

Glenside Manor Healthcare Services Limited

Glenside Farnborough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glenside Farnborough is a care home providing personal care to up to 22 people are living with an acquired brain injury. At the time of inspection, the service was supporting 17 people. The home accommodates people in one adapted building.

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

The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents, such as making improvements in medicines administration procedures.

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.

Staff had developed caring relationships with people they supported and knew them and their needs well. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences. The provider had recruited an activities co-ordinator to support people to engage in activities and reduce the risk of social isolation.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from people, relatives and staff. Feedback was positive across all areas and reflected the positive changes the provider had made since our last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 November 2019) and we found one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glenside Farnborough

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Glenside Farnborough is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had recruited a manager who had applied for registration, who will be referred to in this report as 'The manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people and two relatives of people who used the service about their experience of the care provided. We spoke with three members of staff, the manager, the peripatetic manager and the regional manager. We observed staff and people's care. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We gained feedback from two professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely and that safety checks were carried out on the premises. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- We observed staff following procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and were knowledgeable on the types of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively by the management team.
- People, relatives and staff we spoke with told us they felt safe. One relative we spoke with told us, "[Loved one] is definitely safe here now. I don't lay awake at night any more. There is much more continuity of staff and of their care."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of choking, falls or the risk of skin breakdown. Risk assessments had detailed information for staff to follow to minimise risks to people.
- Environmental checks were carried out such as gas and electrical safety to ensure people and staff were safe in the home. Fire procedures were in place and the provider regularly carried out a 'drill' to check how they would manage if there was a real fire.
- We noted in people's files that where necessary people had body maps to monitor pressure areas, bruises or redness on their skin.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. We noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The management team reviewed any accidents, incidents or concerns to identify lessons and improvements to people's care. We noted that following medicines errors the provider had changed their medicines administration protocol and nominated a member of staff as a medicines champion to oversee medicines.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives told us they received effective care.
- People's care needs were assessed, and care plans were created and were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that information was clear so staff knew what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews. One relative told us, "They [staff] contact me, oh yes, I know I have a right to see a care plan."

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as safeguarding, as well as training specific to people's individual needs, such as epilepsy and diabetes management. The provider had recently put in place eLearning for acquired brain injury, so staff could learn more about the impact on people's lives due to their condition.
- The management team had an effective system to monitor that mandatory staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink where needed. People's risks around food and drink were assessed, such as for people who were at risk of choking.
- People were given choices of what they would like to eat and drink. If a person did not like the choices on a particular day, they were able to ask for something else and this would be catered for.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.
- The manager told us they worked in partnership with district nurses, pharmacies, GPs and speech and language therapists to meet people's needs. We saw evidence of this in people's care files.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist

bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them, and their healthcare needs very well.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they might impact on the person, so they could support them effectively.
- The manager sought and acted on guidance from other professionals such as the GP or speech and language therapists.
- The service had internal Physiotherapists to support people's rehabilitation and an Occupational therapist to support people with becoming more independent. These professionals wrote guidance for staff, so they were able to compliment and broaden the work they were doing.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for authorisation under the Deprivation of Liberty Safeguards where appropriate. The service undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Professionals, relatives and staff we spoke with told us the staff who cared for people were kind and caring.
- One relative told us, "They [staff] don't only care for [Loved one], they care for me too." Another relative told us of how the staff were reassuring and supportive to them.
- People had developed caring and meaningful relationships with staff. Staff and the management team spoke about people in a caring manner. One person told us, "[staff members name] is really good. That's the sort of person you want, someone who is interest in the job, not just the money."

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate. One relative told us, "They [staff] always ring me and keep me in the loop -which is exactly as I want it. I am part of his care."
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through surveys. Comments from the surveys included, "Staff are very helpful, new management are very good and positive, very homely", "Very well run and looked after", "Staff listen and take on board what I say, staff know me well", "It gives me my own independence in an extremely safe environment."

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff confirmed people were treated with dignity, respect and that their independence was promoted as much as possible.
- We observed staff encouraging independence. Staff knocked on people's doors before entering their rooms. People were given choices about what they wanted to do in their day. If people wanted to be more independent with preparing food for themselves, they were supported to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in comprehensive, person centred care plans that contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. All people supported by the service were respected and there was no evidence of any discrimination in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as or using visual aids or an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recruited a new activities co-ordinator who supported and encouraged people to join in activities. These included arts and crafts, baking and gardening. One relative told us, "We had a Christmas celebration last year which hasn't happened previously."
- People where appropriate and able were encouraged and supported to go out and meet friends, or to stay in touch with loved ones if they were unable to visit.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We saw that the management team had responded appropriately and in line with their policy to complaints.
- People and relatives we spoke with told us they were aware they could complain but had not needed to recently due to the improvements in the service.

End of life care and support

- The service did not support people with end of life care but confirmed they would support people and their families to access the right service should this situation arise. If people wished to stay at the service at the end of their life they would liaise with the appropriate agencies to support this.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff consistently told us the service was well-led. There was a caring and passionate culture within the service with a clear drive to provide high quality care. One staff member told us, "This place has changed dramatically since I started. The team were disjointed but it is better and people [staff] are happier at work now."
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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 management team were aware of their responsibilities in relation to the duty of candour and told us they would and had acted appropriately should things go wrong.
- The manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- There was a good governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if staff training was due.
- The provider attended local forums with other home managers to share best practice ideas and support each other. The provider ensured staff attended forums and training sessions that were run by health professionals in the area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- In addition to day-to-day contact with people who used the service and residents' meetings, people and relatives could feedback regarding the service through a survey. The manager told us how open

communication with people meant things were responded to quickly and people were happy with the service. Following requests in residents' meetings actions had been taken such as changing the way the menu was displayed and the provider was in the process of changing the mealtime experience.

- Staff had the opportunity to share their opinions on the service in team meetings, supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team. One staff member told us, "Brilliantly supported by managers, I know I can come in and talk about anything any time. Can pick up the phone if needed out of hours to get support, I did the other weekend text [manager's name] and she called me straight away."
- The management team had introduced 'champions' into the staff team for staff to have some responsibility in their area of interest such as in training and medicines.

Continuous learning and improving care

- The management team had a system to monitor and improve people's care.
- Actions came from audits and quality assurance processes. This system had been effective in driving improvements, such as the quality of care plans and more staff training.

Working in partnership with others

- The provider worked in partnership with the local authority and commissioners.
- We received positive feedback from other agencies regarding the service and the improvements that had been made since our last inspection. One professional told us, "I think that a lot has changed in a positive way from when we started going into Glenside. They have had a lot of staffing changes recently and I think that has mixed things up a bit and there seems to be more structure there now."