

Avery (Glenmoor) Limited

Glenmoor House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Glenmoor House Care Home is a 'care home'. People in care homes receive accommodation and nursing 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.

Glenmore House Care Home is in a residential area of Corby and is registered to provide accommodation and personal care to people who may or may not have nursing care needs. They provide care for older people who may also be living with dementia and can accommodate up to 59 people at the home. When we visited there were 55 people living there.

At our last inspection in March 2017 we rated the home as 'Requires Improvement' and found that there had been a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Meeting nutritional and hydration needs. This was because people were not always adequately supported to have sufficient amounts to eat and drink to maintain their health and wellbeing.

At this inspection we found that improvements had been made, and the home was no longer in breach of Regulation 14. However the home continued to be rated as 'Requires Improvement'. This is the second consecutive time this home has been rated 'Requires Improvement'. They were in breach of one of regulation relating to the governance of the home as the service did not have sufficient systems and processes in place to assess, monitor and evaluate the quality of the service.

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.

Improvements were required to ensure staffing arrangements were adequate to meet people's needs, and they could receive timely support at all times of the day. Improvements were also required to enhance people's mealtime experiences. Further action was required to ensure that people's meals were adequately spaced throughout the day, people were given the support they required to eat independently and that people had a variety of choices at every mealtime.

The environment was clean and safe however it did not enable people with dementia to be as independent as possible and further consideration should be given to this. Quality assurance procedures also required improvements as actions were not always accurately recorded or updated to show the timeliness of the improvements identified. In addition, action was required to ensure people's care was adequately reviewed and in line with people's preferences. People and relatives also commented that they would like to see the registered manager around the home more often.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report

abuse and incidents of concern. Risk assessments were in place to identify and manage potential risks within people's lives. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

People's consent was gained before their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and could contribute to the way in which they were supported. Some people and their family had been involved in reviewing their care needs. A process was in place which ensured people could raise any complaints or concerns. Concerns were reviewed and acted on where possible. There were opportunities for people and their relatives to provide feedback about the home.

You can see what action we told the provider to take at the back of full version of the report following our 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 home remains Requires Improvement.

Improvements were required to ensure there were adequate numbers of staff available at all times and people received timely support, including with their medicines. Staff had a good knowledge about safeguarding procedures and how they could keep people safe.

Requires Improvement ●

Is the service effective?

The home remains Requires Improvement.

Improvements were required to ensure people had an effective and enjoyable mealtime experience. The environment did not empower and enable people's independence however people's healthcare requirements were well supported and managed.

Requires Improvement ●

Is the service caring?

The home remains Good.

Staff treated people well and people were happy with the caring approach of the staff. People were treated with dignity and respect and staff had a good knowledge of people's needs.

Good ●

Is the service responsive?

The home has improved to Good.

People had pre-admission assessments before they moved into the home to ensure their needs could be met. People's care plans detailed the care people preferred and systems were in place to manage complaints or concerns.

Good ●

Is the service well-led?

The home remains Requires Improvement.

Improvements were required to ensure that the quality assurance procedures were effective and accurately reviewed and recorded the actions that were required. Further improvements were required to ensure that the reviews of

Requires Improvement ●

people's care were robust.

Glenmoor House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive unannounced inspection which took place on 30 May 2018. The inspection was completed by one inspector, one assistant inspector, one specialist advisor and one 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 and on this occasion the expert had experience of care services for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with 13 people who lived at the home, seven relatives or visitors, five members of care staff and one visiting healthcare professional. We also spoke to the registered manager and the provider's representative. We reviewed the care plans of six people and completed observations of the care that was provided. We looked at seven staff files and looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information,

handover information, and arrangements for managing complaints.

Is the service safe?

Our findings

Improvements were required to the staffing levels in the home. People and their relatives consistently commented to us that they felt there was not enough staff and there was often nobody around. One person said, "When I press the buzzer sometimes they take a long time to come." Another person said, "Some staff work on their own, it is not safe, sometimes there is no-one about." One relative said, "We don't feel that there is enough staff. On many occasions there is no-one in the lounge to support or care for residents." Another relative told us they had been required to intervene to support people when there have been no staff around.

People and their relatives told us they felt staffing was worse in the evening but that improvements were also required during the day time to keep people safe. We reviewed the call bell records and found that on most occasions people's call bells were responded to promptly.

We also observed the staffing levels and saw that there were many occasions when people's support was delayed or people were left unsupported. For example, at breakfast we saw that some people waited over twenty minutes before they were asked what breakfast they would like and other people had to wait for more than twenty minutes to be given a drink. One person told us, "I want a cup of tea but there's nobody here." Another person said, "We sometimes have to wait too long for breakfast after they take us to the dining room." We also saw that people were often left in the lounge unsupported and for extended periods of time. At two different times we saw two different people wandering in the hallway confused about where they should go and there were no staff around to offer the guidance and support they required, which further added to their anxiety.

We spoke with the registered manager about staffing levels. They told us they were fully staffed with care staff but did have a vacancy for an activities co-ordinator and deputy manager. Following the inspection, staffing arrangements were amended to ensure that kitchen staff supported care staff at all meal times.

