

## Glendale Court (Teignmouth) Limited

# Glendale Court

### Inspection report

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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

Glendale Court is a large residential care home for older people, with 37 registered places. The home occupies two houses which are joined together with an adjoining corridor. Both houses have their own staff. Glendale Court provides personal care to 37 people, at the time of the inspection there were 35 people living in the home.

People's experience of using this service and what we found

People told us they were happy and safe living at Glendale Court. People felt that staff were kind, caring and their needs were met daily.

Staff promoted people's privacy and dignity and their choices were respected. Care and support were delivered in a personalised way by staff who knew people's likes, dislikes and preferences.

People were supported to take their medicines safely. However, medicines storage did not meet best practice guidelines. We made a recommendation to the provider about this.

People's needs, and choices were assessed, and their care and support delivered to achieve effective outcomes. Care plans provided staff with information and guidance about how to meet people's needs in the way they preferred. Risk assessments covered areas such as, moving and handling, falls, nutrition and hydration. Not all care plans were as detailed as they could be. We made recommendation to the provider about this.

People lived in a home that kept them safe. Staff had been recruited safely and had received training on how to recognise and report abuse. There were sufficient staff to meet people's needs in a timely manner and ensure that care was person centred.

Staff were supervised, supported and clear about what was expected of them. People's care was provided in line with best practice. People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's independence was promoted. There were areas in the home where people could meet, socialise and form friendships with each other and staff working in the home. People had the choice to engage in a variety of activities if they wished. People were supported with their dietary needs.

The environment had a homely feel and was clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections.

People, relatives and staff told us the home was well led. The provider had systems and procedures to monitor and assess the quality and safety of the home. People's and relatives' views were sought, and opportunities taken to improve the home. Audits were used to assess standards and drive up improvements. Accidents and incidents were recorded and reviewed, so any problem could be identified and rectified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (published 1 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Glendale Court

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Glendale Court 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.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service from the provider and other agencies since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 14 people who lived in the home and seven visiting relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and deputy manager. We also spoke with one visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. One person said, "My room is clean, I feel safe and above all, I'm happy here."
- Staff received safeguarding training and knew how to keep people safe from abuse or harm.
- Staff were clear they would always raise any concerns they had with the managers and were confident their concerns would be acted upon.
- Information was available for staff about safeguarding and how to raise concerns.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed.
- Although medicines were locked away and stored securely, medicines storage did not meet best practice guidelines.

We recommend the provider refer to current clinical guidelines and best practice to ensure medicines are stored safely.

- Some people were prescribed medicine to be taken 'as required' (PRN). These are medicines that people take as and when they need, for example pain relief. However, there were no protocols were in place to guide staff about when people may take these medicines and how often they could be taken. We spoke with the registered manager about this and PRN protocols were in place before the end of the inspection.
- Medicine administration records (MAR) were accurate, clear and confirmed people received their medicines as prescribed.
- There was a medicine policy in place to guide staff and information was available about how each person preferred their medicines.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, where one person was at risk of skin damage, clear risk assessments, care plans and pressure relieving equipment had been put in place to minimise the risk and

staff regularly checked their skin and applied barrier creams.

- Risks associated with the environment and equipment people needed to use, were considered. Checks on the environment and any maintenance needed were regularly completed. Equipment, such as hoists and stand aids, were regularly serviced and checked to ensure they were safe for people to use.
- Emergency plans were in place, and fire systems and utilities were regularly checked. People had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency.

#### Staffing and recruitment

- People told us that generally there were enough staff available to support them. Comments included, "Yes there seems to be enough staff around" and "If you need help in your room, day or night, you just use the call button and they're there for you." However, another person told us, "I feel so very well looked after in every way, but I do wish they [staff] could spend more time with me."
- Staff were very positive about the staffing levels; one told us, "We're very lucky. Most mornings we have six staff. It's good to have the time to spend with people, I like to take my time. They [people] don't like to be rushed, I wouldn't like my mum rushed."
- During the inspection we saw there were enough staff to ensure people had access to care that met their needs and protected them from risks.
- Recruitment practices were safe and included pre-employment checks, such as references from previous employers and police checks to ensure they were of good character, before they started working at the home.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. The home was clean and there were no malodours.
- Staff had received infection control training and followed safe practices.
- Cleaning schedules and regular checks were in place to ensure standards were maintained and infection control risks were monitored. Safe systems and practices were in place to manage higher risks, such as hazardous waste and soiled linen.

#### Learning lessons when things go wrong

- Systems and processes were in place to record and review accidents and incidents.
- Lessons were learnt when things went wrong, and action was taken immediately to minimise the risks of reoccurrence. For example, one person had a fall. Staff had followed the home's falls procedure, contacting medical professionals, putting in a sensor mat and reviewing the person's care plan. They had also contacted the falls team to see if there was anything further they could do to reduce the risk of the person falling again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home and care plans had been created to guide staff on how best to meet people's needs. This assessment was completed with the person and, when appropriate, their relatives.
- Assessments considered all areas of the person's health and social care needs. Care plans were easy to follow and contained information to ensure people's needs were met in line with their preference.
- People's care and support needs were regularly reviewed, and changes made where needed.
- Staff applied learning in line with best practice, which led to good outcomes for people and supported them to have a good quality of life. Staff demonstrated they knew people well and how best to meet their needs.

