

Mr & Mrs R G Hepwood

# Glengarry Court Care Home

## Inspection report

16 Victoria Road  
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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

Glengarry Court Care Home provides accommodation persons who require nursing or personal care for up to 17 people. The home is situated in Poulton-le-Fylde, a small town close to the Lancashire coast. There are two communal lounges at the home and a dining room on the ground floor. All bedrooms have en-suite facilities. A passenger lift provides access to the first floor. At the time of our inspection visit 12 people were living at Glengarry Court Care Home.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service Good. We found the registered provider continued to provide a good standard of care to people who lived at the home.

### Why the service is rated Good

At this inspection we found the registered provider had systems to record safeguarding concerns, accidents and incidents and took action following each incident. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the Care Quality Commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead valued lives. One relative told us, "They have given [family member] and me a new lease of life. I don't feel I need to worry half as much as I did before. They will let me know if she is ever unwell straight away, the communication is great."

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team completed relevant pre-recruitment checks. We checked staff records and noted employees received induction and training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and saw the home was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and

aprons when needed. This reduced the risk of cross infection.

Medication records provided staff with a good understanding about specific needs of each person who lived at Glengarry Court Care Home.

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

People told us they had plenty of food and drink with the option of additional snacks and drinks between meals.

We observed only positive interactions between staff and people who lived Glengarry Court. We observed humour used to foster positive relationships. There was a culture of promoting dignity and respect towards people. We saw staff spent time with people as they completed routine tasks.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings, unannounced visits and daily discussions with people who lived at the home to seek their views about the service provided.

People were supported with activities and social interaction but the registered manager also respected people's right to not participate and supported people's decision to opt out of activities.

The registered provider offered people dignified end of life support that included support to families and friends. People preferences related to end of life care were recorded and respected.

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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Glengarry Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This scheduled comprehensive inspection took place on 05 February 2019 and was unannounced. This inspection was carried out by one adult social care 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. The expert by experience had experience of caring for older people who received support.

All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated, focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a variety of sources to help us understand the experiences of people who lived in the home. We spoke with four people who lived at the home and two relatives to seek their views on how the service was managed. We spoke with the registered manager, three care staff and the cook.

We activated the call bell twice times during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to three people who lived at the home. We looked at administration and recording forms related to the management and administration of medicines and topical creams. We viewed training and recruitment records of two staff. We also looked at other information which was related to the service. This included health and safety certification, team meeting minutes, policies and procedures, complaint and concerns records and maintenance procedures. We walked around the home to ensure it was a safe place for people to live.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at Glangarry Court Care Home.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. We asked what made people feel safe at Glengarry Court Care Home. One person told us, "I don't have any worries about not being safe here. I know I am well looked after." A second person commented, "I am never frightened I'm always safe, the carers couldn't give anymore that they do, and they always try and put you at ease. We can have a good laugh."

Staff understood how to keep people safe and protect them from harm. Staff were trained and able to identify how people might be at risk of harm or abuse and what they could do to protect them. The registered manager attended local forums to ensure they were aware of current legislation and best practice.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency. There were systems to record monitor and reflect on accidents and incidents including behaviours that challenge.

People were cared for in a safe environment. Infection control was closely monitored, and processes were in place for staff to follow to ensure people were protected from infections.

We found routine safety checks were carried out for equipment supplied by the registered provider. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service had new fire prevention systems and these were checked regularly. The registered provider was in the process of attaching automatic closers on doors throughout the home. They told us this would allow people to have their doors open should they wish and minimise the risks related to the outbreak of a fire.

We asked people who lived at the service if they felt staffing levels were sufficient. Everyone we spoke with told us there were enough staff to meet their needs and keep them safe. People told us staff answered the buzzer quickly when they pressed it. The service continually reviewed its staffing levels to ensure people's needs could be met.

We looked at recruitment to ensure staff had been recruited safely. We spoke with three staff members and they were complimentary about the recruitment process. They confirmed they had carried out all necessary checks as part of their employment process. They said they had not delivered any support to people before appropriate Disclosure and Barring Service (DBS) clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. Although checks were in place systems were not always implemented to ensure employment histories were fully explored and documented. The registered provider told us they would amend their practice to ensure full

employment histories were completed during future recruitment.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, 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. People told us they always got their medicines on time. We observed medicines being administered and noted good practice was not consistently followed. We shared this with the registered manager who told us all staff would have retraining to ensure suitable procedures took place.

