

Glenthorne Rest Home Limited

Glenthorne No2 Care Home Limited

Inspection report

4 Station Road
Thornton Cleveleys
Lancashire
FY5 5HY

Tel: 01253854722

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31 January 2019

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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

This inspection visit took place on 31 January 2019 and was unannounced.

Glenthorne No2 Care Home Limited is a detached property close to local amenities in Thornton-Cleveleys. The home provides personal care for up to 15 people. Bedrooms are on the ground and first floor. All bedroom accommodation is for single occupancy. Communal space consists of a lounge, a separate dining room, and a small conservatory which is also used as a smoking room. At the time of our inspection visit on 31 January 2019 there were 15 people who lived at the home.

Glenthorne No2 Care Home Limited is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. 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 07 and 13 December 2017 we made a recommendation for the provider to carry out frequent risk assessments during the renovation work being undertaken at the home. This was because we identified risks such as raised plank/uneven flooring in the hall had not been noted as a possible trip hazard. These were rectified when brought to the attention of the management team. During the inspection on 31 January 2019 we found risk assessments had been developed to minimise the potential risk of harm to people when renovation work was to be undertaken.

At the last inspection on 07 and 13 December 2017 we made a recommendation for the provider to further develop people's care records including care plans and risk assessments. During the inspection on 31 January 2019 we found care plans were well maintained and informative about people's care provision. We saw people had consented to their care and treatment and where appropriate family members who had the legal authority to do so.

People who lived at the home told us they were happy with the care provided and staff were caring and compassionate. They told us staff were kind and attentive and spent time with them. Comments received included, "I am very happy here. There is lots of laughter." And, "I am happy here and I do feel safe."

Relatives spoken with during the inspection told us they were happy with the care provided and had no concerns about their family members safety. One person visiting the home said, "The staff are lovely. They are kind to my [relative]."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary

action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff had been recruited safely, appropriately trained and supported.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

We looked around the building and found substantial improvements in the homes environment had continued to be made. These were ongoing and further work was scheduled for updating bedrooms and the downstairs bathroom which are in need of improvement.

The design of the building and facilities provided were appropriate for the care and support provided. People had access to an enclosed rear garden to enjoy during the better weather.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

We received mixed reviews about the meals provided with some people saying they would like more choices. This was discussed with the registered provider.

Although the service provided social activities some people spoken with said they would like these to be organised more often. The registered manager told us this was something he would address.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below.

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.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training that met people's needs.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity and diverse needs.

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Glenthorne No2 Care Home Limited

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 31 January 2019 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 31 January 2019 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire are an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home were able to speak with us and tell us about their experiences living at the

home.

During the visit we spoke with a range of people about the service. They included six people who lived at the home, four relative's, the registered provider, registered manager and three care workers. We also observed care practices and how the staff interacted with people in their care.

We looked at support plan records of two people, staff recruitment, training and supervision records of three staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of four people. We reviewed the services staffing levels and checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "The staff are very kind to me and I feel safe in their care." And, "I do feel safe here."

When we last inspected the service the registered provider had just purchased the home from the previous provider and the environment was in a poor state of repair and maintenance. The home needed significant refurbishment to make it a safe and pleasant place to live in. Substantial amounts of renovation had been carried since the inspection to make the home safer as well as significant improvements to the décor and furnishings in the home.

Although the staff team attempted to keep people safe at the last inspection during the renovation work and many risks were minimised we found others were not. We found risks such as a raised plank and uneven flooring in the hall had not been noted as a possible trip hazard. During this inspection we found risk assessments had been developed to minimise the potential risk of harm to people when renovation work was to be undertaken. We saw no safety hazards during the inspection and people told us they felt safe and were happy with the improvements being made. These included the refurbishment of the lounge, dining room, kitchen, laundry room, a number of bedrooms and the fitting of a new fire alarm.

The service had procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance most of the time in communal areas providing supervision and support for people who lived at the home. However, we did observe one incident between two people in the dining room at lunch time which could have been prevented if staff had been in attendance. We discussed this with the registered manager who agreed to review the deployment of staff at

meal times.

We looked at the services recruitment procedures. We found relevant checks had been made before two new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We observed two staff members administering medicines during the lunch time round. We saw the medicines cabinet was locked securely and one staff member remained with the cabinet whilst their colleague attended to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff members informed people they were being given their medicines and where required prompts were given.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed by staff and audited by the service to ensure hygiene standards at the home were maintained.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. The fire alarm had recently been fitted and was in good working order. Recommendations made by the fire service following a recent visit from them had been implemented. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines.

