

Methodist Homes Gledhow

Inspection report

145 & 147 Brackenwood Road
Gledhow
Leeds
West Yorkshire
LS8 1SF

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

About the service

Gledhow is a care home providing personal care for 32 older people some of whom may be living with dementia. The service can support up to 50 people.

People's experience of using the service

Quality assurance systems had improved since our last inspection as most audits were being carried out and actions taken to improve care. However, care plan audits did not always identify the recording issues we found on inspection. The home was not always well led as records were not always accurate. The management team were open and responsive to our findings during the inspection and always looked to make improvements. Surveys and meetings were held with people, their relatives and staff to ask for their views and their suggestions were used to improve the home.

Staff did not always understand their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives as staff asked people for their consent and supported them in the least restrictive way. However, mental capacity assessments had not always been completed when a person was being restricted and best interest decisions were not carried out in consultation with others. People were offered choices about their care. People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff followed the advice healthcare professionals gave them. Staff received training and support through regular meetings.

People told us they felt safe living at Gledhow and processes were in place to reduce the risk of abuse. There were enough staff to meet people's needs and recruitment processes were sufficient. Risk assessments were carried out to mitigate potential risks and lessons learnt from incidents were shared in meetings with staff. Medicines management was safe, and people received their medicines on time. Staffing levels were sufficient to meet people's needs however, some staff felt more staff were required. Health and safety checks were carried out.

People said staff were kind and caring. People were well cared for by staff who treated them with respect and dignity. People were asked by staff how they wished to spend their time and staff interacted positively with people and spoke about them in a respectful and caring way.

Care plans were created and included people's preferences, likes and dislikes. People and relatives were involved in reviews to ensure their needs were being met and staff supported people in a way they wanted. People's wishes for end of life care had been recorded and staff were trained to support people when needed. A complaints system was in place and complaints were managed effectively.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 February 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Gledhow

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors, an assistant inspector and two specialist advisors for medicines and governance.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people to ask about their experience of the care provided and eight relatives. We spoke with the area manager, registered manager, deputy manager, activities co-ordinator and eight staff members. We looked at seven people's care records and medicine records. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we recommended the provider improve their medicines management. At this inspection medicines were managed safely. Following our last inspection, the providers clinical nurse lead supported the home and provided new ways to improve medicines management.
- Medicines were administered, stored and ordered in line with best practice. Medicines administration records (MARs) had been completed by staff and time critical medicines were given at the prescribed times.
- Regular audits were carried out and the registered manager also audited a percentage of MARs monthly to ensure any medicine errors were identified and actions taken to prevent future incidents.
- Controlled drugs were administered by the registered nurses and carers carried out a second witness signature. We found three staff who had witness signed for controlled drugs but had not received a competency assessment or training. A second signature is not legally required however, this is best practice. We discussed this with the registered manager and area manager who said they would ensure two staff nurses work at night to prevent any further incidents until carers were fully competent.

Assessing risk, safety monitoring and management

- Risk assessments were completed and regularly reviewed to mitigate potential risks. Staff were aware of risks to people and described actions taken to manage risk. For example, hourly checks were carried out to ensure people who were at risk and unable to use their call bells were kept safe.
- Risks were managed effectively. No person had been involved in a serious fall and no person in the home had a pressure sore due to the ongoing monitoring of people living in the home. One person said, "There is an alarm system which rings and if you need anything, they come to you. Sometimes I have to wait. Not all the time. There is a different alarm if there is an emergency – you know, if you've had a fall. They all come straight away if you've fallen or anything like that. So, it's very good."
- The environment was safe as regular health and safety checks were completed. People were made aware of the home's procedures. One person said, "They keep doing the fire alarm and telling us what to do if there was a fire. Also, that people can't walk in, they've got to be let in and the door is locked at night for safety."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and staff were responsive when needed. One relative said, "It's very safe now and everything is fine."
- Staff understood their responsibilities to protect people from possible harm or abuse. There was a safeguarding policy which had been followed when safeguarding concerns had been raised. One staff member said, "I would report anything that I didn't think was right."
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks. Time critical reports were completed for more serious incidents and evidence of information being shared

with the provider and relevant organisations. The registered manager used a 'megabase' system to identify trends and themes within the home.

