Glenthorne Rest Home Limited

Glenthorne No2 Care Home Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 and 13 December 2017 and was an unannounced inspection.

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 the inspection visit 15 people lived at the home.

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.

This is the first inspection for Glenthorne No2 Care Home Limited since it was registered with the Care Quality Commission (CQC) on 21 July 2017. Prior to Glenthorne No2 Care Home Limited taking over the home, the service was owned by another registered provider. At that time it was not meeting regulations and needed significant improvements. The new service provider Glenthorne No2 Care Home Limited had made substantial improvements in the homes environment and documentation. However further work was needed. The director of Glenthorne No2 Care Home Limited was the nominated individual and temporary registered manager. They assured us the improvements were continuing and has kept us informed of further improvements. Most of the staff team had remained in the home's employment. This meant they had knowledge of the home and people who lived there and people were cared for by staff who were familiar to them.

When the new registered provider took over the home, the environment was in a poor state of repair and maintenance. The building needed refurbishment to make it a pleasant place to live in. Since then there had been substantial work carried out with new floorboards and other urgent remedial work needed to make the home safe. Significant improvement had been made to the décor and furnishings in the home. People told us the refurbishment had made the home much nicer to live in. One person said, "It's so much better. It's lovely." A relative commented, "What a difference in a short time. I am so pleased."

Although the staff team attempted to keep people safe during the renovation work and many risks were minimised, we found others were not. We found risks such as raised plank/uneven flooring in the hall had not been noted as a possible trip hazard. When we informed the management team of this they immediately rectified it and during the inspection carried out a visual risk assessment of the whole property to check for hazards. They then prioritised these. The major renovations in the home had caused some disruption but the management team were attempting to keep this to a minimum.

We made a recommendation to carry out frequent risk assessments during the renovation work.

The home had recently had a food safety inspection, an infection control inspection and a fire safety inspection. All had highlighted a number of issues. Many related to the fabric of the building such as old and dated kitchens and bathrooms and furnishing such as chairs, fire systems and call bells. The management team told us many of the issues highlighted had been rectified and this had reduced the risks. There were plans to remove and fully refurbish the kitchen and to renovate one of the bathrooms by early 2018. These measures would improve inspection control in the home.

Staff had received infection control training and were pleased with the improvements already made and positive about those planned. On the first day of the inspection we noted several commodes and toilet frames were in poor condition. By the second day of the inspection these had been replaced with new ones. This meant the risk of infection was reduced.

Documentation had been poor before Glenthorne No2 Care Home Ltd took over the home. The nominated individual of Glenthorne No2 had introduced a new system of care records. Staff had started to complete these. The management team acknowledged that these would benefit from further development and completion. Risk assessments prior to the change of ownership had also been very basic. Staff had since completed risk assessments for each person to assist in keeping people safe. Although they provided guidance for staff when they gave people care and support to people, the risk controls were not always detailed.

We looked at a person whose behaviour challenged the service. Although staff knew how to support the person, on the first day of the inspection there were no written management strategies in place to assist staff. When we carried out the second day of the inspection the management team had recorded the measures used to defuse situations or distract the person from behaviour that challenged.

We have made a recommendation to further develop people's care records including care plans and risk assessments.

The management team had started to make regular checks to govern, assess and monitor the quality of the service and the staff. These had not yet had time to become embedded into the governance structure when we inspected.

People told us they felt safe at Glenthorne No2. We observed staff provided safe, patient and sensitive care during the inspection. The service had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. They told us they would take prompt action to ensure people's safety where they became aware of or suspected a safeguarding concern. At the time of the inspection a safeguarding alert was being investigated. The management team were co-operating with the investigation.

People we spoke with told us they were happy and supported by staff who cared for them and treated them well. One person said, "I am looked after very well I am happy with my care." A visiting relative said, "The staff are really kind and patient. They have made such a difference."

