

Mr & Mrs R Smart

Glendon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 and 26 January 2017 and was unannounced.

Glendon House provides accommodation and care for up to 36 people, many of whom are living with dementia. At the time of our inspection 30 people were living in the home.

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.

At the last inspection on 21 and 24 of March 2016, we asked the provider to take actions to make sure that care and treatment was provided to people in a safe way. This was because we found that actions to mitigate known risks were not always taken. This action had been completed but further improvements were still required.

The provider was also required to implement suitable systems to monitor and mitigate risks to the welfare of people who lived in the home. They were also required to evaluate practice in this area. This action had not been completed. During this inspection we found that the provider was still in breach of this regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's medicines were not managed in a safe way and were not regularly audited. It was unclear whether people who were prescribed topical creams were administered them as prescribed due to the gaps on the administration records.

There was a lack of effective systems in place to monitor and assess the quality of the service being delivered. Regular audits of people's medicines were not carried out and the audits undertaken by the provider did not highlight that people's care records were not being completed appropriately.

Mealtimes at Glendon House were busy and at times people became distressed. Whilst referrals were made to relevant healthcare professionals when concerns had been identified regarding a person's nutritional and hydration needs, records relating to how staff supported people in maintaining these needs were not always completed.

Steps were taken to assess and mitigate environmental risks. Risk assessments for the home were in place and regular checks of the kitchen and the cleanliness of the home took place. Accidents and incidents were recorded and monitored and measures had been taken to prevent further occurrences.

The manager was approachable and knew people who lived in Glendon House well. They also had a good

overview of the culture of the home. Staff were supported through regular supervisions and were clear about their responsibilities.

People felt safe living in Glendon House and staff knew what constituted abuse. Staff also knew what actions they would take to report any concerns around abuse. There were safe recruitment practices in place and appropriate references were sought before staff started working in the home.

There were enough staff on duty to support people and people were supported by staff who had received training relevant to their role. Staff were also able to request additional training which related to people's specific support needs.

The service operated in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the authorising body for authorisation to deprive people of their liberty in order to keep them safe.

Staff knew how to communicate with people so they could make choices about their care and be involved in reviewing their care needs. People's care and support needs were assessed on a regular basis and prompt referrals were made to relevant healthcare professionals where concerns were identified.

A range of activities took place in the home for people but these did not always cater for people's interests. People and their relatives told us that people were not always consulted about their interests before the activities were organised. People were able to have their relatives and friends visit without restriction and visitors were made welcome.

People were supported by staff who were caring and attentive. Staff knew people's needs well and supported people to be as independent as possible. Staff were encouraging and patient with people. People's dignity and privacy was consistently upheld and staff spoke respectfully to people and visitors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's medicines were not always managed in a safe way.

Staff knew what constituted abuse and what action to take to report concerns.

There were safe recruitment practices in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Risks to people's nutritional intake were identified but records relating to how people were supported with this were not always complete.

Timely referrals were made to other relevant healthcare professionals where concerns were raised.

The service was working in accordance with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received training relevant to their role.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they were supporting well.

People were treated in a kind and caring manner.

People were able to have their relatives visit without any restrictions.

Is the service responsive?

Good ●

The service was responsive.

Activities were provided for people but people were not always asked what activities they would like to do.

People were supported by staff who were attentive and responsive to their needs.

There was an appropriate complaints procedure in place and complaints were dealt with in a timely manner.

Is the service well-led?

The service was not consistently well led.

There was a lack of systems in place to ensure that people's care records were completed correctly. There was also a lack of auditing around the safe management of people's medicines.

The manager was approachable and open to discussion.

Environmental risks were monitored and assessed.

Requires Improvement 

Glendon House

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.'

This inspection took place on 23 and 26 January 2017 and was unannounced. It was carried out by two inspectors 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.

During the inspection we spoke with six people living in the home, the relatives of four people and one person's close friend. We made general observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, three members of care staff, kitchen staff, a district nurse and a speech and language therapist.

We reviewed four people's care records and medicines administration record (MAR) charts. We looked at three records relating to staff recruitment and training, induction and supervision records. We also reviewed a range of audits and reports undertaken by the registered manager and provider.

