

HC-One Limited

# Glenmoor House Nursing Home

## 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 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

The last time we inspected the service was 17 September 2013, we found the service not to be in breach of the regulations assessed.

Glenmoor Nursing Home provides accommodation and personal care for up to 59 people, some who are living with dementia. On the day of the inspection there were 58 people using the service

There was a registered manager in post at the time of this inspection. A registered manager is a person who has

# Summary of findings

registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider in the Health and Social Care Act and associated Regulations about how the service is run.

This was an unannounced inspection. This meant that the provider was not aware of when we were inspecting the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. The registered manager told us there was no one living in the home currently who required a referral, as no one was having any restrictions imposed. We saw no evidence to suggest that anyone living at the home was being deprived of their liberty.

People's healthcare needs were assessed, and care planned and delivered in a consistent way. We found from the records we looked at that the information and guidance to staff was clear. It enabled them to provide appropriate and consistent care. Risks had been assessed and plans were in place to minimise the risk as far as is possible to keep people safe.

Staff understood how people wished to be supported. There were appropriate numbers and skilled staff on duty to provide people with the care and support required.

Staff received appropriate on-going training and support to enable them to understand and meet people's diverse needs and ensure people were protected and safe.

People's privacy and dignity was respected. Staff knocked on people's doors and asked permission before providing any personal care.

People's preferred daily routines had been recorded in their care plans and we saw that staff respected these.

The social and daily activities provided suited people's individual needs and choices. People were able to choose if they took part or not.

An effective complaints procedure was in place. People could therefore feel confident that any concerns they had would be listened to and acted upon.

There were a number of monitoring audits in place to assess the quality and safety of the service. People using the service, families and staff were consulted in the running and improving the quality of the service.

The management team at the service were well established and provided good and consistent leadership.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People living in the service felt safe. Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

Care plans demonstrated that people were involved as much as possible in the decisions about risks taken in their daily lives.

A thorough recruitment procedure was in place and sufficient staff were available to keep people safe at Glenmoor House.

Good



### Is the service effective?

The service was effective.

Regular monitoring of people's healthcare was in place to ensure that any additional support or any required intervention was sought as appropriate.

People's nutritional wellbeing was monitored and any concerns acted upon. People were offered food and drink choices to encourage them to eat and drink.

Staff had received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

Good



### Is the service caring?

The service was caring.

Staff showed dignity and respect towards people and that people were listened to.

Relatives were complimentary about the care and support and they felt that the registered manager listened and responded to any concerns they had raised.

Staff supported people to be as independent as possible and we saw that people were given time to respond and that staff were attentive and caring throughout our inspection.

Good



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and monitored. This ensured people's needs were met appropriately.

People were able to raise any concerns they had. We saw that these were acted upon. People could therefore feel confident that they would be listened to and appropriate action taken to resolve any concerns raised.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was a strong and stable management team in place. The registered manager was approachable and provided a well-run home.

There were good monitoring systems in place to ensure that people lived in a home that was safe, monitored and well managed.

# Glenmoor House Nursing Home

## Detailed findings

### Background to this inspection

This inspection was conducted on 22 July 2014 and was unannounced. This meant the provider did not know we were coming. 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.

Before the inspection, we reviewed all the information we hold about the provider including the Provider Information Return (PIR) which we had asked the provider to complete. 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. We also reviewed statutory notifications. This is important information about events that occur at the service which the provider is required by law to inform us about.

Not everyone who used the service was able to talk with us. This was due to their complex communication skills. We were able to speak with 10 people. We used a number of observations, spoke with staff, and looked at care records and other information to help us assess how their care needs were being met.

We looked at four peoples care records, recruitment files, training and supervision spread sheets. Other records we looked at included complaints, quality monitoring and audit information, health and safety and fire records.

