

Mr & Mrs R G Hepwood

Glengarry Court Care Home

Inspection report

16 Victoria Road
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Tel: 01253883387

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 14 June 2016 and was unannounced.

Glengarry Court Care Home provides accommodation for up to 17 people who require personal care. The home is situated in Poulton-le-Fylde, a small town close to the Lancashire coast. The shopping centre and local amenities are close by. There are two communal lounges at the home and a dining room on the ground floor. All bedrooms have en-suite facilities. A passenger lift provides access to the first floor. At the time of the inspection there were 11 people who lived at the home.

A registered manager was in place. 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.

At the last inspection in November 2013 we found the provider was meeting the requirements of the regulations inspected.

At this inspection we found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding adults training and understood their responsibilities to report any unsafe care.

We found recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

Medicines were administered in a safe manner and people received their medicines on time. Staff had received related training to so that medicines were administered correctly by knowledgeable staff. Controlled drugs were being administered at the time of the inspection visit. We found correct documentation was recorded to ensure accurate administration of controlled drugs.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had received training and were knowledgeable about their roles and responsibilities. Staff told us access to training courses and opportunities to develop their skills was good.

We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was well organised. People who required support to eat their meals were supported by staff who were caring and patient. The cook had information

about people's dietary needs and these were met. One person who lived at the home said about the quality of food, "The food is very good."

We found people had access to healthcare professionals and their healthcare needs were met. On the day of our inspection visit we saw one person was supported by a staff member to attend a hospital appointment. This ensured the service had up to date information about the outcome of the person's appointment.

We observed staff treated people with respect, patience and dignity. People we spoke with told us staff were caring and respectful.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The registered manager used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that had taken place. This ensured the service continued to be monitored and improvements made when they were identified.

People who lived at the home and relatives had opportunities to feed back to the registered manager about the quality of their care through surveys and meetings.

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.

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

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

Recruitment procedures the service had in place were safe.

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

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

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

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be

involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to them.

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

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

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

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

Is the service well-led?

Good ●

The service was well led.

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

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

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Glengarry Court Care Home

Detailed findings

Background to this inspection

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

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 14 June 2016 we reviewed the information we held about Glengarry Court Care Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. There were no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager two staff members, seven people who lived at the home and two relatives. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We spent time observing staff interactions with people who lived at the home and looked at documentation relating to the running of Glengarry Court Care Home. We checked care records of three people who lived at the home. We also reviewed records about staff training and recruitment of staff. In addition we looked at records related to the management and safety of the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe with plenty of staff around to ensure they had the support and attention they required. For instance one person who lived at the home said, "There is always someone from authority popping in and out. I like that it makes me feel safe." A staff member also said, "We do try and make people feel secure by giving residents attention and always checking people to see they are alright."

We looked at how the registered manager staffed the service to keep people safe. We found We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The registered manager told us they monitored staffing levels. If further admissions to the home happened they would ensure more staff would be on duty. One person who lived at the home said, "They seem enough staff around to care for me."

We had a walk around the premises and were invited into people's rooms. We found call bells were positioned in bedrooms close to hand. This was so people were able to summon help when they needed to. People told us staff responded quickly when they summoned help. We tested the response from call bells activated. We found staff responded in a timely manner. This ensured any emergencies would be responded to quickly. A person who lived at the home said, "I have pressed once or twice and they come in no time."

The registered manager had a policy on safeguarding adults and a procedure to follow. Staff we spoke with were knowledgeable about the process to follow should they witness abusive practices. Training records we looked at showed staff had received related information to underpin their knowledge and understanding of safeguarding adults. One staff member said, "We all know how to react should any of us witness someone being abused."

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and personal care. Records were personalised and covered what actions the registered manager would take to manage risk.

Records were kept of incidents and accidents. Details of incidents reviewed showed action had been taken following events that had happened. If an accident occurred, a form would be completed and submitted to the registered manager. They analysed the information and completed any follow up action as required. We found by looking at documentation accident information led to an action plan to minimise its reoccurrence. Any serious incidents would be reported to CQC. This was confirmed by talking with the registered manager.