People said staff supported them to remain as independent as they could be. They told us staff were caring and respectful, listened to them and assisted them promptly. They said staff were familiar with their care needs and preferences.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.
Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

People spoken with and care plans seen, confirmed staff requested consent from people and involved them in decision making about their care.

We looked at accidents and incidents to check the registered manager evaluated these for any lessons learnt. We saw they checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be reduced while still supporting people to be as independent as possible.

People had been 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.

People told us they were offered a variety of meals and were complimentary about the food provided. Drinks were offered to people throughout the day and their dietary and fluid intake was sufficient for good nutrition.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered personalised care. Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

We saw people who lived at the home had access to healthcare professionals. People we spoke with said their health needs were met promptly and care records reflected this.

People visiting the home told us they were made welcome by friendly and caring staff and had unrestricted access to their relatives. They told us they were happy with the care provided and had no concerns about their relatives safety.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were approachable and listened if they had a concern.

This is the first time the service has been rated as 'Requires Improvement.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There had been a large amount of work carried out on the environment since the change of ownership. However further risk assessments needed to be carried out and action taken to reduce risks to people.

Although care records had improved since the change of ownership information was basic and risk assessments limited.

Medicines were managed and administered safely and given as prescribed

Staffing levels were sufficient to support people safely.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment including the décor of the home required further attention to ensure it promoted independence and to meet people's needs.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable in care. This helped them to provide support in the way the person wanted.

Is the service caring?

Good

The service was caring.

People we spoke with told us staff were kind and caring. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's diversity and individual needs when supporting them.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised, involved people and where appropriate, their relatives and were reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

People were able to participate in socialising and activities which were meaningful to them.

People were supported to discuss their future wishes.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems although in place, were not yet embedded to ensure the service was well led.

People who lived in the home and their relatives told us the management team staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

The management team led and motivated the staff team. There were clear lines of responsibility and accountability amongst the team.

Staff told us they were supported by the management team.

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. The inspection team comprised of two adult social care inspectors.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Glenthorne No2 Care Home Limited accommodates up to 15 people in one building. Accommodation is on two floors.

Before the inspection visit we contacted the commissioning department at Blackpool Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped inform our inspection planning.

As the service only registered with CQC as a new organisation in July 2017 we had not requested a Provider Information Return. They will be required to send us one at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

When we inspected there were 15 people living at Glenthorne No2. We spoke with a range of people about the home. They included six people who lived at the home, two relatives and the nominated individual who was a director of the company. We also spoke with the registered manager and three staff members who supported people who lived at the home.
We reviewed a variety of records, including care records of three people, the staff training and personnel

records of three staff and records relating to the management of the home. We checked staffing levels, arrangements for the meal provision and checked the building to see if it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and comfortable at Glenthorne No2 and were pleased with the care they received. One person told us, "The staff are very good to me. It's alright here." A relative said, "I think the staff are wonderful. I have nothing but praise for them."

When Glenthorne No2 Care Home Limited took over the home from the previous provider, 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 then 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 during the renovation work and many risks were minimised we found others were not. We found risks such as raised plank and uneven flooring in the hall had not been noted as a possible trip hazard. We also found three window restrictors were damaged or not in place. Window restrictors are fitted to limit window openings in order to protect vulnerable people from falling and for security. These were quickly rectified when we alerted the nominated individual and registered manager to our concerns.

We recommend that the service continue to carry out comprehensive risk assessments of the environment on a frequent basis and take action on these to ensure the home is safe during the renovation work.

The home had recently had a food safety inspection by the 'Food Standards Agency'. This is the regulatory body responsible for inspecting services which provide food. There were a number of issues in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. In addition a recent infection control inspection had highlighted a number of issues. Most of these related to the fabric of the building such as old and dated kitchens and bathrooms and old and worn armchairs which increased the risk of the spread of infection. New armchairs were purchased just after our inspection.

