

Glenside Care Home Limited

Glenside Residential Care Home

Inspection report

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Northamptonshire
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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

The inspection took place on 26 June 2015 and was unannounced.

A registered manager was 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.

The home cares for up to 30 people living with dementia and mental health illness at the time of our inspection 24 people were living at the home.

Summary of findings

Robust staff recruitment systems were practiced and staff new staff were provided with comprehensive induction training and all staff were provided with on-going training, which covered vocational training specific to meeting the individual needs of people living at the home. The staff had also achieved accredited training.

All staff were provided with one to one supervision and annual staff appraisals that enabled them to plan their learning and development aims and objectives.

The staff treated people dignity and respect and ensured their rights were upheld. They were knowledgeable about what constituted abuse and the reporting procedures to follow when raising safeguarding concerns.

People had individualised care plans in place that were detailed and reflected their needs and choices about how they preferred their care and support to be provided. The care plans took into consideration people's occupational, social and recreational preferences and staff spent time engaging people in activities of their choice.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare and suitable arrangements were in place for the safe administration and management of medicines.

Robust quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the home and their representatives were sought about the quality of the service and acted upon to make positive changes.

People were encouraged to raise any concerns they had about the quality of the service they received and complaints were taken seriously and responded to immediately. There was an emphasis on the service continually striving to improve.

Effective quality monitoring systems were in place. Regular management audits were carried out and used to continually drive improvements. The service worked in partnership with other care organisations and regularly attended care provider forums to keep abreast of current best practice.

The vision and values of the service were person-centred and made sure people living at the home and their representatives were fully consulted, involved and in control of their care. People and their representatives were complimentary about the care they received and the feedback from health and social care professionals involved in monitoring people's care was positive.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Robust systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff were provided with appropriate training to keep their skills and knowledge up to date.

Systems were in place to ensure staff were appropriately supported and supervised.

People could make choices about their food and drink and were provided with appropriate support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect and had their privacy was maintained.

Visitors were made welcome to visit at any time.

Good



Is the service responsive?

The service was responsive.

People's care plans were personalised and reflected their individual requirements.

People and their representatives were fully involved in decisions regarding their care and support needs.

There was an effective complaints procedure in place.

Good



Is the service well-led?

The service was well led.

The service had an established registered manager in post that was supported by an established senior staff team.

People and their representatives were encouraged to feedback on the service they received and any suggestions for improvement were listened to and acted upon.

There was established quality assurance systems in place.

Good



Glenside Residential 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.

The inspection visit took place on 26 June 2015 it was unannounced and carried out by one inspector.

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.

We reviewed the information we received from the provider and other information we held about the service. This

included statutory notifications that the provider had sent to us, a statutory notification is information about important events which the provider is required to send us by law. We also contacted commissioners and health and social care professionals involved in monitoring the care of people living at the home, to seek their feedback on the service.

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

We spoke with five people living at the home one visiting relative, the provider, the registered manager, two senior staff and three care staff.

We reviewed the care records and risk management plans of three people living at the home. We also looked at records in relation to staff recruitment, staff training and support and the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “They look after us all extremely well”. A relative said, “I am very happy with the care [name] receives and have no concerns about their safety at all.”

Safeguarding concerns had been reported appropriately to the local authority and Care Quality Commission (CQC). Safeguarding information was on display on notice boards that gave the contact details for the local authority safeguarding team and the CQC. The staff told us they had received training on safeguarding and whistleblowing and where knowledgeable about the different types of abuse, they told us they felt confident in raising any concerns they had about people’s safety and welfare.

Within people’s care plans there were risk assessments in place to promote and protect people’s safety in a positive way. They included people safely going out into the community, managing medicines and daily living skills. They had been developed with the person, their representatives and professionals and had been subject to regularly reviews.

We saw that contact information was available in the event of any emergency, such as a breakdown with the heating, water, electrical and fire systems. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the premises having to be evacuated.

Accidents and incidents were recorded in line with the provider’s policies and were regularly monitored to identify any trends in incidents, so that measures could be put in place to minimise the risks of repeat incidents.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. We looked at the recruitment files of staff and saw the recruitment procedures explored gaps in employment histories, written references had been obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks.

