Oakray Care (Glynn Court) Ltd

Glynn Court Residential Home

Inspection report

Fryern Court Road
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Hampshire
SP6 1NG

Tel: 01425652349

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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

Summary of findings

Overall summary

Glynn Court Residential Home is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal care for up to 31 older people some of whom were living with dementia and/or physical health needs. At the time of our inspection there were 27 people living at the home. The main house accommodation is split over two floors. Most of the bedrooms are on the ground floor with a staircase and chairlift to two first floor bedrooms and a bathroom. There is a large lounge and separate dining room on the ground floor. There is also a separate two storey house with six bedrooms and a lounge for people who are able to live more independently. The home has a large garden which is accessible for people who have mobility needs.

The inspection was unannounced and was carried out on 12 February 2018 by a lead inspector and an expert by experience. An expert by experience is someone who has experience of using, or caring for someone who uses this type of service. The lead inspector returned on 16 February 2018 to complete the inspection.

There were two registered managers in place who jointly managed the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People were protected from abuse. Staff knew how to identify abuse and how to report any concerns. People, their relatives, staff and healthcare professionals told us they thought people were safe.

Recruitment procedures were safe and ensured only suitable staff were employed. Sufficient staff were deployed during each shift to keep people safe and meet their needs.

People's medicines were managed safely and people received their medicines from staff who were trained and regularly checked for their competency to do so.

Risks relating to people's health and welfare had been identified and assessed and measures were in place to reduce these. Environmental risks were assessed and urgent maintenance issues were attended to promptly. Some minor repairs and redecoration was required. The registered managers and maintenance staff were waiting to hear if an increase in maintenance hours had been approved by the provider. Plans to manage emergency evacuations were in place and understood by staff.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People were supported to maintain their health and well-being and had access to a range of health care services, such as GPs, opticians and chiropodists, when required. Other specialist advice was requested to support people with specific condition, such as diabetes and swallowing difficulties.

Staff received regular training, supervision and appraisal which included observations of their practice. This ensured they remained competent to support people effectively.

People had a choice of nutritious food and drink that met their specific dietary needs and preferences. When appropriate, staff provided physical assistance to people to eat in a calm and unhurried manner.

Staff were kind and caring and treated people with dignity and respect. Staff knew people and their relatives well and visitors were made welcome at any time.

Care plans included details of people's life histories and personal preferences about how they would like to receive their care. People and their relatives were involved in planning and reviewing their care.

People were encouraged to take part in a range of activities which included quizzes and games.

The provider was working towards meeting the Accessible Information Standard. Staff used a variety of ways to communicate with people such as pictures, gestures and body language which supported informed decision making.

Systems, such as spot checks and audits, were in place to monitor and assess the quality and safety of the care provided and drive improvement. There were informal opportunities for people and relatives to feedback their views about their care. People and relatives knew who to speak to if they had a complaint.

There was a positive, supportive and open culture within the home. Staff felt supported and involved in the development of the service. The registered managers understood their responsibilities to notify CQC of relevant events in the service.

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.

Medicines were safely managed. People received their medicines as prescribed, by staff who were trained to do so.

People were protected from harm because staff understood how to identify and report abuse. Risks to people's health and wellbeing had been identified and measures put in place to mitigate the risks.

There were sufficient staff deployed to meet people's needs safely. Recruitment procedures ensured only suitable staff were employed.

The environment was regularly checked to ensure it remained safe and emergency procedures were in place in the event of emergencies.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink a balanced diet that met their specific needs. People's rights were protected as staff obtained consent before providing any care and worked within the principles of the MCA 2005.

People had access to appropriate health care to help them maintain their health and wellbeing.

Staff received supervision, appraisal and training to support them in their roles. The environment was accessible to people and included pictorial signage to assist them with orientation around the home.

Is the service caring?

Good

The service was caring.

Staff knew people well; their likes, dislikes and what was important to them. Staff were kind and caring and treated

people with dignity and respect and promoted their independence.

The atmosphere in the home was calm and relaxed. Interactions between people and staff were positive and respectful.

Relatives were welcome to visit at any time and felt involved in the family member's care. People's personal information was treated confidentially.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing and reviewing their plans of care.

Staff communicated with people in a way which met their needs and provided a range of activities for people to take part in if they wished to do so.

People and relatives told us they knew how to raise a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

There was a relaxed, supportive and open culture and staff understood the values and vision for the home.