We looked at how accidents and incidents were managed by the service. There had been few incidents. However, where they occurred any incident had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. One person who lived at the home said, "The staff are very kind towards me." Comments received from relatives we spoke with included, "The home is very clean although it needs some work done on it but the care here is very good and that's what matters to me." And, "[Relative] is here short term. If we needed to I would use this home again." And, "The staff are very helpful towards me as well as [relative]."

We looked at care plan records of two people who lived at the home and found they contained a full assessment of their needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. Each person had been fully involved in the development and review of their care and support plans. We saw they or a family member had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, moving and handling people, safeguarding adults, promoting dignity, diet and nutrition and challenging behaviour. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Staff had received regular supervision and told us they felt well supported. This is where individual staff discuss their performance and development with their manager. Staff told us they were encouraged to discuss ideas and any concerns, their training needs and any support they needed in their role. They told us they felt confident and competent to undertake their role.

Staff involved in the preparation of meals had information about people's dietary needs and these had been accommodated. These included people who had their diabetes controlled through their diet and people who required a soft diet because they experienced swallowing difficulties. People's likes and dislikes had been documented on their support plans and if they needed assistance with their meals. We saw people with diabetes were being supported with their condition by being encouraged to follow a healthy diet.

We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

We spoke with people about their satisfaction with the food provided by the home. We received mixed reviews about the meals provided with some people saying they were happy and others saying they would like more choices. Comments received included, "I love my food, it's good." And, "The food is very good, I have no complaints." Also, "The food is just ok. There is not enough choice." We discussed with the registered provider and registered manager the feedback we received about lack of choices. They agreed to speak with people who lived at the home about any menu changes they would like introduced.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service shared information with other professionals about people's needs on a need to know basis. For example, when people were visited by healthcare services, staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. People who lived at the home told us they were happy with the support they received with their healthcare. One person who lived at the home said, "I have appointments with my GP for blood samples to be taken. The staff always make the appointment and go with me."

We looked around the home and found it was accessible, homely and suitable for people's needs. Communal space comprised of a lounge, dining room and sun lounge located on the ground floor. The sun lounge was used as a smoking room. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. People who lived at the home had access to enclosed gardens which were safe for them to use.

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 with appropriate legal authority. 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. Also whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. We saw people were relaxed in the company of staff and enjoyed the attention they received from them. People who lived at the home told us they were happy, well cared for and enjoyed living at the home.

People visiting their relatives told us they were happy with the care provided at the home and liked the staff supporting their relatives. Comments received included, "The staff couldn't be nicer. [Relative] is treated with kindness and love." And, "I think small and friendly is what I would say about here. It's a lovely family atmosphere."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Support plan records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their support plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for. The relative of one person said, "I have been involved in [relatives] care planning and I am always kept up to date."

We spoke with the manager about access to advocacy services should people in their care require their guidance and support. The service had information for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

People we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff undertaking their duties and responding to requests for assistance in a timely manner. People said they were happy with their care and the attention they received from staff. One person who lived at the home said, "The staff are very nice. They never say no when you ask for help and I do need a lot of help."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading, brail or audio books. One person unable to communicate verbally used picture symbols to communicate with staff.

The service had Wi-Fi (wireless connectivity) in the building enabling people who use the service to have internet access through their hand held computers and mobile phones. The registered manager told us this enabled people who use the service to maintain contact with family members, friends and watch films.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. Although activities including bingo and board games were provided these were not structured and available on a regular basis. People who lived at the home told us they would appreciate activities to keep them entertained. One person said, "I would like some more entertainment. I like music but it's usually just the television on." The registered manager told us this was something he would address.

The service had a complaints procedure which was on display in the hallway for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The people we spoke with told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People who lived at the home and their visitors told us they were happy with the way the home was managed. They told us they liked the registered provider and registered manager who they found approachable, friendly and helpful. We were told they were good listeners and tried their best to be accommodating. The relative of one person said, "[Relative] has been treated with kindness and love from day one. Having been allowed to bring their dog here has been wonderful. It would have broken [relatives] heart to be separated from him."

We found the service had clear lines of responsibility and accountability. The registered manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered provider and registered manager.

Resident meetings had been held on a regular basis. We looked at the minutes of a recent meeting. We saw topics discussed were people's satisfaction with the service and home improvements. We saw the service had received positive feedback about these.

We looked at a sample of surveys completed by people who lived at the home. They said they knew how to raise concerns, the service respected their personal beliefs and values, they felt safe and were happy with how their medication was managed.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care and improvements made to the environment. Comments received included, 'All fine no concerns. Happy to see improvements being made to the home.' And, 'Every effort has been made by staff to ensure [relative] is happy. This has not been easy and I am very grateful for their proactive approach to [relatives] difficult and demanding behaviour.'

The service worked in partnership with other organisations to make sure staff followed current practice. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists, social services, occupational therapists, physiotherapist and tissue viability nurses. This ensured

a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015