- Lessons learnt were shared in daily safety huddles with staff or through one to one supervision with individual staff members.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. People and their relatives said there was enough staff to meet their needs. Comments included, "Oh yes they [staff] do talk to me" and "Sometimes it's a bit quiet on the weekend but there's enough staff to look after us."
- Staff provided us with mixed views about the staffing levels. One staff member said there was not enough staff to get people up for their breakfast and this was often served in people's rooms. They described staff as being worn out and did not feel the dependency tool accurately reflected people's needs. Another staff member said, "For the number of residents we have, there are no staffing level issues."
- People said staff offered them a choice to get up or stay in their rooms. People we spoke with said they preferred to stay in their bedrooms and this was their choice.
- The rota's showed there were enough staff during the day. However, some night shifts had not been fully staffed. On a few occasions there were only four staff working at night rather than the required five. The area manager said they were in the process of piloting a new dependency tool as they acknowledged the current tool was not always effective.

Preventing and controlling infection

- The environment was clean and well presented.
- Staff wore personal protective equipment when supporting people with care to prevent against possible infectious diseases.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At the last inspection we recommended best interest decisions were carried out in line with the mental capacity act. At this inspection improvements had not been made because best interests decisions were still being completed by one staff member and not always in consultation with others.
- Mental health assessments had not always been completed when a person was being restricted. For example, some people who required bed rails to keep them safe had not been assessed to show how this decision was made.
- Some staff lacked knowledge of what the MCA and DoLS meant and were unable to inform us who lacked capacity in the home.

This is a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were asked for their consent by staff. One member of staff said, "We explain what we are doing, assess if compliant with care at that time and always ask first." We saw staff ask for people's consent before delivering any care or support. For example, asking a person if they wanted their pillows adjusting.

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

- People were offered choices and staff encouraged people to have full control over their day to day lives.
- People's needs were assessed prior to them coming to live at Gledhow so staff would know how to support

them when they arrived.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to care for the people living in the home. New staff had an induction programme and regular training. One staff member said, "Some training is on-line, some is face to face and practical, updates are regular, it is good."
- Staff kept up to date with their training and said this supported them in their day to day role.
- Development and monitoring of staff was carried out through regular supervisions and annual appraisals.

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

- People were supported to have a balanced diet and drinks were regularly offered to people.
- People were offered a varied diet and could ask for alternatives if they did not wish to have what was on the menu. We saw one person had requested a salad which was not on the menu and this was delivered.
- Where there were nutritional risks, appropriate referrals were made to GPs and dieticians. Weight monitoring was in place and food diaries completed.
- Some people required support from staff when eating or adapted equipment to help them to eat independently. For example, one person had a plate guard and adapted cutlery to use at meal times.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to the relevant health professionals when needed. For example, we saw when people experienced any skin damage they had been referred to the tissue viability team. When general practitioners visited the home, relatives were kept informed of what actions had been taken.
- There was evidence in care plans of collaboration with other health care professionals. However, this was not always easy to find as information had not been recorded in an orderly fashion. We discussed this with the registered manager who agreed to review their record keeping and to introduce an index system so notes would be orderly.

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

- The premises and environment were designed to meet people's needs. Corridors were wide for easy wheelchair access. The home was well lit, corridors had hand rails and stopping places, with seating for people to rest. Bathrooms, toilets and shower rooms were attractive and non-clinical. Sitting rooms and dining areas were homely, and people's rooms were highly personalised.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff. Comments included, "They [staff] are very nice. I do like the way staff speak to you," "I like them [staff], they're very good with me. I think the care assistants, almost all of them are very dedicated and very caring. They care for the visitors as much as the residents. I think the nursing is excellent. [Name's] condition is complicated, and they go to great lengths to understand. They're all really really good at their jobs."
- Staff interacted positively with people and spoke about them in a respectful and caring way. Staff knew people well. One staff member told us, "[Name of person] is so lovely, I love chatting to them about their past and family." The staff member knew the person used to be a children's nurse and their family and religious beliefs as a Christian were important to them.
- The registered manager actively promoted equality and diversity. During our inspection they had a variety of activities which focused on learning about the lesbian, gay, bisexual and transgender (LGBT) community and the provider had arranged training for staff to help support people who may have diverse needs. The provider was also planning a training course on how to support people in homes who may wish to have sexual relationships.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were respectful of people's privacy and kept doors closed and spoke quietly and discreetly to people about their support interventions.
- Care records showed staff promoted independence. For example, encouraging people to wash themselves where they could.

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

- People said they were able to choose how and where they spent their day. Staff asked people for their consent before providing support and encouraged them to express their views and wishes.
- People and their relatives were familiar with the care plan and involved in six monthly reviews.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans included information about people preferences for care including their likes and dislikes. For example, information was recorded for what particular nightwear people liked, whether people liked lights off at night and if they required a drink before bed.
- People's spiritual and cultural beliefs were met and these had been recorded in care plans. For example, one person had friends who visited to sing hymns with them. Others had visits from Christian chaplains or Roman Catholic priests. Two people had support plans which stressed the importance of daily praying for them.
- Staff knew people well and life stories had been created to inform staff about people's life histories including their earliest memories, places they lived and about their life history and important information about them.
- People and their relatives were involved in care reviews which were held every six month. One relative said, "We have a six monthly meeting with the home to do with their care and plan."