Staff support: induction, training, skills and experience

- All new staff were provided with an induction, consisting of training sessions and shadow shifts until competent to undertake care shifts unsupervised.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Training received was appropriate to people's needs and the requirement of the role. All staff received mandatory training the provider considered essential. Other training was provided to meet the specific needs of people living at the home, such as, people with swallowing difficulties.
- Staff were supported to gain formal qualifications in care such as national vocational qualifications (NVQ) or diploma qualifications to underpin their care practice.
- Staff were supported with regular supervision and an annual appraisal. Records confirmed that, training needs, care, policies and procedures were all covered as part of this discussion.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of food and drink and spoke highly of the quality and variety of the meals. One person said, "The food quality is most acceptable and the amounts generous." Another person commented, "The food we're provided with is good, and the choice likewise."
- The dining experienced was a relaxed social occasion and people received the support they needed by attentive staff.

- People's nutritional needs were assessed, and guidelines were in place for staff to ensure people received a diet which met their needs.
- People who had been identified at risk of malnutrition were supported with food with additional calories and their weight was regularly checked.
- Staff sought the advice of specialist professionals when they identified a need, for example to carry out choking assessments and dietetic reviews.

Staff working with other agencies to provide consistent, effective, timely care  
Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives and to access health professionals when required.
- Care records showed that when there were concerns about people's health, they were referred to appropriate healthcare professionals. For example, dieticians and speech and language therapy (SALT).
- People were registered with a local GP and people had access to podiatrist's, optician's and dentist's.
- A visiting health care professional told us, "It's lovely. They are helpful, and they know what they are talking about. I would say they are on top of things, they see a person that has a medical problem and do something about it they don't let things build up or get worse. Yes, they are very responsive and proactive. One of the good homes."

Adapting service, design, decoration to meet people's needs

- Glendale Court was bright, clean and homely and there were plenty of communal space for people to choose where to sit and spend their time. People also had access to attractive outside space with seating.
- Some people had brought their own furniture and other personal items into the home to personalise their rooms. One person told us how happy they were with their room, "Well look for yourself, my room has a lovely view and is so clean. As soon as I saw it I knew it was for me, such a home from home."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. When people lacked capacity and restrictions were in place to promote their safety such as sensor mats, the decision to use them had been made in consultation with relevant people.
- Staff were clear about the need to gain consent before carrying out care tasks.
- People told us they could make choices and decisions, for example, what activities to take part in, meals,

times of rising and retiring, and where to spend their day. One person told us, "I choose what time to get up and go to bed, and whether to have my meals in my room or not. We are given a choice about everything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Glendale Court had a warm, friendly and welcoming atmosphere, with staff very much focussed on the residents and meeting their needs.
- People told us staff were kind and caring. One person said, "I really can't praise the carers enough. They take the time to get to know you, and that reassures me and makes me feel calm and cared for, both at the same time." Another person told us, "All the staff here, but particularly the cleaners, make me feel as if I really matter, and I value that."
- One person's relative said, "I think the care my relative receives here is exceptional."
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and supported them in a patient way. We heard lots of laughter and saw many positive interactions. Staff joked and chatted to people who were enjoying these interactions.
- Staff had developed good relationships with people; they knew them well and could talk to them about their interests, families and friends.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff. People's wishes to spend time in their rooms was respected by staff and those people who chose to remain in their rooms were regularly checked. One person told us, "When I moved in I was told to think of this as my home, and do you know, everyone who works here respects that and they too treat it like my home."
- Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and they felt their privacy and dignity was respected.
- A relative told us, "What I really want to see reflected is the dignity that's always been shown to my relative. It's difficult for them to eat properly due to their poor health, but the staff go out of their way to ensure this doesn't trouble them."
- We saw staff knocked on people's doors before entering their rooms and provided personal care in private.
- People told us staff encouraged and promoted their independence. Observations made during the inspection confirmed this was the case. One staff member told us, "I try not to take their independence away by encouraging them to do as much as possible for themselves."

Supporting people to express their views and be involved in making decisions about their care

- People were involved with their care and support and were encouraged to make decisions about their day to day care and routines where possible.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives, next of kin or health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Care plans were person centred and supported staff with understanding about people's past lives, likes, dislikes and preferences. Care and support were tailored around each individual's needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care that was responsive to their needs.
- People's needs were assessed before they moved to the home and reviewed regularly thereafter. Their support was planned in partnership with them and their families, in a way that suited them and met their preferences.
- People's care and support plans contained information about personal preferences and choices, including information about people's life histories and things they enjoyed.
- Not all care plans we looked at were as detailed as they could be. For example, one person's care plan for personal care said, "I am unable to wash myself and need assistance in all areas of personal care", however, the care plan did not contain a detailed description of how staff should provide personal care that met the person's wishes or preferences.