Staff felt valued and listened to by the registered managers and were able to share their ideas.

People and relative's views and quality assurance systems ensured that standards were monitored and areas for improvement identified and addressed.

Glynn Court 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. We brought our scheduled inspection forward due to concerns we had identified at another of the homes run by the provider so that we could check people at Glynn Court were not at risk of harm. We found Glynn Court was overall a good service.

The inspection was carried out on 12 and 16 February 2018 by a lead inspector and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for a person who uses this type of service. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection.

We spoke with eight people who lived at the home and with three relatives who were visiting. We observed people being supported during both days of the inspection to help us understand their experiences. We spoke with three members of care staff, the cook, the housekeeper, the maintenance personnel and both registered managers. We also spoke with two healthcare professionals who were visiting.

We looked at three people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including incident and accident records, complaints, medicines records, three staff recruitment records, six staff training and appraisal records and systems for monitoring the quality of the service provided.

This was the first comprehensive inspection of Glynn Court under the new provider, Oakray (Glynn Court) Limited.

Good

Is the service safe?

Our findings

People told us they felt safe at Glynn Court. When asked if they felt safe one person told us, "Oh yes. They come and ask if you're alright." Another person said, "It's mine [my room] and I'm happy here. I'm perfectly safe."

The provider had effective systems in place to manage medicines safely. Staff were trained to administer medicines safely and received regular competency checks which ensured they remained competent to do so. We observed a medicines round and saw that people received their medicines as prescribed and were asked for their consent before being given their medicines. People were given the time they needed to take their medicines and were not rushed. Where one person could not be woken up to take their medicines, this was noted by staff who tried again later. They told us the timings of the person's medicines would be adjusted for the day so that doses were appropriately spaced. People had appropriate medicines care plans in place which provided detailed guidance for staff and were regularly reviewed. These included pain assessments, pain management plans and PRN (as and when require) medicines protocols.

Systems for the safe ordering, storage and disposal of medicines were in place. Stocks were well managed so that there was no build-up of excess medicines on the premises. Medicines were checked when they were received to ensure they were correct. We observed a staff member noticed the timing of one person's medicine was incorrect on their new medicine administration chart (MAR). They queried this with the registered manager who took appropriate action and checked with the pharmacy who advised when it would be safe to administer the medicine. Unused medicines, or those that were no longer needed were safely stored until they were returned to the pharmacy.

The provider had a range of weekly and monthly procedures in place to audit all aspects of medicines management which included PRN (as and when require) medicines protocols, expiry dates and record keeping. We noted issues arising as a result of audits were dealt with promptly.

People were protected from abuse and improper treatment. Staff had completed training in safeguarding adults and were able to correctly identify types of abuse. They understood the correct safeguarding procedures should they suspect abuse and how to report any concerns. We noted that any concerns had been reported appropriately to the local authority and to CQC.

People were protected from harm. Risks had been identified and measures put in place to mitigate the risks. For example, where a person was at risk of falling out of bed, a risk assessment had been carried out and guidance and practical measures were in place for staff to minimise these risks, such as the introduction of bed rails. Where a person was at risk of choking, a specialist team had been involved to advise staff on how to reduce the risk of this happening.

Staff understood the need to record and report any incidents and accidents, such as falls. This enabled the registered managers to monitor any incidents and accidents and to try to prevent them happening again in future.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. Staff told us they thought there were sufficient staff to support people safely. On occasions when agency staff were required, these were regular staff who knew people well and were familiar to them, providing continuity of care.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Satisfactory checks had been undertaken such as previous employment references, proof of identity and a Disclosure and Barring Service (DBS) criminal records check. DBS checks help employers to make safer recruitment decisions.

We noted the home was very clean and we did not detect any malodours. There were ample hand hygiene stations throughout the home. Personal protective equipment, such as aprons and gloves, were readily available to staff. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and were free of litter or debris. Staff had undertaken training in infection control.

The provider complied with guidance aimed at controlling the prevention and control of infectious diseases. Cleaning schedules outlined each staff member's responsibilities to keep areas and equipment clean and hygienic. These were signed and dated by responsible staff. We also examined the provider's monthly infection control audits and annual statement. Spot checks were undertaken in specific areas, such as kitchen facilities and mattress cleanliness. Swift action had been taken when issues were identified; for example, cake tins were replaced when beginning to rust. A registered manager also explained they had ordered new flooring for one person's room which would enable staff clean the floor more thoroughly following any accidents.

