

The Oaks Residential Care Home

Glendale Residential Care Home

Inspection report

14 Station Road
Felstead
Essex
CM6 3HB
Tel: 01371 820453
Website: n/a

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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 on 28 January 2015. The inspection was unannounced.

At our last inspection on 09 April 2014, we found that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety

and welfare of people using the service and others. During this inspection and found the provider had taken the action they said they would and the necessary improvements had been made.

Glendale Residential Care Home provides accommodation and personal care for up to 16 people who require 24 hour support and care. Some people also have needs related to their diagnosis of dementia.

Summary of findings

There was a registered manager at the service. 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.'

There were systems in place to provide safe care for people who used the service. People told us they felt safe.

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS)

and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who lived at Glendale Residential Care Home.

The manager ensured staff were supported to develop their skills and knowledge to provide effective care and support for the people who used the service. People thought the staff cared for them and paid many compliments about the care team.

The home was led by an effective management team who were committed to providing a good service responding to individual needs.

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 received a service in an environment that was clean and well maintained.

Staff were trained to administer prescribed medication.

The staff had received training about safeguarding and were aware of how to report safeguarding matters and there were sufficient numbers of staff to provide care to the people who lived at the service.

Good



Is the service effective?

The service was effective.

The staff knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included Mental Capacity Act Training and Deprivation of Liberty Safeguards.

People were consulted about their choice of food and staff monitored food and fluid intakes appropriately regarding the individuals needs

People were supported to maintain their health by visiting and other professionals such as dentists and GP's.

Good



Is the service caring?

The service was caring.

Staff were attentive to people needs including psychological needs and a range of activities were available.

People told us that the staff listened to them and treated them with respect.

People were involved in contributing to their own care plan.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and this information was used to write their first care plan.

People and relatives told us that the service had a complaints policy; they knew how to use it and had no fear of doing so. They were confident the service staff would help them to resolve any complaints.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in place and they would be joined by a deputy and administrator in the next month.

The staff we spoke with felt they were supported and valued by the service.

Good



Summary of findings

There was a variety of systems in place to seek the views of people and this information was used to develop and make improvements to the service.

Glendale 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 was unannounced and carried out by one inspector on 28 January 2015.

To help in the planning of our inspection, we considered all the information we had about the service. This included

the conclusions from our previous inspections and statutory notifications received by the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send to us by law

At this inspection we talked to four people who used the service, two relatives, one visiting professional and interviewed the registered manager and three staff. We observed medication being administered, looked at six medication records and reviewed four care plans. We carried out a Short Observations Framework Inspection (SOFI), over the lunch time and just after the lunch period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We spoke with four people who lived at Glendale and they all told us they felt safe. One person said, “This is a nice place, I am safe here.” They continued to tell us that they knew the manager very well and had built up trust with them over the years. A relative told us, “The staff know [my relative], it is like an extended family, so I am confident they are safe here.”

Staff were knowledgeable about how they would recognise abuse and how they would protect people from it, so the risk to people of facing abuse was minimised. Training records confirmed to us that staff had received training in various subjects including infection control and safeguarding. When asked, staff were able to explain to us an understanding of the safeguarding policy, the different types of abuse and how they would report any such matters. There had been no safeguard reports since our last inspection. Staff also had access to guidance about whistle blowing policies and bullying and harassment.

We saw in the care plans viewed that risks regarding people’s well-being had been recorded and a plan of action was in place about how the service would minimize the risk and provide care. For example, we found that risk assessments for moving and handling people had been completed and that these were appropriately in place where required.

The manager explained to us the emergency plans for the service in case of the need to evacuate. There was fire-fighting equipment in place which staff were shown as part of their induction to the service and reminded of at team meeting or supervision. This meant that the manager had identified risks and plans were in place to reduce the impact. The manager recorded incidents and accidents and discussed with members of the staff team what lessons if any could be learnt.

One person liked the view from their bedroom window, overlooking a large enclosed garden which was laid to lawn with trees and with easy access through walkaways. The person told us they liked to watch the birds. We saw there were window restrictors in place so the window could be opened, but not too far, hence preventing anyone falling out.

People were not restricted in their movement and could freely move around the two-story building. We saw that

there was a passenger lift in place, so that people were able to access all areas of the service safely. We saw that the passenger lift had been checked as part of the routine maintenance of the service, ensuring that they would be kept in good working order.

The manager explained to us the recruitment process that was in place and how it was designed to protect the people from harm by employing staff that were suitable to work in this setting. Three members of staff had worked at the service for at least 19 years and stated they were very happy to work at the service. We spoke with a person employed more recently who confirmed to us that their references had been checked and the service had also checked with the Disclosure and Barring Service to ensure they did not have a history that would make them unsuitable to work with older people. They also informed us about their induction process and training they received regarding how to keep people safe, which all confirmed the information given to us by the manager.