We had a walk around the home and found it was clean, tidy and maintained. Equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We found windows were restricted to ensure the safety of people who lived at the home. We checked a

sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines.

We looked at three care records of people who lived at the home to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis.

We looked at recruitment processes the service had in place. We found suitable checks were in place that were required. One staff file we checked who had been employed in the last 12 months had the required checks completed. The record contained a completed a disclosure and barring check (DBS). This was completed prior to being employed. This is a check that helped ensure suitable people were employed. We noted previous employment references were also obtained. This demonstrated safe recruitment checks were carried out. One staff member said, "I have been here a while but all checks had to be done before I start to work here."

We looked at how medicines were recorded and administered. Medicines had been, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the breakfast and lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separate facility. We checked the controlled drugs register and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked.

Is the service effective?

Our findings

People received effective care because they were supported by staff and management team who received constant training and had a good understanding of people's needs. For example we found the majority of staff had worked at the home together for long period of time. Staff told us they had developed good working relationships with each other. Also it helped getting to know people who lived at the home well. We confirmed this by talking with staff members and people who lived at the home. Comments included, "The staff are very good they know me well and we get along fine." Also a staff member said, "We work well together and are able to know what the people want as most of us have been here a while."

Staff told us they received training to support them to carry out their responsibilities effectively. Training records showed us the registered manager had a programme of ongoing training and achievements for staff. A staff member said, "We have lots of training events and we are always encouraged to do training which will help us." All staff had achieved or were working towards national care qualifications. People were supported by staff who had the right competencies, knowledge, qualifications and skills.

The Investors In People (IIP) certificate had been renewed in 2015, demonstrating the registered provider's commitment to staff training. IIP is a national framework assisting organisations to improve services through the effective management and development of staff.

Discussion with staff and looking at staff records confirmed they received supervision from the registered manager. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, any issues and their training needs. One staff member said, "[Registered manager] is very good and although we have regular appraisal sessions we can talk with her any time."

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).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection.

The service employed cooks and we found they catered for a selection of food preferences and dietary

requirements for people who lived at the home. For example the cook told us people who were diabetic were catered for and we found evidence of suitable foods for people with special diets. A staff member said, "We have all done 'food and hygiene' training and now about special diets and how to prepare them."

People who lived at the home told us they enjoyed the food provided by the cooks. Comments included, "The food is very good. Home baked stuff and really good home cooking." A survey completed by a person who lived at the home said about the quality of food, 'we have an excellent varied menu of home cooking.'

Both at breakfast and lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and a social experience with people talking amongst each other whilst eating their meal. We observed different portions to suit individuals and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Glengarry Court Care Home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

When required nutritional risk assessments were completed and people's weights were monitored. This was to ensure any issues or concerns would be highlighted and action taken to ensure people's health was maintained.

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from doctors when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

The inspection visit was unannounced. We visited the home at breakfast time. Initial observation found a staff member attentive towards people whilst breakfast was served. Staff showed patience and understanding whilst people ate their breakfast. For example one person took their time and a staff member sat with the person and encouraged them to eat their breakfast at their own pace. We spoke with the person following their breakfast who said, "I take my time and the staff are so patient and kind with me."

We observed staff spent time chatting with people who lived at the home. We observed staff to be caring and attentive in ways they supported people. For example one person was getting ready to go out on their own and a staff member supported the person to get ready and talk about the day ahead. We spoke with the person who lived at the home who said, "I go out on my own and the staff are great. They help me get ready and check everything is ok and I have got everything."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. One person wanted to be known by their second name and this was done. Their care plan reflected this. This demonstrated the service was aware of people's wishes and carried them out. The person who lived at the home said, "I prefer to be called [name] the staff respect that."

The registered manager also worked with the 'Care Home Liaison Team' to improve people's care and support requirements. This involved the delivery of specialist training for staff and close monitoring of each individual's health. This had a positive impact upon people's lives because there had been fewer hospital admissions. Subsequently, people remained longer with recognisable staff and in the familiar surroundings of the home.

