

Glenholme Healthcare Limited

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Inspection report

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09 April 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Glenholme Healthcare Ltd provides accommodation and care to up to 18 people with mental health needs. The home is made up of two adjoining houses Glenholme and Oakdean providing nine beds in each, with accessible office accommodation for staff on the ground floor. At the time of this inspection there were 13 people living in the service.

People's experience of using this service and what we found

People told us that they were safe and received good care and support.

Recruitment processes and procedures were safe.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed.

Systems and processes were in place to keep people safe. There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures in response to the coronavirus outbreak. Staff received the training and support to carry out their role effectively. Support staff told us that they felt that the current management team were very supportive especially during the recent months of the pandemic.

There was a positive culture throughout the service which focused on providing care that was personalised.

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

The provider had systems in place to monitor and improve the quality and safety of the service provided.

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

Rating at last inspection

At the last inspection we rated this service good. The report was published on 11 November 2017.

Why we inspected

We carried out a focused inspection of this service on 9 April 2021. This report only covers our findings in

relation to the key questions safe, effective and well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, 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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below,

Glenholme Healthcare Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a nurse who specialised in mental health and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience contacted relatives by phone to request feedback.

Service and service type

Glenholme Healthcare Ltd 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.

The service had a manager registered with the Care Quality Commission. This means 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

We carried out the inspection visit on 9 April 2021. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During our inspection

We spoke with the registered manager, two support staff and two people who used the service. We looked at four care records and three staff files; we looked at various documents relating to the management of the service which included medical records, infection control and quality assurance records.

After the inspection

We spoke to four relatives and two people who used the service by telephone.

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 good. At this inspection this key question has now remained the same.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included, "I feel safe here, I've never known a place like it "and "She is safer there than anywhere else".
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, amongst which were, smoking, kitchen risks, risk to self, risk to others and handling money.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.

Staffing and recruitment

- There was enough competent staff on duty. The service was currently recruiting to vacant support worker posts.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events
- Staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.
- We observed staff responding to people's needs in a timely manner, although staff were busy, and care was delivered in line with people's care plans.

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medicines were

clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.

- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.
- People who needed depot injections were supported by the GP or local mental health teams.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- Staff demonstrated good infection control practices. Staff were seen to wear Personal Protective Equipment (PPE) such as masks, gloves and aprons where needed and the service was clean.
- A range of PPE, in line with government guidance, was available for care staff to wear.
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.
- Throughout the service there were hand-sanitising dispensers, all of which were useable throughout our visit.
- One person told us "It is cleaned regularly; they have got a new cleaner".

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider set mandatory training for all staff to complete and staff had completed this training.
- Staff we spoke too had all had additional training in mental health matters.
- There was also regular training and updates provided at team meetings.
- One person told us, "The staff are well trained."
- Staff had regular supervision with a senior member of staff. This is a confidential meeting where staff can discuss their progress in their role and identify any support or training needs they have.

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

- The registered manager or deputy manager met with people to assess their needs before a decision was made about whether their needs could be met at the home.
- Assessments of people's needs considered their physical and emotional needs.
- The manager told us they received e-mails from head office about updates on legislation and current practice.

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

- One member of staff told us how they supported one person to make healthy choices around their food.
- People chose what and when they wanted to eat, and some people prepared their meals with staff support.
- Comments included "They fill your stomach up with lovely food, you choose, and they sort it out." And "The food here is very good, I love Shepherd's Pie, I get one big helping. You can get anything else if you ask."
- Menu choices were discussed regularly at resident meetings.

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

- People were supported to access healthcare services. Health checks were carried out for people on a monthly basis. One person told us, "I love it here. All the staff are good natured and help me with my health."
- Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.
- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans.
- One person told us "I can go to the doctors and dentist myself, staff support me".

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

- There had been a number of improvements made to the premises since our last inspection. This included installing ensuite bathrooms for each room, new fire doors and a fire panel.
- One person told us they chose the decoration in their room.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- Staff we spoke with had a good understanding of the principles of the MCA and how it was applied to the care they provided for people.

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 good. At this inspection this key question has now remained the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an experienced registered manager in post and the service had recently recruited to the new role of deputy manager.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager and deputy was clear about their role, responsibilities and led the service well.
- Comments from staff included "x(manager) is very approachable and has a lot of knowledge, she understands the residents needs well" and "It's a good team here, everyone respects each other."
- Timely statutory notifications to CQC had been received following any notifiable events at the service.

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

- Most relatives told us managers were responsive if they had any concerns and took the necessary action to address them. They told us they had been involved in agreeing and reviewing their relatives care needs and had been consulted about decisions where appropriate.
- The provider had not recently requested feedback from residents and relatives. They planned to conduct a survey in the weeks ahead.
- People told us that communication was good and that they were updated regularly especially during the pandemic.
- One person told us "X (manager) and Y (deputy manager) are lovely; they are definitely very good at being managers, I have made some complaints and they sorted them out".
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.
- Care records noted people's religious or cultural needs and we saw that the service met people's cultural and religious dietary requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Staff were happy in their work. They described the current management team as caring and approachable.
- A person told us "Management are quick on doing things about staff, they know who to keep and who not to. They are a good management team there".
- The service worked closely with a range of external health and social care professionals.

- Staff were knowledgeable about people's needs and people and relatives told us staff were caring and worked hard to deliver person centred care. We observed kind and caring interactions on the day of our inspection.

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

- There were monthly meetings for people who used the service and staff to discuss any concerns they had.
- Staff attended regular meetings to discuss people's changing care needs and any staffing concerns. One staff member told us the meetings were used to ensure staff "provided a consistent approach."
- People had the opportunity to give feedback about the care they received.

Continuous learning and improving care; Working in partnership with others

- The provider had oversight of the audits carried out by the registered manager and devised improvement plans for the manager to complete when areas for improvement had been identified.
- The provider also carried out regular visits to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.