The nominated individual told us they were currently responding to the issues raised with them. We were informed arrangements had been made for a bathroom refit on the ground floor and a complete kitchen refit early in the New Year 2018. Pedal bins, liquid soap and paper towel dispensers were provided for all bedrooms and communal bathrooms. The staff wore protective clothing such as gloves and aprons when needed. Once the above work was completed the registered provider said they would request a further food safety inspection.

The nominated individual had ordered new boilers, which were housed in the laundry room and a new washing machine and tumble drier on taking over the service. The laundry room was still in a poor state of repair and needed refurbishing when we inspected. The nominated individual informed us the work was completed in the laundry soon after the inspection.

Since the change of ownership, the nominated individual had arranged for the lounge and dining rooms to be redecorated and bought new dining tables and chairs. Additional lighting had been added in the lounge

as it had been dark and made it difficult for people to see where they were walking. A new call system had been installed to make sure people could call for help if needed. The wooden hall floor and joists underneath had been repaired and refurbished and new flooring was being laid when we inspected. However 'quick fix' improvements such as minor repairs to bedroom furnishings had not always been completed. When we informed the management team of this during the inspection they carried out a visual risk assessment to check for hazards. They said they would prioritise these. In addition, on the first day of the inspection we noted several commodes and toilet frames were in poor condition. By the second day of the inspection these had been replaced with new ones.

During the inspection we saw pedal bins, liquid soap and paper towel dispensers had been provided for all bedrooms and communal bathrooms. These measures reduced the risk of cross infection. Staff had received infection control training and were pleased with the improvements already made and positive about those planned. Staff wore protective clothing such as gloves and aprons when needed. Once all the necessary renovation work was completed the nominated individual said they would request a further food safety inspection.

There had been a fire service inspection soon after the nominated individual took over the home. They highlighted a number of issues which the nominated individual and registered manager had dealt with to the fire services satisfaction

The major renovations in the home had caused some disruption but people told us the management team had attempted to reduce this where possible to keep this to a minimum. Staff told us the nominated individual had arranged for the work to stop if it was upsetting or disturbing people and to be started again later. In addition the nominated individual arranged for work to be completed when people were engaging in excursions outside the home. People told us it was worth the disruption to see the improvements in the home. One person said "It is lovely now. I enjoy sitting and looking around."

We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. There were contingency plans in place in case of emergency, such as flooding or other issues affecting the environment.

Risk assessments and care records had been poor prior to the new organisation taking over the service. We viewed three care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. A new care planning system was in place and staff had completed all basic information in the records. However, this was not always in sufficient detail to advise and inform staff of the support people required.

We found staff were aware of people's risks and the controls in place to minimise these. For example one person was unsteady but would walk around without their walking aid. We saw staff closely observed the person reminding them of the need for the walking aid and taking this to them when they were walking without this. The person told us, "They tell me to use this [frame] so I don't stumble." However the care plans and assessments were not always detailed. The management team acknowledged that these would benefit from further personalising and told us they would address this.

We saw that where people were at risk of falls, risk assessments were in place and actions in place to reduce the risks. We looked at accidents and incidents to check the registered manager evaluated these for any lessons learnt and whether this improved care practice. We spoke with staff who told us, "They [management team] look at why any falls happen and we take learning from it." We saw they checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be

reduced while still supporting people to be as independent as they were able.

We looked at a person whose behaviour challenged the service. Although staff knew how to support the person, on the first day of the inspection we found there were no written management strategies in place to assist staff. On the second day of the inspection the management team had recorded basic measures used to defuse situations or distract the person from behaviour that challenged.

We recommend continued development of the care records to include relevant information and risk assessments so staff have sufficient information about people's needs and how to reduce any risks.

There were procedures 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 were clear about procedures related to safeguarding and whistleblowing. From this we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people. There was an on-going safeguarding alert being investigated by the local authority. The management team were cooperating with and providing information requested for this investigation. Concerns had been raised by Healthwatch, and health and social care professionals about the environment and staffing. We could see improvements to the environment and staffing was sufficient to meet people's needs when we inspected.