Daily records completed were up to date and maintained. These described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records of people's care plans being reviewed with them. For example care plans we examined had been signed by the person. One person who lived at the home said, "I know we discuss what is going on with me every month or so."

Throughout the day of our visit we saw people were able to make decisions for themselves. For example people moved around the building freely to different lounges or their own room. If they requested help to walk staff were on hand.

Relatives visited the home during the day of our visit. They told us they were welcomed at any time and had no restrictions for visiting. One relative said, "Yes I come when I want and have had lunch here a few times, very nice it was to."

We spoke with the registered manager about access to advocacy services should people require their

guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt care provided met their individual needs. People also told us they responded to any changing needs that may occur. Staff also had an understanding of people's individual health and social care needs. For example one staff member said, "We are a small home and because we don't have much change of staff we get to know everyone well. This helps to know when someone is not their self so we react straight away."

We found care records contained personal histories and information about each individual so that staff could get to know people better. One person who lived at the home said, "We can talk about our interests better if staff know more about us." The records were being updated to obtain more information on each individual who lived at the home.

We looked at care records of two people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required and how it would be delivered. Care records we looked at were informative and identified how staff supported people.

The care records we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans had been signed by staff confirming they had read them and understood the support people required. One person who lived at the home when asked about care planning said, "We have been through my care records once or twice to check things are right."

People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. For example games such as dominoes were arranged most afternoons. On the day of the inspection visit, games were taking place in the afternoon. We observed people taking part in activities. One person said, "At the moment most of us like dominoes and the staff join in."

We found people had choices to join in with events going on or freely sit in other areas of the home. People who lived at the home told us regular activities were organised. For example one person told us trips out had been arranged. They said, "I go out a lot on my own but have been on a few trips."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the notice board in the reception of the home. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We asked people who lived at the home if they knew the complaints process. Also if they had any complaints. Comments included, "Never had to the staff and manager are very good any issues are dealt with immediately. I have never had any." And, "No never had to complain the staff do a wonderful job for

me." Another person who lived at the home said, "I know the process to follow but never had to use it."

Is the service well-led?

Our findings

Comments received from staff members, relatives and people who lived at the home were positive about the registered manager's leadership. For example one relative said, "We looked at a few places but this seemed the best. The manager is very good and gave us a good impression when we came." A person who lived at the home said, "[Registered manager] is so nice and helpful always around when you need her."

Although this was a small home we observed good visible leadership shown by the registered manager. They had a good knowledge of staff roles and responsibilities. We discussed the care of people who lived at the home with the registered manager and senior staff. They demonstrated an understanding and an awareness of people's needs and requirements. One person who lived at the home said, [Registered manager] is lovely. There is not many of us here but the staff and manager do care and join in with us."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager was approachable and available at any time should they require support. Staff told us they felt the service was well led and they had a good staff team. One staff member said, "Most of us have been here ages and we all work alongside well and support each other."

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through annual satisfaction surveys and care reviews. We looked at recent surveys from 2015 returned from people who lived at the home and their relatives. Responses were positive and included, 'All staff without exception are first class' and, 'Very caring group of people'. One person requested more soft music in the dining room. The registered manager reacted by having music playing softly. One person who lived at the home said, "The music is nice we like it." The registered manager informed us any negative responses they received, would be analysed and addressed.

Staff and resident meetings were held on a regular basis. Resident meetings were held six monthly and staff meetings three monthly. One staff member said, "We are a small home so we speak with residents every day about how they feel about the home." An issue highlighted from a staff meeting found care records were not always signed and completed. This had been discussed and the registered manager told us this had improved. We confirmed this by looking at care records of people who lived at the home.

We found there were a range of audits put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits undertaken were completed on a regular basis. For example recent audits had been completed on the environment, medication records and care plans. The registered manager informed us audits were an essential part of the running of the home. This was to ensure they continued to develop and provide quality care for people. Action had been taken from a recent building audit. This had identified some refurbishment was required. We confirmed by walking around the premises this had started. A staff member said, "We are in the process of redecorating to make it better."

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived at the

home were observed being comfortable in the company of the staff. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met by the registered manager.