safety latches so that they did not open too wide and could be used safely. Furthermore, nurses and care staff had been given guidance and knew how to keep people safe in the event of an emergency such as the fire alarms sounding.

However, we found that some hazards had not been suitably managed. Two of the guards fitted to radiators were loose and could be moved to one side. This increased the risk of people being burned by the radiators' hot surfaces. In one of the bedrooms we visited a heavy shelf was not securely fixed to the wall and could have injured someone if they were nearby. In the main hallway the floor covering at the doors into the lounge and dining room was raised up into a ridge that constituted a trip hazard. We raised our concerns with the registered manager and with the regional manager. They assured us that each of the defects would immediately be put right. In addition, we heard them discussing with the maintenance manager the steps that would be taken to address each of them.

There were reliable arrangements for ordering, administering and disposing of medicines in line with national guidance. There was a sufficient supply of medicines and nurses and senior care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection visit there had not been any incidents when a medicine had not been administered in the correct way.

Records showed and staff confirmed that there was always a nurse present in the service who was supported by a number of care staff. We concluded that there were enough staff on duty as people promptly received all of the nursing and personal care they needed. However, we noted that the registered persons

had not developed a formal system to calculate the number of nurses, care staff and ancillary staff who needed to be on duty for any given number of people living in the service. This oversight increased the risk that sufficient staff would not always continue to be deployed in the service. We raised this matter with the registered manager and with the regional manager. They told us that they would review and as necessary revise the way in which the registered persons calculated the number and skill-mix of staff who needed to be on duty in the service.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had completed the necessary checks to establish the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Good

Is the service effective?

Our findings

People told us that the nurses and care staff knew what they were doing and had their best interests at heart. One of them remarked, "The staff are good here." Another person who had special communication needs gave a 'thumbs-up' sign when we pointed in the direction of one of the nurses. Relatives were also confident about this matter. One of them said, "In general, I do think that the staff know what they're on with. The more established ones have a very detailed knowledge of my family member's care needs and all in all I think that the staff team works well." Another relative said, "The most important thing for me to know is that there's always a qualified nurse on duty and in charge."

Records showed that nurses and care staff had received introductory and refresher training. In addition, we noted that they had received on-going guidance and we found that they knew how to care for people in the right way. Examples of this were nurses and care staff knowing how to correctly assist people who experienced reduced mobility or who needed support in order to promote their continence. In addition, we noted that all of the nurses remained registered with their professional body and therefore had been confirmed as being competent to complete their clinical duties.

People told us that they enjoyed their meals with one of them remarking, "The food's not bad and I have enough." The registered manager said that people were supported to make choices at meal by using menus that had pictures of the meals they could have. However, we noted that the menus did not have pictures of all of the meals that were available. This increased the risk that some people would not be fully informed about the choices available to them. We raised our concerns with the registered manager who assured us that the menus would be revised so that there were pictures of all the meals available.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered manager, nurses and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a nurse explaining to a person why it was advisable for them to take all of their medicines at the right times. This was necessary because the person sometimes declined to accept some of the medicines that had been offered to them. The nurse quietly explained to the person how their medicines were intended to relieve their symptoms and make them more comfortable. This explanation reassured the person who then

indicated that they would be willing to accept their medicines when they were next offered to them.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a person needed to have an operation that involved them having a general anaesthetic.

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 the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The staff are good fun". Another person said, "Staff are good to me and I like them." In addition, we saw a person with special communication needs smiling and laughing as they danced a jig with a member of care staff in the lounge. Relatives were also complimentary about this matter. One of them remarked, "Although on some days the place in my opinion is understaffed, the staff who are on duty are caring and kind. I've never had any concerns at all on that score."

We saw that nursing and care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person could not decide whether they wanted to go out with care staff to visit a local place of interest or stay at home. A member of care staff pointed out they could enjoy doing both things because the visit would not take too long leaving them to enjoy being at home in the later afternoon and during the evening. Shortly afterwards we saw the person happily getting into the service's people carrier vehicle and looking forward to their trip out.

Nurses and care staff were considerate. We were told that they made a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Other examples included nurses and care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was nurses and care staff asking people if they wanted to be checked during the course of the night. In addition, we noted that a person was being carefully supported to prepare for going into hospital for an operation in the near future. This involved nurses and care staff quietly describing to the person what it was like to be in hospital and reassuring them that a member of care staff would be at their side at all times.

