

Beacon Care Homes Limited

Glenholme

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 5 May and was unannounced.

Glenholme provides residential care and support for up to 18 people with a learning disability. At the time of our inspection, 16 people were living in the home.

The service is required to have a registered manager in post. 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.

People were safe in the home. Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Medicines were administered, stored and managed safely and appropriately and people received their medicines on time and in the manner the prescriber intended.

Staffing levels were sufficient to meet people's needs appropriately and the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment. Staff received support from the manager and quality assurance officer, which included supervisions and appraisals.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager and quality assurance officer ensured the service operated in accordance with the MCA and DoLS procedures. Staff also demonstrated a clear understanding of the MCA, DoLS, capacity and consent. People were able to make their own decisions and choices as much as possible.

People received enough food and drink to meet their individual needs and staff had a good understanding and knowledge of people's dietary needs. Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff. There was also consistent monitoring and appropriate communication by staff, regarding people's healthcare needs and any changes.

People were involved in planning and reviewing their own care and staff appropriately supported people, when necessary, to make informed choices for themselves. The staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was upheld. People were also supported to do as much for themselves as possible, in order to enhance and maintain their independence.

People pursued hobbies and activities of their choice, which helped enhance their overall wellbeing. Visitors were welcome without restrictions and people were supported to form and maintain personal relationships. People were listened to and any complaints were fully investigated and actions taken to improve the quality of care provided.

There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people living in the home could be involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

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

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were followed.

People received their medicines on time and in the manner the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively, had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

People had sufficient amounts to eat and drink and staff had a good understanding and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and their

privacy was upheld.

Visitors were welcome and people were supported to form and maintain personal relationships.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people pursued hobbies and activities of their choice.

People were listened to and any complaints were investigated and appropriate actions taken.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to monitor the quality of the service.

Staff and people living in the home could be involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

Glenholme

Detailed findings

Background to this inspection

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

This inspection was carried out by one inspector on 5 May and was unannounced.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During our visit we met and spoke with 10 of the people who were living in the home and carried out some observations. We also met and spoke with the registered manager and five members of the support staff.

We viewed the care records for four people and a sample of the medicines records for three people who used the service. We tracked the care and support of two of these people. We also looked at records that related to the management of the home. These included staff training records, quality auditing systems, some health and safety records and minutes of meetings.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living in Glenholme. One person said, "Definitely, they [staff] keep us safe." Another person told us, "I've got a few problems at the moment but the staff have really helped me and I do feel safe now."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff said they would recognise signs that indicated when a person may be being abused and would report any issues of concern appropriately. Staff we spoke with told us that they had received effective training in respect of safeguarding people. There was information available for people regarding the local safeguarding team and details of how to contact them.

Staff knew about the whistleblowing policy that was in place and followed it if necessary. A whistleblowing concern was received by CQC in January 2016, a copy of which we noted had been sent directly to the provider. We received a full and appropriate response from the provider, following a comprehensive investigation. Following this inspection, we were satisfied that our findings matched the outcome of the investigation, which deemed the concerns as unsubstantiated.

The premises were safe, clean and being well maintained. Equipment such as fire-fighting equipment was checked and serviced on a regular basis. People living in the home told us they knew what to do and where to go if the fire alarm sounded. This was also documented in a copy of the minutes from a 'residents' meeting held in August 2015.

Risk assessments were clear and detailed in respect of people's daily living, such as behaviours that may challenge, mobility, dietary needs, food intolerances, medicines, unsupervised outings and communication. Our observations showed that staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

For example, it was noted that one person had recently been exhibiting behaviours that could place other people at risk of harm. We noted that significant input had been received from external professionals. In addition, staff were following a number of safety measures that had been put in place, to ensure the ongoing safety and welfare of this person and others living and working in the home.

We saw that staffing levels were sufficient to meet people's needs appropriately. All the staff on duty showed good knowledge and understanding of people and their needs. One person living in the home told us, "Staff are always there if you want them." We also noted that there was an 'out of hours' on-call system in place for staff, if additional support or advice was needed.