Is the service safe?

Our findings

During our previous inspection on 21 and 24 March 2016 we found that necessary actions were not always taken to minimise risks to people's health and welfare. Our findings constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during our most recent inspection on 23 and 26 January 2017 that improvements had been made in this area.

Whilst risks to people's health and welfare had been identified, appropriate actions were not always taken to ensure that these risks were minimised. One person recently had a pressure ulcer on their heel which had since healed. Because of their high risk of developing pressure ulcers, they required regular repositioning to prevent any further breakdown of the skin. We saw from this person's repositioning charts that, whilst they were receiving treatment for their pressure ulcer, they had been placed on their back for a number of hours. This was not conducive to healing the pressure area.

A number of other people living in the home had also been assessed as being at high risk of developing a pressure ulcer and required regular repositioning. These people's repositioning charts also showed that people were not being repositioned as frequently as required, to mitigate the risk of skin breakdown.

A number of people were prescribed topical creams. Some of these creams were prescribed to be applied on areas of a person's body where there was a high risk of a pressure ulcer developing. We looked at people's Medication Administration Record (MAR) charts and noted that there were a number of gaps where staff should have signed to say that they had applied the cream. This meant that we could not be certain that people's creams were being applied as prescribed. This demonstrated that the appropriate steps were not always taken to manage people's risk of developing a pressure ulcer.

We saw that medicines were not always administered or managed safely. We looked at four people's MAR charts and saw that staff did not always sign to say when they had given people their medicines. We looked at the stocks of some people's medicines and noted that there were discrepancies in some stocks of a particular medicine. The numbers did not tally with the amount recorded on the MAR chart.

We saw that one person was receiving a pain patch which needed to be applied to their skin. We saw that although people received this medicine, there was no body map to show where the patch had been placed on the person's body. This type of medicine should be placed on a different part of the person's body each time it is reapplied. A staff member on duty told us that a body map had not been in place for a number of days. When we informed the deputy manager of this they placed a copy of a body map alongside the person's MAR chart.

Some people who were living in Glendon House had been assessed as being at high risk of malnutrition. Where there were concerns around people's nutritional or hydration needs, staff would record people's intake of food and fluids. We looked at the food and fluid charts for three people. We saw that the food charts for people had been completed but people's fluid charts indicated that people were not supported to maintain an adequate intake of fluids. For example, one person's fluid chart showed that one person had

not been offered a drink after 7pm in the evening for seven consecutive nights. We also saw from this person's fluid chart that they were not offered any fluid before 11am in the morning. We saw from another person's fluid charts that their fluid intake was below 500 millilitres for two consecutive days.

We spoke with the manager about our concerns on the first day of our inspection and, in response, they developed comprehensive repositioning and fluid charts for people. The manager felt that this was a recording issue and they spoke with the staff about the importance of recording when they had repositioned people. On the second day of our inspection, we saw that staff were regularly recording when they had repositioned people. The senior staff member in charge had also been signing the charts at the end of each shift. This ensured that staff had repositioned people regularly and that people had a sufficient amount of fluid in line with their care plan.

We spoke with a district nurse who was visiting a person who lived in the home and they told us, "Staff turn people regularly as needed." We saw that people who were at risk of developing a pressure sore were sat on pressure relieving cushions and some people had pressure relieving mattresses.

People we spoke with told us that they felt safe living in Glendon House. One person told us, "I feel very safe, very well thank you."

Accidents and incidents were recorded clearly and appropriate measures had been put in place for people who were at risk of falls. For example, we saw that there were pressure mats in people's rooms. One person's relative we spoke with told us, "There's a pressure mat and a bell, [person's name] is checked quite regularly and staff react instantly." These were in place for people who were at risk of falling and the pressure mats alerted staff when people started mobilising. The manager carried out a regular analysis of this data. This enabled them to identify any themes and address these accordingly.

Staff we spoke with knew what procedures to follow to report any concerns of abuse and we saw from training records that staff had attended training in safeguarding people.