Maintenance staff were employed to manage the safety of the environment and attend to repairs. They carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well managed. For example; checks of bed rails, hoists, window restrictors, flushing of water outlets, and water temperatures. Fire alarm systems were tested regularly and periodically serviced by external contractors. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. We noted the environment required some attention such as painting and minor repairs. We spoke with a registered manager and the maintenance staff who explained that they only worked seventeen hours per week and this included all of the safety checks and audits which meant there wasn't time to keep on top of all of the other maintenance work. They told us they had requested more hours and were waiting for a decision about this.

The provider had an emergency plan which provided guidance to staff about what to do in the event of an emergency, such as fire and flood. There were Personal Emergency Evacuation Plans (PEEP) in people's care plans which outlined the support people would need to safely evacuate the home in an emergency.

Good

Is the service effective?

Our findings

People had a choice of nutritious food and drink. One person told us, "All the food is home made." Another person said, "Lunch was lovely, very nice. Chicken pie and sticky toffee pudding." A third person said, "The food isn't bad. I'm quite fussy and I haven't come across anything I don't like." A relative told us, "All the food is home made," and another said, "The food is very good. It's always offered to me but I haven't eaten here."

People were supported to eat nutritious, home cooked meals and were offered a range of drinks to maintain their hydration. Two people were on fluid restrictions due to their health conditions and staff were aware of this and took appropriate action to meet these restrictions. Where people had specific dietary requirements, these needs were met. For example, diabetic or soft food diets. We observed the lunch meal and saw that people who required assistance to eat were supported in an unhurried manner by staff who offered gentle encouragement to people to eat. One person said, "It would be nice if there were carrots." A staff member responded, "You have got carrots, shall I show you where on your plate they are? Shall I put some carrots on your fork?" People had a choice of where they wanted to eat their meals, such as in their rooms or in the dining room and we observed that their choice was respected. We spoke with the cook who told us they would not compromise on the quality of the produce they used. For example, they told us they purchased their meat from a local butcher and used good quality flour for their cakes. They told us, "Everything that comes out of my kitchen is good enough for my family to eat. I'm not putting my name to cakes if they're no good!"

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed when required and best interest decisions were made as necessary.

Where people had capacity to consent to their care and treatment this was obtained by staff. For example, staff asked people before providing their personal care or giving them their medicines. One person told us, "They knock and always ask to do something." Where people were checked during the night to make sure they were safe, this had been agreed in advance and recorded in their care plans. Where people wanted to make decisions others may think were unwise, such as eating biscuits and cakes when they had diabetes, staff discussed this with them, although their wishes were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

People's care needs were assessed before they moved into the home, which included their communication,

sight, hearing, mobility and skin integrity. Previous medical history was also recorded and any risks to the person that staff would need to consider, for example any foods the person may find difficult to eat.

People received appropriate healthcare advice and treatment. We observed a member of staff reported to the registered manager that they were concerned about a person who did not seem to be themselves. They agreed to monitor the person and record their food and fluids in order to provide a better picture of the person's GP. We noted that staff recorded when they had requested advice from healthcare professionals and the outcome of any appointments, such as with their GP or chiropodist. People also had access to a wide variety of specialist external services. For example, occupational therapists and speech and language therapists. A healthcare professional commented, "They [staff] know what they're doing. They are aware of their [people's] skins and will ask for a review if they are concerned." Another healthcare professional said, "They are quick to identify any concerns."

Staff received regular supervision and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to meet with their line manager and review their performance as well as discuss any issues or training needs they may have. Staff told us they received regular supervision and found these opportunities useful. One staff member told us, "I have supervision every eight to twelve weeks and I have observations. They're very useful. I can reflect on what I could have done differently."

Staff received training in key topics such as moving and handling, emergency first aid and food hygiene to equip them with the knowledge and skills to support people effectively. New staff were also required to complete the Care Certificate. This is a national standard that staff are required to meet when working in social care. New staff completed a period of induction, which included shadowing experienced staff, attending training and satisfactory completion of their probation.

The premises were not purpose built; however, people had access to all appropriate areas of the home and gardens. Most of the bedrooms in the main house were on the ground floor and there was a stair lift on the staircase to the first floor which housed two bedrooms and a bathroom. There was pictorial signage around the home to help people with their orientation. There was a separate house in the grounds which enabled people who were more able to live their lives more independently. The gardens were accessible and people and their relatives told us they enjoyed walking in the gardens when the weather was good.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring. One relative told us, "[The staff] are very good." A person said, "The staff are all caring." A third person said, "I think they're very patient and approachable, especially [carer], who's very good." Healthcare professionals confirmed this and said, "They [staff] are very caring. They treat people as individuals, know their personal preferences. They [staff] are excellent." Another healthcare professional said, "The staff are lovely. People are happy. I really like it, it's calm, it feels like a home."