People who used the service, staff and relatives all considered that there were sufficient staff on duty to meet people’s needs. We looked at the staffing rota for the month ahead and the previous month. The manager explained to us that they constructed the staffing rota depending upon the sum of people’s individual needs. A member of staff thought the success was down to staff having designated duties for cleaning, catering and caring so that they were aware of their role.

People were supported to take medication by staff trained to administer medicines safely. The staff we spoke with told us that all staff had received training in the safe handling and administration of people’s medicines. There were suitable arrangements for the safe storage, management and disposal of people’s medicines, including controlled drugs. At the time of our inspection there were no controlled drugs being used at the service. We spoke to the manager about the medication policy and procedure and we observed a member of staff trained to administer medication providing medication at tea time in a safe manner and following the service policy and procedure. The service had regular audits from the company supplying the medication and also carried out random checks of their own. Each of these audits were in place to monitor that medication was being administered safely. We checked six people’s medication records and the stock of medication checked balanced with the records we reviewed.

Is the service effective?

Our findings

People we spoke with told us they considered the service was effective because they were content with the care. One person said. "The staff make me laugh and work hard to look after us." Another person said. "The manager is wonderful, nothing is too much trouble, actually they all are good."

One person told us. "If truth be told, I was struggling to look after myself, so I was not effective and as a friend said to me, why struggle? So hence I came here."

At the end of each shift there was a handover of information to the staff coming onto duty, consisting of what had happened and any requirements to be fulfilled for the new shift. Staff told us that handovers were friendly and an opportunity to clarify information and to support the notes that staff wrote each shift in the person's care file. Staff also told us that there was enough time to write notes and for the handover to be effective.

We spoke with three staff and they confirmed that they had supervision with the manager and a yearly appraisal. They also thought that the training they received was sufficient and comprehensive. The manager discussed the way in which training was organised and how they planned supervision and yearly appraisal sessions. We spoke with a member of staff who told us about their induction and considered it was good, and that the time taken to support them was a key factor in them staying to work at the service. They certainly thought that shadowing experienced staff was helpful and supported them, "To learn the ropes." They considered the service to be effective.

People told us that they rarely needed to use the call bell system to summon staff to help them. This was because they considered the staff attentive in supporting them to meet their needs. When they had used the call bells for staff to assist them they had been answered quickly. One person told us they took great comfort from this and that staff were available at all times.

We spoke with the manager about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they confirmed that they and the staff had received training and further training was planned.

We saw that care records confirmed that MCA assessments of people's capacity to make day to day decisions had been carried out. We saw that where it had been deemed that people did not have the capacity in a certain area, a record had been made that decisions were made in their best interest. We saw that the service had considered and involved family members in the decision making process. The manager had a good knowledge of MCA and informed us that the service would seek to use advocates if so required but this was not the case for any people at present as they each had supportive families.

Our observations during and after lunch and showed that staff supported people with their needs. The staff spoke with people at eye level either by sitting next to them or kneeling at their side. We observed that nobody was left alone for any period of time and there was a relaxed atmosphere with people poking fun at the care staff. People told us that they could choose what to eat and this was supported by the manger and catering staff who said there were at least two main choices of meal per day plus salads, sandwiches and soups. It was unusual that people went for this option as the menu was planned by consulting people and was planned some weeks in advance, while people chose on the day what they wanted to eat. There were various choices for breakfast and evening meals. We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. People could choose to have their meals in their rooms if they so wished and some people took up this option. We also saw that one person was receiving their care in bed and the service was monitoring their fluid and food intake.

Care plans had been written and had been updated regarding people's specific health needs and how to promote wellbeing. Each person had their own GP, Dentist, Chiropodist and Optician. The staff we spoke with were clearly able to provide us with information of people's health needs, their preferences and choices, this was confirmed in the respective care plans.

Is the service caring?

Our findings

During our inspection we saw that staff attentive of people's welfare and showed a caring attitude.

One person told us, "The staff, talked with me about my care plan and it is correctly written." Another person told us that they had recalled things they had done in their life and this had been written down so that staff knew a bit about their history and could talk with them about things that interested them.

People told us they were happy with the care they received. One person told us how they liked to do word games with the staff and another told us about the magician who had visited the service the day before our inspection. One person said, "It is kind and great that they think of us and arrange these things." Another person said the staff had lovely smiles and kind natures.

We saw the staff engage with some people who wished to assist them with laying tables and folding linen. Some also cooked snacks with the support of the staff. We saw that the interactions between people and staff were supportive and friendly which achieved a relaxed atmosphere. After lunch some people watched and discussed a television programme and compared events of the day with past events in their life time. We saw that staff did not rush and treated people with dignity and respect, asking them if they wanted to leave the dining table and explaining to them what they were doing in order to assist them.

Staff told us that there was a keyworker system in place. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. This included being involved in the care review.

The manager explained to us that the service had a library and books were regularly changed. The service had considered audio books for people that were experiencing difficulty with reading.