There was sufficient numbers of suitable staff on duty to keep people safe and provide appropriate support to meet their needs. Throughout the inspection we saw the staff responded to people’s requests for assistance and worked with people at a relaxed pace.

People’s medicines were safely managed. Medicines were only administered by staff that had received appropriate training, which was followed up by having medicines competency assessments carried out that involved observing and assessing the competency of the staff to administer medicines to people safely. We also saw that records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines audits took place to check that medicines stock levels and records were in order.

Is the service effective?

Our findings

People received effective care, which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received induction training that covered topics such as promoting people's rights, choice, dignity, responsibility and independence. Staff said that they worked alongside an experienced member of staff when they first started working at the service.

The staff spoke highly of the training they had received. They told us they had been provided with health and safety training and service user specific training, such as caring for people living with dementia. They told us that training was provided through face to face workshop and e-learning modules that were used to refresh the staffs' knowledge on subjects relevant to caring for people living at the home. They also told us they were provided with the opportunity to obtain a recognised accredited care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that were effectively supported and supervised.

We saw that staff team meetings took place regularly and used as group supervision sessions, also each member of staff had an annual one to one supervision and appraisal meeting with their supervisor. The meetings were used to evaluate the staffs work performance and identify any further support and training needs. The staff said on a day to day basis the registered manager was very approachable and always willing to offer advice and support and practical help whenever they needed it.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. People's care plans contained assessments of their capacity to make decisions for themselves and where

people lacked the capacity to make some decisions 'best interest' decisions were made on the person's behalf following the MCA and DoLS codes of practice.

People were supported to eat a balanced diet that promoted healthy eating. The staff closely monitored

people's food and drink intake and worked in collaboration with other health professionals. People said the food was nice, one person said, "The meals are lovely, I find them very tasty." The provider used an outside catering company that specialised in providing frozen meals. We saw that nutritional data was available on all of the meals the company supplied and that special diets were catered for and the menus included seasonal choices. In addition fresh fruit and snacks were available for people in between meals.

We observed over lunchtime the atmosphere within the dining room was relaxed, the meal was unrushed and people quietly chatted to each other at the dining tables. We observed the staff regularly offered people a selection of cordial drinks. They sensitively provided help to people who needed assistance to eat and drink in order to preserve their dignity. They ensured that each person had sufficient quantities to eat and drink and extra helpings and alternative foods were offered to people as needed.

Individual nutritional assessments were carried out and the staff discreetly monitored people's food and drink intakes and reported any change in their food and drink intake the attention of the GP and referrals had been made to dietician services as required.

People told us they saw health care professionals when needed. The care records contained information that demonstrated their physical and mental health condition was regularly assessed and monitored. The staff promptly contacted the relevant health professionals in response to concerns or sudden changes in people's physical and mental health and acted on the instruction given from the health professionals.

People who were cared for in bed and at high risk of developing pressure sores had been provided with pressure relieving mattresses that limited the amount of pressure placed on areas of the body to reduce the risks of skin damage. As a further precaution staff also assisted people to be repositioned in bed and reposition charts were in use for staff to record when they had assisted people to move.

Is the service caring?

Our findings

People received care from staff that treated them with respect and dignity. People said they were pleased with the care and support they received from the staff. One person said, "The staff are lovely, they look after us very well." A relative said, "I looked around at various homes before [name] came to live here, I definitely feel I made the right decision."

People and / or their representatives were involved in making decisions and planning their own care. We saw that each person was asked whether they wanted to share information about their past history and important events in their lives. The information went towards each person having a life history profile in place. The aim was so that staff could tailor their care to meet their specific needs and preferences. The staff demonstrated through their interactions with people that they knew each person living at the home very well and were able to tell us about the needs of individuals and the contents of their care plans.

There was good relationships between the staff team and staff knew the individual needs of people and their life histories. For example, we heard staff having discussions with people about their previous occupations and people

enjoyed reminiscing about what they used to do in their working and family life. The conversations sparked other discussions, for example, there was a lively discussion about a local family run business and about various shops that used to be in Northampton that had since closed. People were comfortable talking to staff about events that were particular to them and the staff stopped what they were doing and gave people their full attention.