People received their medicines appropriately although there had been occasions they had been provided later than people wished due to staffing arrangements. One person said, "I got my tablets very late last night." The provider had recently introduced a new medication system that had measures in place to support safe medicine administration. For example, the system highlighted if people's medicines were due which helped to ensure staff did not miss any medicines out. One member of staff said, "I think it's a better system, especially for agency nurses who might not know the residents very well." We saw that staff gave people plenty of time to take their medicines and people were not rushed. Medicines were ordered, stored and disposed of safely.

Staff had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I have never seen anything [of concern] but I would go straight to the seniors if there was anything." We saw that staff received training in safeguarding procedures, and the registered manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed to identify if any learning could be established and shared with the

staffing team.

Risk assessments were in place to help support people's needs. They covered each person's individual risks and gave guidance to staff about how to minimise those risks. For example, people at risk of developing pressure sores had risk assessments and care plans in place to help reduce those risks. Staff were knowledgeable about people's potential risks and worked to manage those.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

People were protected by the prevention and control of infection. One person said, "The home is always clean, and someone is always cleaning." One relative commented, "It is clean here, no odour, I always find my [relative] clean and well dressed." The provider took pride in the home and provided care to people in a clean and tidy environment. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded within the service accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team. Staff were knowledgeable about any changes to people's care as a result of any incidents.

Is the service effective?

Our findings

At our last inspection in March 2017, we found the home to be in breach of Regulation 14: Meeting nutritional and hydration needs as people were not always supported to have sufficient amounts to eat and drink to maintain their health and wellbeing. We required the home to make improvements. At this inspection we found that improvements had been made and the registered manager was no longer in breach of the regulations. However further improvements were required to ensure people's requirements are fully considered.

One person said, "Food is served too near together, soon after we have had breakfast they offer you lunch. I am not hungry then." Another person said, "Sometimes the food is not good, and the choice is not good, they don't do anything special for you." One relative said, "I'm not here at mealtimes but they are always offering food and drinks."

We observed two mealtimes in three different areas of the home and found that improvements were required to ensure people had appropriate choice, support and that people's mealtimes were well spaced throughout the day. We saw that menu's were planned for the day however on the day of inspection people were not given the full range of choices and breakfast was limited to two basic options. This had not been recognised by staff in two different areas of the home. The registered manager explained that this had been an error on the day of inspection and this would not be repeated.

People were not always given the support or encouragement they needed to eat their meals and we saw one person trying to drink from a jug instead of from a glass, which they were unable to manage. Staff lacked co-ordination together to ensure everybody received the support they needed, particularly at breakfast time. After the inspection, the registered manager told us they had rearranged the kitchen staff to ensure they could offer support with meal preparation at breakfast time, thereby meaning the care staff would have more availability to support people to eat their meals.

People at risk of malnutrition and weight loss had their needs well managed. People at risk of losing weight had been given additional support to help prevent this. We saw that people that needed fortified diets or specialised diets to meet their healthcare needs were able to have this managed successfully. One person had lost a significant amount of weight whilst they had been unwell and spent time in hospital. The staff had effectively supported the person to regain the weight they had lost to maintain their health and wellbeing.

The environment was designed for the use of older people so people move around safely and without obstacles. People could personalise their bedrooms with their own personal belongings. However, we saw that people with dementia struggled to orientate themselves in the home and there was little support to further enable people's independence. People's bedroom doors looked very similar and there was little difference between one. We saw one person entering another person's bedroom and the inspection team had to find a member of staff to help guide the person to another area of the home. Another person also told us several times that they were lost and did not know which way to go, and on several occasions there were no staff available to support or help them. Throughout the inspection the inspection team also found it

difficult to navigate around each individual unit, and the décor and design did not facilitate this well.

People's care needs were effectively assessed by the staff to understand the support they required. These assessments were made with people and their families, and the management team made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the home. The management team considered people's care needs and made efforts to gain as much accurate information about this as possible. This considered people's mental, physical, and social care needs, and this was taken into account to ensure the home only took people who they felt confident they would be able to support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that they were. People's mental capacity had been assessed and people were empowered to be as independent as possible. When necessary, DoLS had been applied for however the registered manager told us that they had not been assessed by the local authority at the time of inspection.

People were well supported with their healthcare needs. The nursing team had a good understanding of people's health requirements and had made arrangements to ensure they were fully supported, for example with their pressure care or risk of falls. People's healthcare needs were monitored and when necessary, external healthcare support was sought for people to manage those healthcare needs. One visiting nurse told us they found the care at Glenmoor House Care Home to be good and they did not have any cause for concern. They said, "Staff ring at the right times for relevant issues. They have management plans in place for specific issues and follow the advice we give them."

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they could support people with their care. One member of staff told us, "I am happy with all the training I have had, it's been very good. When I first started I had to shadow the experienced staff and that taught me a lot." In addition to a training induction, staff were required to complete a full training program which reflected the needs of the people living at the home. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis.