A relative told us, "I cannot thank the staff enough for what they do." Another relative informed us. "The staff have managed [my relatives] various conditions very well, it is nice that you can call in at any time and it is homely, for example sometimes I stay for lunch, with [my relative]."

Peoples dignity was respected and as we observed staff closing peoples doors prior to administration of person care.

The care plans we examined were written using positive language, focusing upon what people could do and the support they required, instead of stating what the person could not do for themselves. We saw information in the care plans which encouraged independence when and where possible.

The staff we spoke with all confirmed that they had received training in the care of people with dementia. They were aware of the symptoms of this condition and knew the importance of listening carefully to people and to support people with regard to difficulties they experienced with memory retention. Staff were able to support the person with the aid of photographs to help them remember the names of family members. A member of staff told us that they knew how a person liked to dress with regard to colour and style of clothing. It was also important that they got up at the same time each day. They were sure that if this was not respected the person would be unhappy and become distressed, so hence the importance of knowing this information and caring appropriately.

Is the service responsive?

Our findings

The people we spoke with all recalled meeting the manager and discussing with them their needs assessment before coming to the service. One person said, "This inspired confidence that they knew what they were doing and in what lay ahead." A relative told us, "When they meet with me and [my relative], it took quite some time to record the details, but this was good."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. To ensure that people's care was individual to them, the assessment identified how the person liked to be addressed and identified needs and what was important to the person. We saw that discussion had been held about items the person wished to bring with them to the service.

We noted in the care plans that time had been taken to record individual preferences and this included if people liked to drink alcohol at times during the day. We observed that this had been respected and arranged at meal times. The service had taken time to support people with their orientation, clocks recorded the correct time and calendars displayed the correct date. The menu for the lunch was also displayed to support people with their choice.

The manager showed us around the service and asked for people's permission to look at their rooms. We saw that rooms contained people's personal items including photographs and ornaments. Two people told us that they had been consulted upon the décor and pictures on display in the communal areas of the service.

The people we spoke with told us they did not have any complaints. One person informed us that they thought the staff would resolve issues as they arose, "Nip it in the bud so to speak." One person told us, "There is nothing to complain about." A relative said to us, "You hear such things and it is reassuring there has never been any problems here."

The manager told us that they saw it as part of their duty to walk around the service whenever they were on duty, and by so doing they had regular contact with the people. The manager explained to us that the service did have a complaints process in place if so required and people were informed of this both verbally and in written information part of the service induction pack.

We saw that people were well dressed and that their clothing had been carefully laundered. People could have a manicure and the hairdresser visited regularly.

One person told us that their family visited them often and the staff made them welcome. The manager informed us that they built into the care plan how and when families liked to be contacted about their relative's health and wellbeing. Another person told us that they enjoyed watching television and considered the service was responsive, as they could withdraw to their bedroom if they wished to watch their own television. They explained that they liked company but sometimes wanted their own peace and quiet and this was respected.

Is the service well-led?

Our findings

At our last inspection on 09 April 2014 we found that the service did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

At this inspection we found that the provider had systems in place for the monitoring and reviewing of the service provided to people. They had increased the number of systems in place that audited the care and welfare provided to people and these had been carried out on a regular basis. Issues identified had been worked upon for the benefit of people living in the service. There was now a process for regularly auditing the medication records both by senior staff on a weekly basis and further checks by the manager. There was also a monthly care review system in place for the monitoring of care. The manager, having carried out the review, then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period. We saw that audits were planned to involve both families and people who lived at the service and aimed to gather their thoughts and feelings. At the time of our inspection the service was about to consult people and their relative about the use of the smaller lounge of the service to see if any changes or improvements were required.

We saw that there was an auditing process in place that monitored the safety of the environment. The provider had taken action as result of our last inspection and there were no gaps in these records. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported of the appearance of the service which was clean.

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these records. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported by the clean appearance of the service. One person told us, "We have meetings and can talk to the manager at that time about anything, although we see them when they are on duty, so that is when things are raised." A relative said that they were kept informed about their relative's health, "I come to meetings and I see in the care plan that they have been reviewed. Staff told us that there was a keyworker system in place. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. This included being involved in the care review. We saw that part of the monthly monitoring of people's weight was recorded, as result the service worked with other professional to seek advice regarding how to support anybody who was regularly losing weight. The service was also working with other professionals to support people with a diagnosis of diabetes to maintain their well-being.

The manager informed us that they received support from the provider. The provider visited the service at least once per month to support the manager and they spoke regularly on the telephone. The staff felt that the manager was not only approachable but also supportive and helpful to them, which made it easy for them to speak to the manager if they had any questions or concerns. The provider had recognised from discussions with the manager that the service needed to recruit to the recent vacant deputy position. They also were in agreement with the manager about the need to provide some additional administration hours. This would be fulfilled by a part-time administrator. There was a whistle-blowing policy in place and the staff we spoke with felt that the manager was approachable and they could discuss and resolve any issues.