We saw that people's needs were assessed on an ongoing basis and the manager showed us how they calculated the level of care that people required. This in turn determined how many staff were required to safely support people. We looked at the staff rota and saw that there were consistently enough staff on duty to meet people's needs. People and their relatives we spoke with told us that they also thought that there were enough staff on duty. One person's relative we spoke with told us, "I think the staffing levels now are the best they've been since [person's name] has been here. They now seem able to cope and there seems to be the correct ratios on a given shift."

There were safe recruitment procedures in place and staff personnel records we looked at showed that appropriate references had been sought and all staff had a satisfactory police check. One member of staff we spoke with confirmed that the manager had waited for their police check to come through before they started working in the home. These checks meant that suitable staff were recruited to provide care for people.

Is the service effective?

Our findings

On both days of our inspection we noted that the lunch time meal was disorganised. We saw that some people were sat waiting to be served their meal for 15 minutes. Some people became restless and kept getting up and leaving their seat. The two choices on the menu were plated up and taken around to people so they could choose which option they preferred. This task took a while to complete as there were a number of people in the dining room. Whilst people were eating their lunch, a member of staff was giving some people their medicines. The medicine trolley was being wheeled between the tables. A hoist was also wheeled through the dining room and another person was accidentally struck on the shoulder when a small table was being carried through the dining room.

We saw that there was little interaction between staff and the people they supported at meal times. For example, on the second day of our inspection visit we saw that one person's meal was placed on a chair opposite them and remained there for about 10 minutes before a member of staff went to support them. When the member of staff sat down, they did not explain to the person what the meal was but just started to offer the person the food without checking the temperature of it. There was no conversation between the staff and this person throughout the meal. We saw another person being supported by a member of staff with their meal and we saw that a person pulled away from the food because the staff member tried giving them food which was clearly too hot.

The food looked appetising and most people were offered a choice of drinks. We saw that one person was being supported by a member of staff to eat their meal. We saw that the person did have a drink but the deputy manager said to the member of staff that the person would only have their drink if it was heated up. Their dessert also had to be warmed up as it had gone cold.

People we spoke with told us that they enjoyed the food at Glendon House. One person we spoke with told us, "The food is pretty good. There's normally two choices for lunch." Another person we spoke with commented, "Their cooking is extremely good."

Where concerns had been identified around people's ability to maintain a healthy nutritional intake, we saw prompt referrals were made to the speech and language therapy (SALT) team. During our inspection a member of the SALT team came for a meeting with one person who lived in the home. A relative of this person told us that the deputy manager was also attending the meeting and that they were all discussing how best to support the person. We saw that any guidance given by the SALT team was recorded in people's care records and that staff followed it accordingly.

We spoke with the kitchen staff and they had a good understanding of people's individual dietary requirements. They showed us a folder which contained a detailed nutritional profile for each person. They added that staff were good at letting the kitchen staff know when people's nutritional needs changed. We saw that people's meals were prepared in accordance with the advice from SALT. For example, one person had their meal pureed which made it easier for them to eat, and another person was given their meal on a small plate. Their care plan stated that this encouraged them to eat as they were put off by bigger plates of food.

We saw that prompt referrals were made to relevant healthcare professionals where there were concerns around a person's health or wellbeing. We saw during our inspection visit that a GP was called to come and visit someone who had become unwell. A district nurse we spoke with commented, "The service is very helpful, works well in partnership and listens to advice and follows treatment plans. Staff get the district nurse in quickly when needed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager told us that they had submitted DoLS applications for most people living in the home to the local authority for permission to restrict people's liberty in order to keep them safe. We saw that appropriate mental capacity assessments had been carried out to determine whether people could consent to the restrictions in place. We saw that it had been documented in people's care records where staff would need to make day to day decisions for people.

People we spoke with told us that staff would offer them choices and ask for consent before supporting them with their care and support needs. Staff we spoke with knew how to communicate with people to support them with making decisions. Staff gave us examples of how they would support people to make their own decisions, such as by holding up a variety of clothes so people could choose what they would like to wear.