# Is the service safe?

## Our findings

We spoke with 10 people living at Glenmoor House and all of them told us they felt safe, for example: One person said: “I feel safe here and I like it, everyone is very nice.” One relative we spoke with said: “My [family member] has been here for four years and is very safe, whereas they weren’t at home due to them living with dementia”. Another person said: “There always seems to be enough staff. If I want something I press my buzzer. I am better living here because I don’t fall.” Another said: “They [the staff] bend over backwards to help.”

We found that no person was being deprived of their liberty. However the registered manager was aware of the action to take if necessary. The registered manager told us and we saw that there were policies and procedures in place for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion took place with the registered manager regarding how the recent judgment by the Supreme Court, could impact on the provider’s responsibility to ensure DoLS were in place for people using the service.

Staff we spoke with had an awareness of how to recognise abuse and they knew who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. There had been no recent safeguarding incidents but the registered manager was clear of her responsibilities in regards to informing the Care Quality Commission (CQC) and the local authority should any incidents occur.

We looked at four people’s care plans and saw that any possible health risks to people’s wellbeing had been identified. Risk assessments and care plans were in place and they had been reviewed on a regular basis and amendments made when people’s care needs changed. For example, the risk assessments and care plans described help and support people needed if they an increased risk of falls, they had reduced mobility or were likely to develop a pressure ulcer.

We looked at the staffing levels in the service. The rotas we saw and from our observations during the inspection demonstrated that there were sufficient staff on duty to safely meet the care and support needs of the people using the service. The registered manager told us that people’s needs were regularly assessed to ensure that staffing numbers were adequate to meet people’s needs. We saw that a member of staff was available in communal areas to support people. Call bells were answered promptly. Our findings indicated that sufficient staff were being provided to meet people’s care and support needs safely.

Staff recruitment records we looked at showed that all the required checks had been completed prior to staff commencing their employment including a criminal record check, references, questions and answers from their interview and a contract. This ensured that only care staff suitable to work with people were employed at Glenmoor House. There was an induction in place for new staff and four staff we spoke with confirmed that they had found this covered everything they needed to know about their new role and how to support people with their care and support needs.

# Is the service effective?

## Our findings

All six staff that we spoke with demonstrated they were knowledgeable about people's care and support needs. One staff member told us: "My training has been good," another said: "I had a good induction when I started and support from all staff is good." The records showed and staff told us that they received regular supervision and an annual appraisal to support them in their role. Staff confirmed that recent training had been undertaken in safeguarding, infection control, equalities and diversity. They told us that this training helped them to do their job better. They said that the training in infection control had made them more aware of the reasons for using aprons and gloves when carrying out personal care. Training records we looked at showed that the majority of staff had completed their training. This showed us that staff were supported with training that would assist them in supporting people with the care needs.

People told us that their healthcare needs were being well met. One person said: "They arrange for me to see my GP regularly", another person said: "They [staff] sort out for me to have my feet done every few weeks, they feel so nice afterwards."

We looked at four care records and noted that one record showed that although the person's needs had changed, their care plan had not been updated to reflect these changes. However, found some short it was clear from our discussions with staff that they were fully aware of the persons change in needs and offered appropriate support and care.

We saw that staff communicated and interacted well with people including those people who were living with dementia, they were well supported and encouraged to engage in conversation and take part in the activities on offer.

People's care records showed us that a range of other professionals were involved in people's care and included district nurses, dieticians, GP's, and dentists. We spoke with a visiting health care professional and they told us they had no concerns about the service and that they felt the staff were extremely professional and provided a high standard of care. We saw from records that when there was a change to people's health, health care professionals were contacted in a timely manner.

The registered manager had received training in MCA and DOLs and had a full awareness of her responsibility in respect of this. The registered manager informed us that additional training in this subject was being arranged for all staff to ensure that they had a full knowledge and understanding of MCA & DoLS and what was expected of them to ensure people were kept safe.