All staff received supervision from their manager. The manager covered different topics with staff to help progress their learning and understanding of the required expectations. One member of staff said, "We usually have supervision about something specific and not just about how we are getting on. It's OK." Staff told us they felt they could approach management if they needed additional support. Supervision records showed that staff had regular supervision sessions.

Is the service caring?

Our findings

People and their relatives gave us positive feedback about the caring nature of the staff. One relative said, "The carers are amazing, anything we ask for it's done. They're such lovely people." One person living at the home commented, "I do feel that the staff take time to listen to me." Another person's relative said, "The staff are kind and patient."

The staff team had the information they needed to provide individualised care and support. One person's relative said, "I think that the majority of staff know [my relative] and know their needs." Staff were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. When staff identified that people were anxious or distressed they were able to offer comfort and reassurance effectively and with compassion.

People were treated with dignity and respect. One person said, "The staff always treat me with respect, they always ask if I need anything." Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. We saw that staff supported people to adjust their clothing if it had compromised their dignity. People appreciated the respect staff had for them and were happy with the way they were treated.

People could make their own choices about their care and support. One person said, "I choose what time I go to bed, what time I get up and what I want to wear." We saw that staff gave people choices about how they wanted to spend their time and where they wanted to go within the home.

People and their relatives were involved in making decisions about people's care. One person said, "I am able and do make decisions about my care, I had to have words with one of the carers once, it was sorted, and we get on well now." Another person's relative said, "I have read the care plan, agreed and signed it." We saw that when people's care required adjusting, or if there had been an incident, people's relatives were informed and discussions were had about future care plans.

People were supported to maintain relationships that were important to them. Relatives and friends could visit as they wished. We saw that staff talked to people about their loved ones when they were not there.

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the management team made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required. This included assessments of people's wound management and assessment for depression if necessary.

As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been utilised to record people's current care and they were reviewed on a regular basis to ensure they accurately reflected people's current care needs. Staff could tell us about how they supported each person which was in accordance with their care plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

People were supported to take part in activities within the home however people and their relatives told us they felt the variety and quantity of activities had declined. One person said, "There are not many activities here." Another person's relative said, "They [my relative] used to join in with all the activities and really enjoy it but it's really gone downhill." We reviewed the activities and saw that the staff arranged for singers to visit the home and people were supported to celebrate national events such as the royal wedding. Church services were also arranged for people with religious beliefs. The home had a pet therapy dog visit the home and some people were supported to do painting however the activities could be improved to ensure people were regularly offered activities they enjoyed.

People were supported at the end of their life to have a comfortable and dignified death. End of life training for staff had been arranged and staff were positive about this. Care plans were in place and staff understood how to support people at the end of their life. The nursing team ensured that the appropriate medication was available for people at the end of their lives to have a pain free death and to ensure they could remain at the home if this was their wish.

People and their relatives understood how they could complain and felt their concerns were listened to. One person said, "I have no concerns or complaints, I know how to complain if I needed to." Another person's relative said, "I would speak to a member of staff if I had a concern or a complaint." We reviewed the complaints that had been received and found that they had been investigated and responded to in a timely way.

Is the service well-led?

Our findings

At our last inspection, in March 2017, we rated the home as overall 'Requires Improvement.' At this inspection we have found that the home is rated overall 'Requires Improvement' for a second consecutive time.

Improvements were required to ensure that quality assurance procedures were effective. We saw that regular audits took place within the home however they did not always accurately record the action required, or record the action that had been completed. For example, an infection control audit identified that two carpets required cleaning however they did not detail which carpets, and did not record an update to show when this had been completed. Another audit identified that three members of staff required further training in a specific area. However the audit did not record who the staff members were or when their training had been arranged; but the actions were recorded as complete.

Improvements were required to ensure that care plan reviews were effective. For example, staff reviewed people's care plans regularly but they did not effectively review the care that the person had previously received. For example, one person's care plan recorded that they liked to have a shower twice a week. Their care records documented that they were only offered a shower once a week however their monthly review stated that the person had enjoyed their showers twice a week. In addition, the audits and reviews that were in place failed to review if people had been offered regular opportunities to participate in activities they enjoyed.

The quality assurance systems in place had failed to effectively action where improvements within the service were required. For example, prior to the inspection there had been no recognition of the improvements required to the staffing arrangements or that the meal time experiences for people as identified in the inspection required improving.

The provider failed to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17: Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014.

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.

Most people and their relatives told us they knew who the registered manager was, and that they were approachable. However people and their relatives commented that they did not see the registered manager very often in the units and were disappointed about this. Staff told us they felt able to approach the registered manager and that they were supported in their roles. The registered manager had a good knowledge of people living at the home and understood their needs.

There were opportunities for people and their relatives to provide their feedback about the home. This

included face to face group meetings, one to one meetings and surveys and the completion of questionnaires. One relative said, "I remember filling in questionnaires." Another relative commented, "I know they have held relative meetings but they're at a time I can't come which is a shame." We saw that the home produced a quarterly newsletter to help keep people aware of events happening at the home.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The home submitted notifications to the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have sufficient systems in place to assess, monitor and improve the quality of the service.