Avery Homes (Nelson) Limited

Glenmoor House

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

Overall summary

This unannounced inspection took place on the 1 December 2015. Glenmoor House provides accommodation for up to 58 people who require nursing or residential care for a range of personal care needs. There were 51 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

Summary of findings

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required. There were appropriate arrangements in place for the management of medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good

Is the service effective?
The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Good

Is the service caring?
The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The management promoted a positive culture that was open and inclusive.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to do their job.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Glenmoor 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 unannounced inspection was carried out on 1 December 2015 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 dementia care.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners that help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people.

During this inspection we spoke with eight people who used the service. We looked at the care records of five people. We spoke with the registered manager, and ten staff including care and support staff, and two visiting health professionals. We looked at five records in relation to staff recruitment and training as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

People felt confident that they could raise their concerns directly with staff and that these would be appropriately responded to. Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures, including guidance on how to report concerns and the contact details for relevant authorities. One member of staff told us "I had safeguarding training; it included whistleblowing which is important". Staff provided examples where they had identified concerns and records showed that staff had made timely referrals to the safeguarding authorities.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect changes and the resulting actions that needed to be taken by staff to ensure people's continued safety. For example, where people were identified as being at risk of falls in the evening, the risk assessments and care plans were updated to reflect that staff were more vigilant of the risk of falls in the evening.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. There was a business continuity plan in place which explained the actions that staff would take in the event of anything disrupting the service, such as a failure of the power supplies. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. The manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. On the day of our inspection we saw that there were enough staff to meet people's needs.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Good

Is the service effective?

Our findings

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager as they had regular meetings where they had the opportunity to bring up any issues and staff saw these issues were dealt with immediately. Formal supervisions with records demonstrated staff were being supported to carry out their roles are required.

People received care and support from staff that had completed an induction that orientated staff to the service. One new member of staff told us "I had a good induction as the staff explained everything and I shadowed experienced staff". Staff commented on how useful the induction had been as they got to know all of the care needs, likes and dislikes of the people using the service.

Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for and records showed that staff training was regularly updated and staff skills were refreshed. One member of staff told us "We are updated regularly with mandatory training and the manger is very good in ensuring training needs are met. I have the correct skills to deal with the residents and their needs"

People were involved in decisions about the way their care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people needed; for example where people could not communicate verbally, staff looked out for signs of agreement or disagreement with the care that was offered.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. There was recorded evidence of how decisions had been reached through best interest meetings. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed. One relative told us "My dad needs soft foods so he is on pureed food the staff do everything possible to meet his needs".

People were supported to have sufficient to eat and drink to maintain a balanced diet. People told us that they had a choice of meals and that there was always enough food. We observed that there was fresh fruit and snacks available in many areas of the home. The chef had a good knowledge of people's dietary needs and had access to information at a glance which showed people's needs likes and dislikes and were able to adjust meals accordingly. Where people had been identified at risk of losing weight, their meals were fortified with items such as cream.

Staff described how they assisted people with their meals and gave examples of how they ensured people could maintain their independence to eat such as the use of plate-guards or the provision of finger foods." We observed a lunch time and saw that people who were not able to eat independently were supported to do so in a way that met their needs for example: staff assisted people to eat and where one person did not eat their lunch, they were offered an alternative meal.

Good

Is the service effective?

People were encouraged to drink regularly. We observed that people were offered a drink frequently. Staff recorded when people were offered drinks and how much they drank. Nursing staff calculated the amount people drank every 24hours to ensure that people drank enough every day to maintain their well-being.

People's healthcare needs were met. People told us that if they needed to see the doctor they told a member of staff and this was arranged for them. Records showed that some people were prone to urine infections, and staff were vigilant in looking out for the signs of these. One member of staff told us "if we suspect a urine infection we have urine testing sticks so we can see if there is an infection present then we call the resident's nurse practitioner for treatment". One person's relative told us "[name] has a lot of urine infections the staff are very quick to respond to having him treated quickly and they let me know".

Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. Nursing staff monitored people's well-being by taking their clinical observations regularly, such as blood pressure. One relative told us "We are always informed if my [name] is unwell the staff are very good at communicating any changes or if [name] needs to have the doctor".

Good

Is the service caring?