We found staff had been recruited safely, appropriately trained and supported. We looked at the staff files of three members of staff which showed safe recruitment checks were carried out before staff started to work at the home. Staff told us the registered manager had received references from previous employees and they had completed a disclosure and barring check (DBS) prior to being employed. This reduces the risk of unsuitable people from working with vulnerable groups, Staff files reflected this. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. We spoke with people who lived at Glenthorne No2 and their relatives to see if they felt there were enough staff to support them. People told us they did not have to wait long when they asked for assistance and the staff were kind and attentive. We observed staff interaction with people who lived at the home and saw they were not rushed and spent time with people.

We spoke with the nominated individual, registered manager and staff about staffing arrangements. A member of staff told us, "We have enough staff on to help people." Other staff confirmed this. We asked the nominated individual and registered manager how they ensured safe staffing levels. They told us they checked each day and arranged extra staff cover if needed. They were beginning to research and trial some evidence based staffing dependency tools when we inspected.

We looked at how medicines were prepared and administered. There were systems in place to manage medicines safely. People told us and records we viewed; indicated people received their medicines as prescribed. We saw medicines were ordered appropriately, checked on receipt into the home, administered and disposed of correctly. Audits had recently started to monitor medicine procedures and to check people had received their medicines as prescribed. The audits need to become embedded to highlight any errors or omissions and ensure good practice.

Requires Improvement

Is the service effective?

Our findings

We looked around the building and found it was appropriate for the care and support provided. There had been considerable refurbishment carried out since the change of ownership in July 2017 to improve the environment. People were praising of the changes in the home and told us how much they liked it. One person said, "Have you seen the big TV we have [in the lounge] now. It was such a tiddly little one before I couldn't see it from here." Another person said, "It looks smashing now, so much better than before."

The nominated individual had arranged for a new call system to be fitted to replace the old outdated one. This made it easier for people to summon help when needed. People had personalised their rooms with their own choice of belongings though most bedrooms still needed attention. Several had shabby wallpaper or damaged furniture. The nominated individual told us they had planned to have redecorated the bedrooms by now but there had been other refurbishment which took priority, hence the bedrooms had been delayed. There were no locks on bedroom doors but there were plans to provide these for people who wanted them. The nominated individual told us they hoped to start refurbishing bedrooms in the New Year. One person told us, "I am happy here. I have got all new furniture." This demonstrated action was being taken to improve the personal rooms of people who lived at Glenthorne No2.

There was sufficient indoor space for people to have quiet time in their bedrooms or communal areas. There was also a large garden. This was not being as old equipment and building materials were temporarily stored in the garden while awaiting disposal. Although it had not yet been made safe and secure, as it was winter few people wanted to be outside.

People told us they enjoyed the food and they had a variety of meals. They said these had improved and were more varied since the change in the ownership of the home. One person told us they only had to ask and their favourite foods were provided. Another person said, "The meals here are pretty good. I don't often leave anything."

All staff were involved in meal preparation. Most issues on the recent a recent food safety inspection regarding the cleanliness and recording of information by the food standards agency had been addressed. We checked the kitchen and found it was clean and tidy and stocked with a variety of provisions. We saw a cleaning schedule and checks to monitor cleaning and records of food and appliance checks had been started. These needed to be embedded to ensure the effective management of food safety. The kitchen refurbishment, which would rectify the remaining issues on the recent food safety and infection control inspections, was planned to go ahead early in the New Year. Staff who prepared food had completed food hygiene training to assist them to maintain food safety standards.

The registered manager and nominated individual carried out assessments of potential residents before anyone was admitted into the home to check they could meet their needs. These were used to start planning care and were updated as staff got to know the person.

Staff were familiar with the needs of people who required special diets or had allergies, and of people's likes

and dislikes. This assisted staff to meet people's needs and preferences. Staff had started to monitor people`s weights to help them maintain a healthy weight. We saw drinks and snacks were offered to people at regular intervals, throughout the inspection.