We observed care and support given to people throughout the two days of our inspection. The atmosphere in the home was calm and inclusive. Staff were respectful and kind and there was genuine warmth and affection between staff and people. Staff used appropriate touch and gestures to re-inforce this, such as an arm around their shoulder or a gentle touch on their arm. One person said to a member of staff, "I'd like someone to start a knitting club." The staff member responded, "I can knit, I'll bring some wool and needles." The person was delighted and said "Oh good, something came out of our talk." A staff member told us, "To me this is a big family. I treat people with love and kindness just as their family would." Another staff member told us, "[A person] is on anti-depressants. Just sitting and having a chat with her can cheer her up."

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. One person told us, "I know the staff and they know me. The staff are very knowledgeable and considerate." A staff member told us about one person who used to be a model and whose father was a photographer. They said it was important for people to be able to talk about their lives and that, "It's about people feeling valued." Staff were responsive to people's needs and addressed them promptly and courteously. We saw excellent interaction between people and staff who took care to ask permission before intervening or assisting. Care was provided in an unhurried manner and staff took time to explain their actions to people to ensure they did not become anxious. People were encouraged to remain independent in doing as much for themselves as possible. For example, getting washed and dressed and going for a walk around the garden. People living in the separate house had access to a small kitchenette and could make themselves drinks if they wished.

Staff respected people's privacy and dignity. They paid attention to people's clothing and modesty, for example, ensuring people were covered and did not expose their underwear when transferring from their wheelchair to their lounge chair. People had a choice of female or male care staff although people were happy to receive their support from all staff members. Staff knocked on people's bedroom doors and asked for permission before entering. The housekeeper showed us how they coded people's clothing with discrete coloured thread instead of name labels. They told us this was more discrete and said, "I don't like name labels."

Staff supported people to maintain their personal appearance and we noted that people were clean, well-groomed and wore make up and jewellery if they wished to do so. This helped people to maintain their self-esteem. One person told us, "Another good service here is the hairdresser who comes on a Wednesday and

we get our nails done." They showed us their varnished nails. A staff member told us, "I did [the person's] nails. They love it. They like to put on a necklace, lipstick, they like to feel pretty. They love compliments."

Relatives and friends were welcome to visit at any time and we saw that a relative had joined their family member for lunch. They told us they were always made to feel welcome. People were also supported by staff to maintain relationships with friends and family outside of the home. We observed the registered manager brought in the hands free phone and gave it to one person and said, "[Person's name] it's your daughter for you." Staff helped people to celebrate their birthdays and other key events throughout the year, such as Christmas. One person was about to have their 100th birthday and staff were getting excited and planning the celebrations.

People's care plans were securely stored and staff understood their responsibility to treat people's personal information confidentially. We looked at people's care plans and noted that staff involved people and their families with their care, as much as possible. Care plans and risk assessments were reviewed regularly and we noted that both people and their relatives were able to discuss and influence the care people received. A relative confirmed to us that they felt involved in [their family members'] care and said "They [staff] are quite good with the phone and keeping me up to date."

Good

Is the service responsive?

Our findings

People told us that staff provided them with the care and support they wanted. One person said, "
"The staff will learn about you from how you react. They [staff] say, 'If it works that way for you let me know.'"
Another person said, "I find it very nice here. They look after me. If I have any questions I just ask, I'm not backward in coming forward."

People's care plans were person centred and included their personal and social histories, choices and preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained relevant and up to date and provided detailed guidance for staff in order for them to provide responsive care. The staff we spoke with were knowledgeable about people's care requirements and when there were any changes to their care. For example, one person had recently been admitted to hospital and their eating and drinking needs had been re-assessed and recommendations made. This had been communicated to the staff when the person returned home.

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us that one person was visually impaired and staff had noticed they kept getting up without using their walking frame. Staff thought this was because it was grey and the person's eyesight was poor which meant they couldn't see it very well. Staff had wrapped brightly coloured 'rainbow' tape around it and told us that since then the person could see it and used it much more. Staff used pictures and signs to help communicate with people who were hard of hearing or who had dementia and found verbal communication confusing. We noted that staff got down to people's eye level and used body language and gestures to offer reassurance. People's care plans recorded where they required glasses or hearing aids in order to support their communication and staff understood the importance of of ensuring these were in good working order.