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

- There was a variety of activities within the home and people told us these were enjoyable. The provider had introduced 'seize the day' which supported people to achieve a dream they have. One person receiving end of life care had always sponsored donkeys and staff arranged for them to visit the donkey sanctuary. Their relative said, "It was the most beautiful, touching, sad and happy experience I have ever witnessed. Our mother's face and eyes lit up at the sight of the donkeys and horses. The memories and pictures are priceless."
- The home introduced themed weeks to celebrate different cultures and experiences. For example, they had a Christmas market built up with stalls for people to look around. There had been a week celebrating Chinese culture, an Indian dancing event and line dancing.

Meeting people's communication needs

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

- The registered manager understood and followed the AIS. Care plans included information about people's abilities and aids used to facilitate better communication such as hearing aids or glasses.
- The area manager told us information could be made available in different formats if required for example,

items in larger print.

Improving care quality in response to complaints or concerns

- Complaints had been investigated and responded to in a timely manner. One relative said, "I am very impressed with the way they dealt with it [in reference to complaint about meetings]. They were polite and helpful. They dealt with e-mails promptly, they kept me updated and sent one of the regional directors to meet us."

End of life care and support

- Peoples wishes and preferences for end of life care had been recorded. Staff were respectful when people had passed away. They said they did a walk of honour where all staff stood in a line called 'the guard of honour' for when people had passed away and left the home.
- Staff were trained in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found management systems were insufficient to ensure the service was managed effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support;

- Governance systems had improved since our last inspection as most audits were now being carried out with actions taken. However, care plan audits did not identify the recording issues we found on inspection. For example, one body map showed a person had small red dots on their body in January 2020. A staff member said this had healed but there was no recorded evidence of this.
- Care plans were not always detailed and accurate. One person's mental health care plan did not provide information on how to support them when they experienced suicidal thoughts. One person's health support plan had not been updated to show they were now nutritionally at risk.
- There was no consistent approach to recording information. Care plans were difficult to navigate and there was no clear order to the files. Staff recorded when there had been health professional visits however, the notes by staff were not in order which made it difficult to find the most current information.
- Records were not always stored in the same place. For example, some power of attorney information was filed in care plans and others were stored in the office. Some observational checks were completed on charts and others documented free hand on a sheet of paper.
- Repositioning documentation was not always accurate. One care plan stated a person should be repositioned every three hours however, their repositioning charts stated the person should be turned every four hours. Some reposition charts were incorrectly recording a person's position for example; one daily record showed a person had been on their back all day and not positioned to another side to prevent against skin damage. Staff told us this was because the person refused but this had not been recorded.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection, the management team were open and transparent and were proactive in their

response to our findings.

- Staff said the registered manager was supportive and approachable. One staff member said, "[Registered manager's name] is brilliant." Staff were enthusiastic about their job and told us they loved working at the home. Comments included; "I love this place. There is a lovely atmosphere, it is bright and clean, carers are brilliant. I am very happy here."
- The registered manager started in post in November 2019. Following the last inspection there had been several managers which staff and relatives said had caused low morale. One relative said, "I think the change of managers has been disastrous over the last years." The registered manager told us they were working hard to ensure consistency within the home was maintained.

How the provider understands and acts on duty of candour responsibility

- People told us any concerns raised were managed effectively. The registered manager understood and acted on their duty of candour responsibilities.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

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

- Surveys were sent to people, relatives and staff to obtain feedback and improve the care being provided. Most of these results were positive from people living in the home. There were also review cards left out in the home so people and their relatives could provide feedback at any time.
- Regular relative and resident meetings were held to keep people informed of changes within the home and provided opportunity to raise any issues.
- Staff did not always feel communication was effective. One staff member said, "Nothing ever changes, but it's good to speak up." The area manager said "We are still doing daily huddles and handovers to improve communication. Staff will often come and speak with me. No one has raised any concerns with me."
- Regular staff meetings were held to communicate organisational changes. One staff member said, "If you have a problem, you can suggest or if you have a private issue, you can speak with the nurse. Yes, I find the meetings useful. They encourage us to speak in the meetings."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The service worked in partnership with people, relatives and healthcare professionals to seek good outcomes for people.
- The area manager and registered manager were committed to improving the care provided in the home. Following the recent changes in management and low staff morale the provider had arranged for coach training with the staff to improve the morale within the home and learn how they could do things better as an employer.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	There was a failure to comply with and appropriately apply the Mental Capacity Act (2005).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records.