We observed people having lunch and noted that the meal time was relaxed and people were offered a choice of drink whilst waiting for their lunch to be served. The majority of people who lived in the home were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to. Staff reminded people what they had ordered and checked that they were still happy with their choice. We observed people chatting with each other and people were encouraged to dine at their own pace. We saw that, when necessary, people received individual assistance from staff to eat their meal in comfort and that their dignity was maintained.

Systems were in place to monitor people who had specific needs related to their dietary needs and we observed staff completing these records following the lunch time meal. In discussions with staff they demonstrated that they had a good understanding of the nutritional needs of the people they cared for.

# Is the service caring?

## Our findings

All 10 people who we spoke with throughout our inspection were very positive with the comments they made about the care they received. Comments included: “The staff are very good and I get on well with them”, “The staff are very kind to me”, “I like it here, everyone is very nice”. A relative we spoke with said: “We are welcomed and made to feel at ease”, another said “The staff are genuine and compassionate towards [family member] and look after their wellbeing well”. “All the staff are very kind and good”.

We found that Glenmoor House had a warm and friendly atmosphere. We saw that people were sat in various communal areas and were socialising with each other and with staff. There was lots of chatter and respectful laughing heard.

Staff we spoke with told us that it was important to get to know people especially those who were living with dementia. This they said helped them to meet their care needs in a way they preferred and allowed them to talk about things that were important to them.

Everyone we spoke with told us they had their privacy and dignity preserved. We were told and we saw that all staff knocked on doors and waited for an answer before entering. On entering they told the person who they were and either asked if they needed anything or what the purpose of the intrusion was, for example returning their clothes from the laundry.

We saw that staff encouraged people to be independent. One person told us: “They encourage me to do what I can

for myself and help when me when I struggle”. At lunchtime we saw that staff gave people time to eat for themselves and gave encouragement or intervened where they saw people struggling.

Throughout our inspection we observed that staff had a courteous, patient and caring approach with people living at the home. Staff gave people time to respond and did not rush them. For example we heard a member of staff explaining to people what hobbies and interests were available and planned activities that were also on offer. They repeated the information several times whilst gently encouraging them to make their own decision. Another person was being assisted to walk to the dining room and the staff member gave the person time to take steps and offered them a rest on a nearby chair before completing the whole journey.

Throughout our inspection we saw that staff communicated and interacted well with people including those people who were living with dementia, they were well supported and encouraged to engage in conversation and take part in the activities on offer.

We saw from the bi-monthly resident meeting minutes and from our discussions with the people who lived at the home they were able to discuss any issues and make suggestions. The activity co-ordinator we spoke with told us that her activities programme was based on the hobbies and interest that people preferred. One person told us, “I enjoy singing and always love joining in the activities”. This demonstrated to us that social interaction was important to people living at the home.



# Is the service responsive?

## Our findings

Some people we spoke with told us they loved the activities on offer and felt they met their individual needs. People told us: "There is always something going on, we are always asked what we would like to do", "I love that I can sing, dance and laugh a lot", "There is always activities organised and they are detailed on the board so we know what is happening". A relative we spoke with said: "The activities are brilliant and there are so many on offer, I love coming in to spend time with [family member] and joining in the activities". Another relative said: "The activities on the board actually happen, always plenty going on".

From the four care records we looked at during our inspection, we found that these were individual to the person. They provided staff with information to enable them to provide people with care in a way that the person required. Issues such as people's falls and changing healthcare needs were responded to. One care plan we looked at had been reviewed following a person who had had a fall. People's weight was monitored and referrals made to the dietician where staff had concerns about people's wellbeing. One person told us: "Staff arrange for us to see the doctor if we are feeling unwell." Another said: "They deal with any health problems I have very quickly and arrange all my appointments I need".

People and their families told us they were consulted about their care needs or those of their relatives. One relative said: "We are always told about any changes in [family members] care and asked if we are happy with the changes." One person living in the home said: "Yes, they tell me if they are going to change anything, like I wanted a different room, so as soon as one became free they moved me." We saw that care records detailed what was important to them, how they wanted their care delivered and what their preferred routines and interests were. This showed us that people and their relatives were consulted with and kept informed of any changes to their planned care.