Staff we spoke with told us that they were able to access a variety of training courses and that the manager was supportive when they requested additional training. We looked at the staff training matrix and saw that staff were up to date with the provider's mandatory training. Staff could access a number of courses which would help them to better understand people's specific support needs. For example, staff attended virtual training in dementia. This aim of this training was to give staff an insight in to what it would be like to live with dementia.

Is the service caring?

Our findings

We saw that staff spoke to people in a kind and caring manner. People we spoke with told us that staff were caring and listened to them. One person we spoke with told us, "The staff are so friendly, nice and helpful. They come and chat with me occasionally." Another person explained, "The staff couldn't be kinder and more helpful, I get an immediate response to any need." We saw that staff would ensure that people were where they wanted to be and staff were patient and encouraging when they were supporting people to move about the home.

People and their relatives we spoke with told us that they were involved in planning their care. One person's relative told us, "I am impressed that [person's name] care needs are being reviewed regularly and they involve us completely." Another person's relative we spoke with explained, "Staff are very nice and I said that [person's name] would prefer a woman [to care for them], I know that it's on the record." Staff told us that where possible they asked people what their preferences were. They told us that they would also look at people's body language. One member of staff told us that this would show whether someone was uncomfortable or unsettled.

Staff knew people's care and support needs well. In addition to this, staff had a good knowledge of people's personal history. For example, one member of staff told us that one person had been in the military. They told us that they spoke with the person about their past work and ensured that they were always clean shaven because this was what they were used to and what they preferred.

People were supported to be as independent as possible and we saw that people had equipment to help them to mobilise independently. We also saw that people had adapted cutlery and crockery so they could eat independently.

We saw that people's relatives were welcomed and there were no restrictions on when they could visit. One person's relative told us, "The staff are brilliant, they're very obliging."

People we spoke with told us that staff respected their privacy. One person told us, "[The staff] tend to knock, oh no, they'd never just come in [to my room]. Staff we spoke with told us how they maintained people's dignity and gave examples of how they did this when supporting people with their personal care.

Is the service responsive?

Our findings

We saw that there were a variety of activities provided at Glendon House. However, when we spoke with people about the activities, we received mixed views. Some people and their relatives did not feel that there was a good range of activities. One person we spoke with told us, "So basically I watch a bit of telly or get something to read, I feel a bit restricted." One person's relative commented, "[The staff] asked [person's name] about their life and interests, [activity staff's name] does beautiful things; adult colouring books, art and all that, but they're not of interest to [person's name] at all." People and their relatives we spoke with told us that the activities coordinator did not always consult people about their hobbies and interests.

We saw that arts and crafts were taking place during our inspection visit but there was a lack of interaction between people and the activity staff. People and their relatives we spoke with were positive about one particular member of care staff who would spend time with people doing activities. One person's relative told us, "There's a carer who's doing good things in their own time."

We reviewed the care records of four people who lived in the home. We saw that people's care records were reviewed and updated regularly. Records showed that people, their relatives and other relevant healthcare professionals were involved in assessing people's care needs. A member of the SALT team we spoke with told us that staff were good at requesting re-assessments of people's care needs where necessary. Whilst people's care records were reviewed and updated regularly, they could have been more detailed. For example, we saw that it stated in one person's care plan that they 'mumbled' and would 'attempt to communicate'. The care plan did not given any detail about how to meet this persons' communication needs. In spite of this, we saw that staff were responsive to people and knew people's care and support needs.

A handover took place every time the staff changed duty. We observed one handover. We saw that the member of staff giving the handover gave the staff about to commence duty a detailed update of how people had been and what support people would require of staff for the remainder of the day.

Throughout our inspection visit we saw that staff were responsive to people's needs. We saw one member of staff helping someone to test whether their hearing aids were working correctly. This staff member also explained to the person that they would put the hearing aids back in the office for safe keeping when they wanted to take them out again. We saw that when one person was becoming distressed, staff quickly went to reassure the person and managed to comfort them. Staff were patient with this person and gave them time to explain why they were not happy.