Our findings

People told us that they were treated kindly and they had no complaints about the care they received. One person told us "staff cannot show enough kindness to me and everyone living here. They are all so good. I will tell you that they are kindness itself when dealing with those that cannot speak for themselves, that makes a difference, I see how good they are."

One relative told us "they don't just look after [people who use the service], they care for them too."

We observed that all the interactions between all staff and people using the service were respectful. One person told us "I am treated very well and I am shown great respect." A relative told us "[name] is treated with dignity and respect at all times the staff are very kind and caring." We saw staff acknowledged every one when they were in the same room or passing.

Staff were skilled in communicating with people even when people were unable to communicate verbally. We saw that staff responded to people's body language and took care to ensure that people could understand what they were communicating. For example staff recognised when one person pulled down their bed covers it indicated they wanted to use the bathroom.

Staff demonstrated that they understood that people had different ways of communicating. For example the records showed that one person could not use their call bell to summon assistance; staff told us that this person called out family names when they required assistance.

People's dignity and right to privacy was protected by staff. We observed that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's needs were met by staff in a dignified manner, for example we saw a member of staff taking time to care for a gentleman's nails. Staff gave examples of how people's privacy and dignity was respected, one member of staff told us "we make sure people are dressed appropriately".

Records showed that staff had collated information about people's previous life history and their current likes and dislikes. Staff demonstrated that they knew people by the way they spoke with them by including items of interest such as their hobbies or family names and provided their drinks how they liked them without asking them every time. Staff had provided one person with the means to communicate in their native language which had opened up areas of their lives which could be incorporated into their daily life. Staff told us they believed that getting to know people was very important; one member of staff told us "I care for people as I would want a family member care for."

We observed that staff had thought of different ways of ensuring people had their meals when they needed. For example where one person was not eating very much since their food had to be pureed; staff presented their food in small ramekins to help make it more appealing. Another example was the presence of toast and cereals in the lounge for people to have a late breakfast, one member of staff told us this "gave those who wish to stay in bed longer some breakfast when they are ready to eat."

People were involved in the planning of their care and support. Staff took into account people's individuality and their diverse needs. People had the opportunity to write in a comment's book about the meals that were provided. We saw that the chef had responded to the comments and had made changes to the menu.

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. Records indicated that staff updated assessments within 24 hours of admission. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs change.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans. For example one person required dressings to a wound on discharge from hospital, their requirements for pain relief, frequency of dressings and pressure area care were regularly updated; there was clear evidence that staff had followed the plan of care and the wound was healing.

People had been involved in planning and reviewing their care when they wanted to. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. One person told us "there is plenty to do and you can choose to join in or not, I am going to the exercise class now [activity staff] is very good and keeps us entertained." We observed that people were facilitated to join a group for exercise, people were encouraged to take part as their fitness allowed; we saw staff change the type of exercise to accommodate each person's ability and needs.

Staff were able to tell us about people's interests and their backgrounds and this information enabled them to understand and support people with diverse needs. Staff had provided one person with food from their native country; staff told us that this had sparked the person's memories and had helped build a therapeutic relationship with them. One person was unable to communicate verbally; an electronic device was now used to help them communicate their needs. People told us they were encouraged to suggest ideas for activities. Staff told us "we always encourage residents to join in but they have the choice [activity staff] is very good at organising all sorts of events and she knows who likes what. She will take residents out in a group they enjoy their outings."

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People had the option to complain in person at care reviews or at residents meetings, or in writing. One relative told us that when they had raised questions or concerns they felt they were responded to effectively and they were happy with the action that had been taken. The manager demonstrated how actions had been taken to rectify situations to prevent them happening again. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what do if they had a complaint.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. Staff told us that the manager was very supportive, one member of staff said "the manager is approachable and understanding." Staff told us they were proud to work at the home as they believed they were providing good care.

There was a registered manager in post since April 2013. The manager had the knowledge and experience to motivate staff to do a good job and was supported by the provider on a daily basis. The provider ensured that the manager was supported in their role by being involved in shared learning with other nursing home managers with the same provider. Staff said the manager was approachable and provided valuable guidance and fed back to staff constructively about how to improve care. They said the manager or provider were always available if they needed advice.

The management promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the manager respected them and valued their efforts to provide people with a safe, comfortable living environment.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff, the manager and by the provider. The manager used the audits to improve the service and feedback to staff where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.