Other care plans we looked at demonstrated that care plans were written to meet people's individual needs which included mobility, communication, social needs, continence and advanced care planning. We saw that regular reviews of people's care plans took place and staff told us that they were involved in these reviews along with the person and their relative.

The care home had a flexible and responsive approach to supporting people and their families. One relative told us: "We have had to discuss some issues like hair washing, food likes and dislikes but nothing major and all issues were addressed quickly". Another said: "The staff are very responsive to [family members] wishes; they were able to keep their own GP when they moved in. They deal with things very quickly if [family member] is poorly".

Some people went out to a local day centre and took part in activities that were offered. People took walks in the local park with staff, meals out; external entertainers came into the home. This showed us that people had opportunities to get out and about and were involved in the local community.

Staff were seen to consult with people about their choices and responded to them. For example, one person had decided they no longer wished to listen to the music and staff promptly supported them to move to another area of their choice. Staff told us: "We [staff] all work together and it is the residents' home and we are here to meet their needs".

We saw from the bi-monthly resident meeting minutes and from our discussions with the people who lived at the home they were able to discuss any issues and make suggestions. The activity co-ordinator we spoke with told us that her activities programme was based on the hobbies and interests that people preferred. One person told us: "I enjoy singing and always love joining in the activities". This demonstrated to us that social interaction was important to people living at the home.

We saw that a complaints procedure was available and on display to provide details on how to raise any concerns anyone may have had. People and their relatives we spoke with felt able to raise any issues they may have and that the service was open in their approach to look into any matters. One relative said: "We have never had to complain and [family member] has been here three years". Another person said: "The manager is very approachable and quick to respond to issues and I wouldn't hesitate in recommending this home to anyone". Relatives we spoke with told us, "If I ever have a concern the manager or staff are always here. We know them so well we just have a quick chat. Then again, I don't have any concerns".

# Is the service well-led?

## Our findings

The registered manager was supported by nurses and team leaders. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Comments included: "I received an excellent induction and have an ongoing training plan"; Another member of staff told us: "We have good communication with the manager and senior team. I always know what is going on". People told us that the registered manager was very approachable and supportive. This showed us that the registered manager involved staff to ensure they were able to speak up and suggest improvements to the care of the people who live in the home.

Through our discussions with the registered manager they had a desire to keep improving the service by encouraging greater involvement from people who used the service, families and staff. The activities co-ordinator told us that they had recently become involved in a research programme for people living with dementia to improve people's lives but that it was too early to know what impact this would have on people.

People were able to express their views about the service at the bi-monthly meetings that were held in the home. We saw that activities were always on the agenda and changes were made to what was offered depending on people's choices. Menus had recently been discussed and new menus had been introduced to accommodate people's tastes.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. We saw that audits had been completed on things such as: medication, fire, health and safety. We saw that when action had been identified this was followed up to ensure that action had been taken. This meant that the monitoring systems were effective and identified where improvements could be made with the exception of care plans where it had not been identified that a person needs had changed and the care plan did not reflect this.

We saw from the records that falls and other incidents were well recorded and monitored through monthly analysis. This showed they were able to identify if further support was required for individuals. For example, a referral to the falls clinic had been made.

All of the staff we spoke with were clear about the process to follow if they had any concerns and knew about the whistleblowing policy and would have no hesitation to use it if the need arose. We were told by staff and relatives that the registered manager had an open door policy and they were able to speak with her at any time.

The registered manager told us and relatives we spoke with confirmed that the provider was in the process of consulting on the use of cameras in homes. The proposal was for using cameras in communal areas. There was an annual survey that was conducted to seek people's views about the service. These records showed positive responses and comments from everyone who took part. Where there had been any comments which required actions to be taken an improvement plan had been put in place to improve the service. This showed us that the organisation was open to feedback.