We saw meals were well presented and there were choices of food. We saw staff encouraged people to eat and drink so their dietary and fluid intake was sufficient for good nutrition.

People who lived at Glenthorne No2 told us their healthcare needs were met without delay by staff and they saw health professionals where needed. Care records seen confirmed visits to and from GP's and other health care professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. People's healthcare needs were carefully monitored and discussed and agreed with the person and if appropriate their relatives. We saw in care records health issues were monitored and people saw GP's, district nurses, chiropodists, opticians, as their assessed needs required.

We asked the registered manager how information was shared with other health professionals. The registered manager and nominated individual told us the new team were developing a rapport and a good working relationship with GP's and district nurses. They told us they provided relevant information as needed. If an individual needed to attend hospital, information about their care needs, communication methods, medicines and other care information was sent with them. Where possible a member of staff went with them and took the relevant information. This helped ensure other health professionals were informed of the individual's current health and care needs and enabled effective decision making regarding their care and treatment.

During the inspection one person became very ill. Staff calmly rang for paramedics to attend to them, collected relevant personal records and supported them to the hospital. Because of the quick response of the staff team to the person's health need, they recovered well. This demonstrated staff were able to respond to health emergencies and access prompt medical advice for people when they needed it.

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). 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 were being met.

The staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They had procedures in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Some people the home supported were living with dementia. We saw people's mental capacity had been considered and was reflected in their care records.

We looked at how the staff team gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We talked with people and looked at care records to check people had consented to

care and mental capacity assessments had been completed. People we spoke with said staff checked they agreed for them to provide care and support. They told us they were not restricted in what they did. We saw written consent to various aspects of care and treatment was recorded on people's care records. Where people were restricted, this was done lawfully.

The registered manager had completed DoLS applications where required. We saw one person was restricted by their DoLS authorisation and was unable to leave the home alone. Staff managed this sensitively using distraction, offers of other activities or time away from a noisy environment.

We spoke with staff to check their understanding of the Mental Capacity Act. Staff had received training and they were able to explain the requirements of the Mental Capacity Act and DoLS to us. They told us where they felt a person did not have capacity to make a particular decision they involved family and other professionals in decision making.

We saw from staff files and speaking with staff they had received supervision. This is a one to one meeting between staff member and line manager to discuss performance and any support or actions needed they needed in their role. Staff told us they felt supported by the registered manager and nominated individual. They told us although they had supervision and staff meetings they did not have to wait for these to speak with the registered manager or nominated individual. They told us one or both were in the home every day and almost always available to speak with.

People who lived at Glenthorne No2 and their relatives told us there had been massive improvements since the change of ownership of the home. They said they were competent, had increased skills and knowledge and cared for them well. One person told us, "No concerns with the staff. They are well organised and know what they are doing." Staff told us they had been provided with, 'loads of training' since the change of ownership. They told us they had completed training in different areas of care and records seen confirmed this included safeguarding vulnerable adults, fire safety, moving and handling, Mental Capacity Act and Deprivation of Liberty, first aid and health and safety.

Good

Is the service caring?

Our findings

People who lived at Glenthorne No2 and their relatives told us staff were considerate and thoughtful. One person said, "The staff treat us so nicely even when people are grumpy or rude to them." Another person said, "The staff were good before all the changes but they are even better now. They seem happy and I suppose it rubs off." A relative told us, "The way this home has changed is just fantastic. It is lovely and bright now and the staff are superb." Another relative told us, "[Family member] just wouldn't be here now but for the manager and staff here. The improvement is just amazing. I can't thank them all enough."

We observed how staff interacted with people. We saw they were relaxed and patient and supported people at the person's speed so they were not rushed. People told us staff were polite and respectful. One person said, "They are lovely, so kind and gentle – but we can still have a laugh. Another person told us, "I think they are a good bunch, very polite." People looked cared for and well groomed. A member of staff told us, "I do this job because of all they [older people] have given us. It is giving a bit back."