We recommend the provider reviews care plans to ensure they are person centred and fully reflect people's needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication was considered within their care plan and guidance for staff was provided to ensure they could understand people and be understood. For example, one person's care plan advised staff to, 'Speak clearly and on the same level as [name] so he is able to understand what is wanted of him.'
- The home was able to provide information in different formats, such as large print, ensuring people with a disability or sensory loss would be able to access and understand information given to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities to provide them with stimulation and entertainment. During our inspection we saw people socialising, watching television, listening to music and

playing games on the homes Interactive Digital Touch Table.

- Organised activities provided included arts and crafts, games, bingo, cooking and baking, pamper sessions and gardening.
- The provider also brought in external entertainment and people had the opportunity to enjoy musical entertainers, choirs and exercise classes.
- Some people told us they wanted more activities provided for them. One person said, "Sometimes we have a film afternoon and occasionally a man comes in with a guitar, but there's not that much organised for us to do." However, another person told us that the activity provision had recently improved, they said, "Some of us wanted to have more to do with our time, you know, to keep us occupied. [Registered manager's name] listened and now we have a film night, a music afternoon and a man calls to help us exercise."
- People were encouraged to maintain interests they had before they moved into the home. For example, one person used to enjoy making craft items. Staff encouraged them to continue with their hobby and help them set up craft sessions where they would teach other residents craft work.
- Staff respected people's choice not to take part in activities and checked on people who liked to spend their time in their rooms. One person told us, "I'm not too interested in having things organised for me, I'd sooner stay in my own room with my own company. And that's ok with them."
- The provider encouraged people to keep in contact with friends and family. The home had Wi-Fi that people could access. We were told that people used computers provided by the home to stay in contact with relatives. One relative told us, "When we go abroad, the manager sends us text messages and emails to keep us apprised of our relative's condition. It gives us great peace of mind."
- Families were welcomed and encouraged to visit at any time of the day.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure and system in place to log any complaints received.
- People who lived in the home knew how to make a complaint. People told us if they had a problem they would talk to the managers. One relative told us, "I've never had cause to complain or raise a concern, but if I felt the need to so do, then I am 100% confident the management would respond, and I'm equally confident they'd take action, and importantly, let me know what they'd done."

#### End of life care and support

- People were supported with dignity and respect at the end of their lives. When it was identified that people were at the end of their lives, staff worked with relevant health care professionals, such as community nursing team and the local hospice to ensure people's needs were met.
- People's care wishes and preferences at the end of their lives were recorded in their care plans. This included information about where they would like to be cared for, resuscitation options and any decisions about funeral arrangements.
- Staff received training on how to support people at the end of their lives.
- The home had received positive feedback from people's relatives about the end of life care they had provided. Relatives had sent cards with messages of thanks for staff. Comments included, "Thank you for everything you did for [name]. He was very happy living at Glendale", "The care given to her when I came to see her after her passing, meant so much to myself and the family" and "Thank you so much for the kind and caring way you looked after my mum. You made her final year as happy and as comfortable as it could be."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Glendale Court had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people and people were very much at the heart of the service.
- Everyone we spoke with said they had confidence in the management and told us the home was well-led. One person said, "The management here are exceptionally good. We see them every day and nothing is ever too much trouble for them."
- There was also a marked consistency in the opinions expressed by visiting relatives which mirrored the feedback we received from people who lived in Glendale Court. One relative told us "I have the overwhelming sense that the care staff put my relative, and all the other residents first. That only comes from the culture and ethos set for them by the management."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour.
- The registered manager kept up to date with changes through working with the local authority and links with other professionals and organisations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear management structure in place, consisting of the registered manager who was also the registered provider and deputy manager. The registered manager understood the responsibilities of their role and acted in accordance with them.
- Staff were positive about the home's management team and registered manager. One staff member said, "It's a nice home and [registered manager's name] is really great to work for, they're really good bosses. I always feel well supported and they give good advice."
- Staff were knowledgeable and enthusiastic and had a clear understanding of their job roles and how to provide safe, responsive and effective care.



- The registered manager was aware of their role and their regulatory requirements. We saw notifications had been submitted to CQC in a timely manner and the performance certificate was on display, as required.
- The provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and opinions were valued and there were a variety of ways people could influence the service provided; including feedback surveys and informal conversations with staff and the management team.
- People told us they found the management team and staff approachable, and they felt comfortable to share ideas and opinions.
- Staff spoke positively about the registered manager and told us they felt valued and listened to by them. Staff meetings were held, and the registered manager had an 'open door' approach, meaning staff could raise any issues or questions at any time.

Working in partnership with others

- The manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people and improve quality of care and safety.
- Feedback we received from a visiting health professional was very positive about their experience of working with the service.
- Records showed multi-disciplinary teams were involved in people's care.