People we spoke with felt able to raise a complaint if needed and they knew who they would speak with. One person told us, "I would feel quite able to talk to [manager's name] and I'm quite happy they would tackle it." Another person commented, "I feel that if there was a problem it would be seen to straight away." Records we looked at showed us that appropriate action was taken to resolve complaints in a timely manner. We saw that there was a complaints procedure in place which detailed how to make a complaint and what steps would be taken to resolve any complaints. A copy of this policy was displayed in one of the

communal areas of the house. Staff we spoke with knew how they would support people to raise a complaint.

Is the service well-led?

Our findings

During our previous inspection on 21 and 24 March 2016 we found that regular audits of people's care records and medicines were not being carried out. Our findings constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during our most recent inspection on 23 and 26 January 2017 that improvements were still required in this area.

Some people required support to maintain a healthy intake of fluid. The fluid charts we looked at for three people contained a number of gaps in the early mornings and evenings. Therefore, we could not be sure that people were being offered adequate amounts of fluid. We also noted that people who required frequent repositioning were not being repositioned in accordance with their care plans. In addition, there were a number of gaps in people's topical cream charts, which meant that the service could not demonstrate that staff were applying people's topical creams as prescribed.

There were no systems in place to ensure that any records associated with people's care were completed correctly. This meant the service was not monitoring risks relating to people's health and welfare.

There was a lack of robust auditing of people's medicines. Whilst stock checks were regularly completed, a full audit of medicines had not been carried since September 2016. This meant that the management team did not have an adequate oversight of how staff managed people's medicines.

The provider carried out regular unannounced visits to the service and we looked at some of the reports from these visits. We saw that they looked at areas such as staffing, staff training and people's care plans. However, these reports had failed to address that people's care records were not being completed as per their care plans or that people's medicines were not being audited.

These findings meant that the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the provider about the lack of audits with regards to people's medicines. They agreed that regular in depth audits would be good practice.

There were systems in place to monitor and assess environmental risks. We saw that an in depth infection control audit was carried out quarterly and cleaning schedules were regularly checked. We saw that the kitchen was clean and other areas of the home were clean and free of any trip hazards. We saw that the fire alarm was regularly tested and that annual legionella, gas safety and electrical testing took place. Any hoists were also inspected to ensure that they were safe to use.

The manager knew what incidents they had to tell us about and notifications of important events were submitted on time. A notification detailing a significant event is something that providers have to send to us by law.

People we spoke with told us that they thought that the home was run well and that the manager was approachable. One person told us, "The manager is very nice." One person's relative we spoke with commented, "[Manager's name] works so hard and is so approachable." We saw that the manager and the deputy manager worked alongside the staff and both had a good understanding of the culture of the home. We saw that staff would regularly approach both the manager and deputy manager to seek advice. One person's relative told us, "The manager insisted that their office was over here so that they would see what was going on."

Staff we spoke with told us that the manager was approachable and open to discussion. One staff member told us, "[Manager's name] is more based on the floor, if you had any problems you could go straight to them." Another member of staff explained that their responsibilities as care assistant were clear and that staff members were paired up during a shift so they always had someone to go to for any assistance if needed. For example, both staff members would transfer people who needed support with a hoist. Staff we spoke with told us that there was frequent and open communication from the management team and that regular staff meetings took place. One member of staff told us that they were encouraged to voice their opinions and make suggestions about how the service was run. Records we looked at confirmed that regular staff meetings took place.

There were meetings two or three times a year with the people who lived at Glendon House and their relatives. One person's relative told us that there should be more meetings but they told us that they were able to contact the manager at any time and felt listened to. We saw that surveys were sent out to people's relatives every year and the manager would address any areas for improvement. One person's relative we spoke with confirmed that they completed the survey. Another person's relative explained, "[Manager's name] comes back and tells us what they've done, this action and that action."

The manager told us that they felt supported by the provider and said that they were able to contact them at any time. They added that they attended regular meetings with managers from the provider's other services. They told us that this gave them a chance to share ideas about good practice. We looked at the records from the last two managers' meetings and saw that one manager had given a presentation about how to develop a detailed personal history with someone.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor and mitigate risks to the welfare of service users or to evaluate practice in this area. Records were not complete. Regulation 17(1)(2)(a)(b)(c)(f)