# Is the service effective?

## Our findings

Each person had a pre-admission assessment, to identify their needs and establish Glengarry Court could meet these. We noted people's needs were continually evaluated to ensure care plans were up to date. We saw evidence the provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes.

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. We could establish through our observations people received care which was meeting their needs and protected their rights. One relative commented, "When [family member] was in the previous home she was wheeled about in a chair all the time, she then moved came here and they had her back walking with a frame in next to no time. It's marvellous." This indicated people received effective care from established and trained staff.

All staff we spoke with told us they had received training upon their employment. One staff member told us, "I was nervous at first but the shadowing helped." Shadowing is when a new staff member follows and observes an experienced staff member in their role before they work independently. We asked staff if they were supported and guided by the registered managers . Staff told us they felt supported by the registered managers informally and formally through their presence within the home. They also stated they had access to the registered manager out of hours should they require support and guidance.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. Food and snacks were available on request. The cook told us, "I am there for the residents, if they want snacks they can have them. I would rather give too much food than people go hungry." A second staff member commented, "[Registered manager] likes them to have nice food. She likes them to have homemade cakes."

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 Safeguarding (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. One person told us, "They [staff] always ask for your permission you know when they are working with you. That's what I like, they just don't go ahead and do it as I am still very independent." This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. We noted and observed regular visits from community health care professionals to manage people's ongoing health conditions. For example, a GP had visited and prescribed additional medicines and we saw district nurses

had visited and administered flu jabs. One staff member told us, "The district nurses are great, they visit pretty often, I know them all by name now." This showed the registered manager worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. There was a lift to travel between floors. Each room had a nurse call system to enable people to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the home.

## Is the service caring?

### Our findings

People received care from staff they knew and said they were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One relative told us, "They are all lovely with [family member], they do care you can see that. There's always a lovely atmosphere when you walk in, everyone makes you feel welcomed."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. For example, we observed staff crouch alongside people so eye contact could be shared during the conversations.

Staff made good use of appropriate touch when they spoke with people and we saw this helped them to relax. We observed staff knocked on people's doors before entering and were aware they could not enter bedrooms without permission. This showed the registered provider promoted people's dignity.

We saw people responded to staff presence and interactions positively. We observed one person thank the registered manager for providing a piece of furniture for their bedroom. Staff told us they had time to sit and chat with people and we observed staff being kind and patient but also using humour to promote and reinforce positive relationships. One staff member told us, "This is my perfect job. I have bonded with the residents. I feel like they are family, it's so rewarding."

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. Records were kept securely and could be located when needed. Only care and management staff had access to them, ensuring the confidentiality of people's personal information.

We discussed advocacy services with the registered manager. They told us they had supported people who had designated representatives to speak on their behalf. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

We saw everyone living at Glengarry Court Care Home had a care plan. People received personalised care that was responsive to their needs. One person told us, "The night staff are really good especially [staff member], I had problems with my knee, I pressed the buzzer and she came straight away, she gave me some painkillers and made me a cuppa." A relative commented, "I'm happy enough that if my [relative] needed a doctor straight away, they would call them immediately and be here."

Care plans provided information on the person's individual needs and how staff should support them. For example, we could read how to support someone who may be anxious and what specific support people required with their personal care. One person told us, "They do like to promote independence."

People told us they were happy with the care and support they received. We saw care plans were signed by the person or their representative which indicated their consent to their care.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

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 identified information about whether the person had communication needs. These included whether the person needed to wear glasses or needed support with hearing aids.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. We saw a timetable of structured activities. We also noted when people chose not to participate in activities, their views were respected and documented. One person told us, "They have a list on the events board of all the different things they are putting on for us at the home, you can join in if you want to." A second person said, "I have my nails done and my hair. I then have a man that comes in to do my feet, its lovely." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

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. We saw how families and friends had been welcomed and supported during a loved one's end of life. This showed the registered manager guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support so the people have a dignified and respectful end.

## Is the service well-led?

### Our findings

People who lived at the home told us they were happy with the way in which the home was managed. Comments received included, "[Registered manager] is good and kind and good with managing the staff."

Glengarry Court Care Home had two registered managers who shared the lead management role. 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. The service had appointed a new manager who had applied to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

We found the service had clear lines of responsibility and accountability. The registered manager and their staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the 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 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. People and staff told us they felt supported by the manager and management team.

Surveys completed by people who lived at the home and their relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. Feedback was also gathered from resident's meetings which discussed the weekly menu and activities.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G. P's and district nurses and local authority contracts department.

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