

Glenthorne Care Services Limited

Glenthorne House

Inspection report

2 Dover Street
Wolverhampton
Bilston
WV14 6AL

Tel: 01902491633

Date of inspection visit:
17 August 2022

Date of publication:
01 September 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Glenthorne House is a residential care home that provides personal and nursing care for up to 27 older people. The accommodation is provided in a single building, arranged over two floors, with communal facilities. At the time of our inspection, 26 people were using the service, some of whom were living with dementia.

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

People received their medicines as prescribed by trained and competent staff. However, there were some gaps in the recording of people's topical creams.

People were protected from the risks of ill-treatment and abuse. Staff had been trained to recognise potential signs of abuse and understood what to do if they suspected any wrongdoing.

The provider had assessed the risks to people associated with their care and support. Staff were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People were supported by enough staff who were available to assist them in a timely way. Staff had received training which enabled them to support people safely.

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, and staff, felt Glenthorne House was well managed and were given opportunities to share feedback about the service. The manager and provider undertook regular checks to ensure the quality of care provided was good.

The provider made notifications to the Care Quality Commission in accordance with the law.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 June 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the general care people received. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good, based on this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenthorne House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glenthorne House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 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

Glenthorne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Glenthorne House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, they were in the process of establishing another of the providers homes and another manager had been appointed with the intention of becoming the registered manager. This newly appointed manager supported the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

During the inspection

We spoke with 10 people who used the service and four relatives. We spoke with six staff members including care, catering and maintenance staff and the manager.

We looked at the care and support plans for four people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks. We confirmed the recruitment process for two staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they received their medicines as prescribed. However, we saw gaps in the recording of topical creams. We spoke with people and staff who confirmed they received their creams when needed and we were confident this was a recording issue. We highlighted this to the manager who told us they will revise the process for recording such medicines.
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- The provider completed regular checks of the medicines to ensure staff members followed safe practice.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we saw some furniture was worn and needed replacing in order to complete effective cleaning practices. Also, some lighting pull cords and carpeting was in need of replacement. The manager told us the provider had identified replacement furniture which had been purchased and carpets which will be replaced as part of a refurbishment programme. Whilst we were there the manager ordered new lighting pull cords.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Assessing risk, safety monitoring and management

- People felt safe living at Glenthorne House. One person told us, "I feel safe here, the building is secure, if I

need help at night, I press my bell and the staff come"

- People were supported to identify and mitigate risks associated with their care and support. The management team assessed risks to people and supported them to continue to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Staff received training to safely support people. One staff member told us, "I think we are all trained to a good standard. We know how to safely support people."
- We saw assessments of risks associated with people's care had been completed. These included risks related to diet, nutrition, skin integrity, trips and falls. Staff members knew the individual risks to people and what to do to safely support them.

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 MCA 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 Mental Capacity Act [MCA]. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards [DoLS]

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. Everyone we spoke with told us they felt safe and protected. One person told us, "If I was worried, I would go straight to the manager and they will make sure everything is alright."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority, in order to keep people safe.

Staffing and recruitment

- People were supported by enough staff to safely and promptly support them. One person said, "The staff are always around, if I shout for help, they come quickly, it can take a little longer at busy times, like during meals, but they always come soon enough." A relative told us, "There are always plenty of staff around, we don't have to wait long at the door when we ring the bell".
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the manager reviewed incident and accident records to see if anything could be done differently to minimise the risk of harm to people. This included referrals to health care professionals to ensure people

receive the right support.

- The provider had systems in place to address any unsafe practice. This included staff retraining or disciplinary procedures if required.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post. However, they were in the process of moving to another of the providers locations and another manager had been appointed. The new manager stated it was their intention to apply to become the registered manager for Glenthorne House. The manager understood the role and responsibilities of the registered manager.
- The registered manager was supporting the new manager during the transition of managerial responsibilities and had advised and guided them as part of their induction to Glenthorne House.
- We checked several of the providers medication administration records and checks to better understand the gaps in recording topical creams. Where a gap had been previously identified the issue had been resolved and an explanation provided in the records. One staff member told us they would normally complete this monthly check on the day of this inspection so had not had the opportunity to identify or rectify any issues. However, after talking with people we were confident this was a recording issue and people did receive their medicines as intended.
- The provider and management team had other effective quality monitoring systems in place. These included, but were not limited to, checks of people's care plans and the physical environment.
- The provider had a refurbishment plan in place including the replacement of some carpets and furniture. We saw some communal rooms had been redecorated and items of furniture had been identified for replacement.
- We saw the ratings from the last inspection displayed in the home in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff found the management team and provider approachable and supportive. They felt Glenthorne House was well managed and believed their input and opinions were valued. One person said, "I know the new manager. We have some good chats and I think I have full confidence in them." One staff member said the new manager was, "Hands on and will always step in to help where it is needed."
- People were asked for their opinions on a regular basis. One person told us they had just completed a questionnaire which asked for their opinions on the environment and the care they received. A staff member said they had recently been asked to complete a staff survey. However, as this had recently been completed the manager was yet to process the feedback or implement any changes or improvements.
- The results from the last questionnaire was presented in the lounge area for people and visitors to see.

- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

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 manager was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care. They also received updates and guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Working in partnership with others

- The management team had established and maintained good links with other health care professionals. For example, GP, district nurses and social work teams. Advice and recommendations were recorded in people's individual care plans. Staff were knowledgeable about changes in people's health care needs.