Staff supported people with respect and maintained people's dignity. We saw they offered support and personal care to people discretely and sensitively. One person needed personal care because of incontinence. They were gently and discreetly encouraged to change their clothing, with a suggestion that something had spilled on them. The person accepted this and quietly went with the member of staff. Staff knocked at doors and waited for people to invite them in where possible. They shut bedroom and bathroom doors for privacy when providing care. One person told us, "I get help from the girls with bathing. They are sensitive and help me as I want them to." Another person said, "I am given privacy when I want it."

The nominated individual and registered manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family and personal relationships and their diverse cultural, gender and spiritual needs. Staff told us they were sensitive to people's diverse needs and individuality and the importance of peoples' relationships and respected these. We saw personal information was stored confidentially but accessible to the person if they wanted this. Staff knew to keep information confidential and not to talk about people's personal information inappropriately.

We spoke with staff about advocacy services. They told us people had access to an Independent Mental Capacity Advocate (IMCA) where they did not have capacity. The role of an IMCA is to support and represent the person in the decision-making process. There were no people accessing advocacy services at the time of the inspection. However the registered manager arranged for information to be made available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where there was no family involved.

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "When my family ring I can always take it in my room if I want." A relative told us, "Staff always welcome me and keep me up to date with everything."

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs, responded promptly calls for assistance and available when they needed them. People told us staff assisted them in the way they had agreed and in the way they wanted. One person said, "If I need help the staff help me in the way I like." We saw the management team had responded to people's needs for quiet during the renovations. A member of staff with a background in maintenance carried out some of the refurbishment. This was so the work could stop when anyone started to become unhappy with it. The member of staff said, "I do the floors because it is safer for people. I can stop at any time a contractor can't do that the same."

People told us they were involved in making changes to their care. The registered manager told us care plans and risk assessments were completed with each person and if appropriate, their relative. We looked at the care records of three people. We saw people had their needs assessed before admission. This helped ensure the service was able to meet people's needs prior to their move to the home. The management team had changed the care plan format when they took over the home from the previous provider. The care plans were more personalised but staff were still obtaining relevant information when we inspected.

People and where appropriate their relatives told us they had been involved in discussing their care needs before they moved into Glenthorne No2. They said staff had continued to ask their opinion and involved them in any suggested changes their care. We saw from care records and talking with people, they and their relatives were involved in care planning where they wanted to be. One person said, "The staff chat with me about what I can and can't manage now and how they can help me." A relative said, "[Registered manager] always talks to me about how [family member] is and anything they want to do. I have been amazed at the change in them since coming here."

Staff understood the need to protect and respect people's human rights. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff were knowledgeable about peoples' care, preferred form of address and life history This assisted them to provide support that met people's preferences, likes, dislikes, care and support. and needs and wishes.

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 and care plans identified information about whether the person had communication needs and how they communicated.

Staff assisted people to use technology, particularly emails to contact families who lived away. The nominated individual told us they had bought a new computer and printer and had started using this to develop activities with people.

We asked the registered manager if people were offered the opportunity to discuss their end of life care. The registered manager said they had started discussing this with people and their family members when

people were comfortable to do so. The registered manager showed us they had started recording this. They would support people to remain in the home where possible as they headed towards end of life care. This was so people could remain in their familiar, homely surroundings, supported by staff known to them. They told us they had started working with the local hospice and McMillan nurses so they could provide good end of life care to people they supported.

We saw, from care records, staff had discussed people's preferences for end of life care where people were willing to do so. The registered provider said they would consider the best way to support each person on an individual basis as they headed to the end of life. This would include what the person's preferences were and whether they were able to meet their care needs at this time. At the time of our visit, no one living at the home was receiving palliative or end of life care.

Staff recognised the importance of social contact and leisure activities. We saw staff engaging people in activities and social chatter. People told us staff spent time with them chatting or playing games. Staff had organised a bonfire and fireworks display on Bonfire night which people told us they enjoyed. Local choirs and carol services had visited to entertain people and people told us they been to the Tower Ballroom. One person said, "I like to go out." Another person said, "I enjoy a chat with staff and listening to the singers."