A relative said "The staff seem very caring." We observed people being treated with dignity and respect and personal care was provided discreetly. We heard staff asking people whether they wanted to spend their time in their rooms or in the communal areas of the home. We observed the staff assist a person to move using a hoist to transfer from the armchair into their wheelchair. The staff took time explaining to the person what they had to do to move them safely and they gave the person time to sufficiently relax so that the move was carried out safely and comfortably for the person.

We saw that people were provided with information on how to access the services of an advocate and that some people had used the service when it was appropriate for them.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us they were fully consulted in all decisions about their care. Each person had a detailed care plan that was used to guide staff on how to involve people in their care and provide the care need.

The people we spoke with told us the staff always gained their consent before providing their care and the staff said it was fundamental they sought consent from people before providing any care tasks. We also saw that the importance of staff seeking people's consent to the care they received was recorded within people's care plans.

People were supported to engage in occupational and recreational activities. The care records contained information detailing people's interests and hobbies and people were encouraged to record in their care profiles what their likes and dislikes, hobbies and interests were. This was so that activities could be arranged that suited individual preferences.

People were also supported to use and maintain links with the wider community, for example, on the day of the inspection one person went out to a local take away restaurant to purchase a burger meal. People talked of recently enjoying a trip on a canal boat and said they were looking forward to going again. The staff spoke of various

musical artists that visited the home to sing and play musical instruments. They also spoke of people that came to the home to encourage people to participate in taking part in gentle armchair exercises. They said that people particularly enjoyed visits from a reptile enthusiast that brought small reptiles into the home for people to see and touch if they wanted to.

People were supported to develop and maintain relationships with people that mattered to them. We observed people had developed friendships with other people living at the home, we heard people speak affectionately to each other and they appeared happy in each other's company.

The service routinely listened and learned from people's experiences, concerns and complaints.

People told us they did not have any complaints about the service, one person said, "If I'm not happy I tell the girls." We saw that the homes complaints procedure was prominently on display within the front entrance and had the contact details of who to contact outside of the home, such as the Care Quality Commission. Regular resident and family meetings took place and complaints were a regular item on the agenda. We were informed by the provider that no formal complaints had been brought to their attention and that generally if people raise any concerns about their care it is dealt with there and then.

Is the service well-led?

Our findings

The provider's values and philosophy were explained to staff through their induction programme and training and there was a positive culture at the home where staff and people living at the home felt included and consulted.

Staff at all levels understood what was expected of them. The home had an experienced and knowledgeable staff team with many staff holding long service. The staff received appropriate training in order for them to continually develop within their roles.

There was a strong emphasis on continually striving to improve the service. The provider regularly attended best practice meetings with other organisations.

The vision and values of the service were person-centred and made sure people were fully consulted, involved and in control of their care and support needs. People living at the home and their relatives were regularly asked for feedback on the service they received. They told us that regular resident meetings took place at which information was provided to them about the running of the home and their views were always sought and taken into account.

Annual satisfaction surveys were carried out and feedback received from the surveys was analysed and action plans put in place to continually improve the service.

People told us the provider, manager and staff were very approachable. Discussions with the manager and the staff team demonstrated that they knew the people living at the home and their families very well, they were fully aware of the individual needs of all people living at the home.

The staff we spoke with all told us they felt supported and enjoyed their work. One staff member said, "I really do enjoy working here, it's smaller than the previous home I worked at and it feels much friendlier." Another staff member said, "The training and support we get is very good."

We observed staff carrying out the midday handover, which demonstrated that the daily needs of each person living at the home were reviewed and important information was effectively communicated between staff shifts.

The staff knew their safeguarding responsibilities to protect people from abuse and knew how to raise concerns under the whistle blowing policy directly to the Local Safeguarding Authority or CQC, if they had reason to believe the provider did not act appropriately to safeguarding concerns. They confirmed that the manager always acted immediately on any concerns reported to them whilst fully maintaining people's confidentiality.

The quality assurance systems to monitor people's care were robust and were used to drive continuous improvement. Management audits took place that covered for example, health and safety, medicines management, building upkeep and routine maintenance.

The service worked in partnership with other organisations to make sure they are following current best practice in providing a high quality service. Feedback from the health and social care professionals involved in monitoring people's care was positive. The registered manager and the staff team strived for excellence through consultation, research and reflective practice.