The provider employed a part-time activities co-ordinator who worked with staff to provide a range of activities throughout the week. A second activities co-ordinator had also been employed and was waiting for all the relevant checks to be completed before they started. We observed staff playing games such as bingo and quizzes with people and observed there were positive interactions and laughter between people and staff. Staff patiently assisted people to take part in the games, spending a lot of one to one time with each person as well as helping them as a group. People chose if they wanted to take part in activities or spend time on their own. One person told us, "I'm quite happy doing my own thing." Another person was keen on gardening so staff were helping them to start a gardening club. They were preparing the raised beds and were planning a trip to the garden centre to purchase tomato plants for the greenhouse.

No-one was receiving end of life care at the time of our inspection. One person had been very unwell and had been supported appropriately by staff with the support of community nursing staff. Anticipatory medicines had been prescribed in case the person deteriorated and required pain relief. However, the person had been supported back to health and was now living quite independently. A healthcare professional told us that when people were nearing the end of their lives the staff knew how to support

them. They said, "Their end of life care is very good. They are always alert but go about it calmly."

The provider had systems in place to manage complaints and their complaints procedure was available to view in communal areas. However, there had not been any formal complaints. People and relatives told us they would speak to the registered managers or staff if they had any complaints and were confident they would be listened to and addressed. One person told us, "I tell them [staff] if something is wrong. They're very good and sort things out." Another person said, "We would ask for help from whoever is in charge at that time. They would guide you to the correct person."

Good

Is the service well-led?

Our findings

People and relatives told us they knew who the registered managers were. Our observations confirmed that the registered managers were visible around the home and knew people well, engaging with them and their families in a friendly and familiar way.

There was an open, relaxed and supportive culture within the home. Staff felt supported by the registered managers and senior staff. One staff member said, "They are approachable. Their door is always open. They both come out and see for themselves what's going on. They spot things and can act instantly. We work as a team." Another staff member said, "They [registered managers] have gone up the ranks. It makes a huge difference. It [good practice] starts at the top and filters down." A third staff member told us, "They [registered managers] are supportive. They're lovely. I can go straight to see them if I need to."

Staff told us there was effective communication within the home. A communication book enabled the registered managers and staff to record any important messages for each other. For example, updates to care plans, training and to encourage a person to drink more. Daily handover meetings also took place which ensured important information was communicated to staff coming on shift. Handover sheets included a list of duties for each day and which staff were allocated to complete them. For example, who was designated shift leader and who was responsible for medication.

Policies and procedures were in place which provided guidance for the registered managers and their staff about their responsibilities. For example, safeguarding adults, MCA 2005 and equality and diversity. Staff knew where to find the policies if they needed to refer to them.

Staff meetings were held regularly and staff told us they were able to raise their own issues and ideas at meetings and felt listened to. One staff member told us, "They like to hear what we have to say." Minutes of the most recent meetings showed staff discussed the completion of cream and fluid charts, increased staffing, and the allocation of jobs during quiet times, such as cleaning people's hairbrushes, and spending time with people chatting or walking in the garden.

The provider had systems in place to monitor the quality and safety of the home and drive improvement. Weekly spot checks of people's rooms took place. These included that beds were properly made, en-suites were clean and clothes were neatly hung. A range of audits were also carried out alongside the spot checks which included; risk assessments, medicines and daily notes. Environmental audits included infection control, carpets and flooring, furniture and waste disposal. Where any actions were identified, we noted that these had been completed or were in hand.

People and their relatives had opportunities to feed back their views and discuss any concerns on a day to day basis, although no formal survey had yet been sent out as the new provider had not long taken over the home. We noted in the compliments log that one relative had shared their views with the new provider. They said, "They [staff] treat my mother with dignity. Knowing she is happy and well looked after means a lot to me. I'm overwhelmed by their patience and kindness for everyone. They are kind enough to keep me

updated and to send me regular pictures when there is an occasion."

The registered managers understood their responsibilities under the Health and Social Care Act 2008. Notifications were submitted to CQC when required. Healthcare professionals confirmed they had a good working relationship with the registered managers and staff. One healthcare professional told us, "It's a brilliant little place. I'd be happy for my mum to come here!"