We looked at the complaints policy which told people how their concerns would be dealt with. People told us they knew how to make a complaint. This was accessible and easy to use. They said they felt any complaint would be dealt with quickly and fairly. One person said, "I have no complains here. It is very nice. I am perfectly happy here." A relative told us, "I have no complaints. I'd be the first one to complain if anything was wrong."

The registered manager said there had not been any formal complaints directly to the home but there had been one which had been sent to CQC and the local authority. The nominated individual said this was on-going but the complainant had been unwilling to engage with them. She said she routinely spoke with people and their relatives so that any minor irritations were dealt with promptly and appropriate action taken to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People who lived at Glenthorne No2 and their relatives told us the nominated individual and the registered manager led the home well and were caring, helpful and approachable. They said they felt the home was well managed. One person told us, "You should see the changes [nominated individual] has made. It is like a different place. She listens to what we want as well." A relative said, "I have been very impressed with how open [nominated individual and the registered manager] have been and how the home has improved."

The home had registered managers 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.

There were two registered managers in place on a temporary basis. The nominated individual who was the director, had registered as the registered manager during the registration of the new organisation in July 2017. They had planned to cancel their registration once the permanent manager was registered with the Care Quality Commission. The permanent registered manager was also registered when we inspected but was to be temporarily absent from the home in January 2018. Because of this, the nominated individual had not cancelled their registration and would not do so until the return of the permanent registered manager.

We saw there had been substantial investment in the environment, record keeping and staff training which had improved the day to day care of people. Further work on the environment was planned to bring the home to a good standard and to record keeping to enhance the care of people who lived at Glenthorne No2. Regular checks and monitoring had started to be carried out to govern, assess and monitor the quality of the service and the staff. These included auditing medicines administration, staffing and cleanliness. The nominated individual and registered manager told us they felt they had moved forward a lot since the change of ownership, still had a long way to go, but would get there. Further improvements were still to be carried out to the environment when we inspected. Systems although in place, needed to be embedded to demonstrate consistent, accurate and personalised care. Also to identify improvement required that met relevant standards and regulations. For example, care records required more detailed information regarding the support people needed and risk assessments required development to ensure risks were documented and controlled.

When we inspected, we saw people who lived at the home knew and were comfortable with the nominated individual and the registered manager. They told us they saw them most days and could easily chat with them. We saw people talking and laughing with them readily. People told us they had been encouraged to give their opinions on the service provided and proposed changes and listened to. We saw evidence of 'residents meetings' and surveys which had been completed by people and their friends and relatives. These were positive about the care and support provided and gave people opportunities to express their views.

The home had a clear management structure in place. The nominated individual, registered manager, and staff team, demonstrated they understood their roles and responsibilities. They understood the legal

obligations, including conditions of registration from CQC, and those placed on them by other external organisations. There was a business continuity plan that identified how they would respond to different types of emergencies. We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. Staff said the management team had energised and motivated them with the changes in the home. They said the registered manager was 'hands on' caring and supportive. Comments included, "She's easy to approach and non-judgemental." And, "Willing to do anything she asks others to do." They told us the nominated individual was actively involved with the day to day running of the home. One member of staff told us, She wants the best for people and gives us proper equipment and training so we can provide that." Another member of staff said, "We can always speak to her and ask for advice. She is very supportive but not afraid to tell us where we need to make improvements."

Staff told us they felt involved in the day to day running of the home. They said they had discussions at supervisions and staff meetings. They said these informed and updated staff of any changes and gave staff time to put forward ideas and suggestions. In addition, staff told us daily 'handovers' took place to update staff of any appointments people had or changes to people's care needs.

The nominated individual and registered manager told us they sought information, advice and guidance from other agencies. This included CQC, health and social care professionals and local forums and relevant organisations. They said they engaged with other professionals to enable them to improve the service and to provide best care practice.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.