We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. Each person had their own bedroom which was laid out as a bed sitting area to which they could retire whenever they wished. We saw that nurses and care staff closed doors and as far as possible covered people up when providing close personal care.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, nurses and care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

The registered persons had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes. Records showed that lay advocates had assisted several people who lived in the service. An example of this was a person who was being supported to decide if they wanted to leave the service to live in a more independent setting.

Paper records that contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that nurses and care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when nurses and care staff needed to discuss something confidential they went into one of the offices or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the nursing and personal care they needed. One of them remarked, "The staff help me with all sorts." Relatives were also positive about the assistance their family members received. One of them told us, "I'm confident that my family member gets a lot of help. The staff are very busy but whenever I call my family member looks neat and clean and this means they're getting a great deal of care." Another relative said, "In a way it's not obvious as the building is a bit run down but the care is very good and it's got a family feeling to it. Many of the people there have lived together for many years."

We saw a lot of examples of people being encouraged and supported to be as independent as possible. An example of this was a member of care staff advising a person about the clothes they should consider wearing so that they were warm when they went out on a trip. The person decided that they needed to wear a warmer coat that they had left in their bedroom. The member of staff quietly waited for the person to return to their bedroom even though it would have been quicker for the member of staff to go themselves.

Records showed that nurses and care staff had carefully consulted with each person about the practical assistance they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records showed that when people needed direct practical assistance this was provided in line with their individual care plan. This included help with managing medical conditions, washing, dressing, using the bathroom and doing their laundry.

We noted that nurses and care staff knew how to support and reassure people when they became distressed. We saw that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly remember when they would next speak with one of their relatives. A member of care staff gently reminded them that they usually telephoned their relative at an agreed time when it was most likely that they would be at home. This helped the person to look forward to speaking with their relative after which they were happy to chat with the member of staff about other subjects that interested them.

Nurses and care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

Records and photographs showed us that people were being offered the opportunity to participate in a range of occupational and social activities. We noted that one person had been supported to work in a shop and that similar opportunities had been offered to other people. The social activities people could choose to enjoy included arts and crafts, exercises to music and regular trips out to places of interest such as to a local horse sanctuary.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had not received any formal complaints from people who lived in the service or from their relatives.

Requires Improvement

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "I think it's good here and the staff are good and do lots of things with me." Relatives were also complimentary about the management of the service. One of them remarked, "Overall and apart from the staffing shortages and the building looking a bit tatty, I do think it's quite a well organised service. With just a bit more staff time on the floor and a bit more maintenance it could be a very good service indeed."

Documents showed that people had been regularly invited to attend house meetings at which nurses and care staff had supported them to suggest improvements to their home. However, we noted that action had not always been promptly taken to implement suggested improvements. An example of this was repairs that had not quickly been undertaken after the ceiling in a person's bedroom had been damaged by leaking water. Another example was a washing machine in one of the flats remaining out of use for an extended period of time after a person had requested that it be repaired.

Records showed that the registered persons had regularly completed a number of quality checks that were designed to ensure that people reliably received all of the nursing and personal care they needed. However, these checks had not always resulted in problems quickly being addressed. Records showed that the local council had concluded that suitable food handling arrangements had not consistently been followed by staff. In addition, we found that although the registered persons were preparing a development plan this process had not promptly resulted in a number of problems being put right. Examples of this were damaged and poorly presented decorative finishes in the communal shower room and numerous areas where paintwork was chipped and marked. In addition, there were several areas where damaged wallpaper had been crudely repaired with filler and mastic that looked unsightly.

We raised our concerns about shortfalls in food handling and the accommodation with the registered manager and with the regional manager. They showed us evidence that steps had been taken to improve food handling practices and records showed that these improvements were being sustained. They also assured us that all of the defects in the accommodation we noted would be addressed. In addition, they said that additional quality checks would be introduced so that maintenance issues could be more quickly identified and resolved in the future.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to promptly establish that people continued to receive safe and consistent care. However, we also noted that the registered persons had not displayed the quality ratings we had given to the service at out last inspection so that members of the public could be informed about how well the service was doing. The registered manager told us that the ratings had been displayed but had been removed in error by a visitor the day before our inspection. As soon as we highlighted the oversight to the registered manager they immediately again displayed the ratings in a conspicuous place in the service. In addition, they assured us that they would regularly check to make sure that the notice in question remained on display.

Nurses and care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for nursing and personal care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Nurses and care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.