A discussion with the manager and the pre-inspection information we received confirmed that appropriate and safe recruitment practices were being followed. All staff were police checked for suitability with the DBS (Disclosure and Barring Service). Appropriate references were also obtained to make sure that new staff were safe to work with people who lived in the home.

Medicines were being managed, stored and administered safely in the home and people received their medicines as prescribed. A member of staff explained that there had been a number of medication errors during the past year. As part of an improvement plan this staff member told us that staff had received additional training on medicines from the dispensing pharmacy. In addition, frequent internal audits were now taking place and we noted that significant improvements were evident.

Is the service effective?

Our findings

People who were living in the home told us that their needs were met appropriately by well trained staff. One person told us, "They [staff] are very good you know, they know what they're doing and they look after us properly."

Staff told us that they received good support from each other as well as from the manager and quality assurance officer. We also noted that staff received regular supervisions, appraisals and training that was effective and relevant to their roles. For example, we saw that most staff had completed training in areas such as fire safety, food hygiene, first aid, moving and handling, mental capacity and deprivation of liberty safeguards. The pre-inspection information we received confirmed that 11 of the 15 current support staff had completed a qualification in health and social care, to level two or above. We noted that 14 members of staff had also completed training in catheter care, in order to effectively support a person's needs in this area.

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 are called 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.

At the time of our inspection four people were subject to DoLS restrictions and the staff and management demonstrated a clear understanding of the MCA, DoLS, capacity and consent. We saw consistent evidence of people being able to make their own choices and decisions. Staff made sure that people knew what was going on and obtained their consent before any care or support was provided.

Although some people only left the service with staff supervision, we saw that this was with their understanding and consent and was their choice. One person told us, "I don't go out without staff. I'm frightened to go on my own and I might get lost. I want the staff to come with me and they do."

People using the service also confirmed that their consent was always sought before staff did anything. One person told us, "They never make me do things I don't want to and they always ask if it's alright when they help me."

Staff had a good understanding and knowledge of people's dietary needs, including cultural choices, food intolerances and allergies. People we spoke with gave positive feedback regarding the meals. One person

said, "It's always really good." Another person said "Lovely food; really lovely." We noted from the minutes of a residents' house meeting that one person had said they enjoyed the food at Glenholme and were happy to eat what they ordered from the menu. Two people also told us that everybody chose from what was on the menu but that they could have something different if they changed their minds.

We saw one person choosing to have cheese on toast for their lunch, which they made for themselves and took back to their room to eat. We also observed people making hot and cold drinks as and when they wished throughout this inspection.

With their agreement, people's weights were checked regularly. If any concerns were identified, food and drinks charts were put in place and input would be sought from professionals such as the dietician, speech and language therapist (SALT) and GP. We noted that staff had made a referral to the SALT in respect of one person who was eating too quickly and experienced recurrent chest infections and urinary tract infections. We saw that the SALT completed a full assessment of the person and made some recommendations to help staff to support the person. For example, encourage the person to slow down, remind them to take a break whilst eating and support to maintain good oral hygiene. We noted that the SALT had since discharged this person.

People living in the home also had good access to various other healthcare services. For example, we noted that people received regular services and support from professionals such as the optician, dentist, continence adviser, chiropodist, psychiatrist, community nurse and district nurse.

Care records also showed that staff referred people to the necessary medical professionals, as needed. We noted that any advice or guidance provided was followed appropriately by staff. There was also good evidence of consistent monitoring and appropriate communication between staff, regarding people's healthcare needs and any changes.

Is the service caring?

Our findings

Everyone living in the home who we spoke with, made positive comments regarding how kind and caring the staff were. People said they could talk to the staff, were listened to and that their needs were properly met. All the staff demonstrated consistently caring attitudes towards the people they were supporting.

One person told us, "I've got a lot of problems at the moment but staff have been brilliant; absolutely brilliant. I've talked to them a lot; I don't know what I'd do without them." This person also went on to tell us that they had a hospital appointment coming up, which they were very worried about. They told us that staff had been very reassuring and would be going with them to the hospital, which had made them, "Feel a lot better." Another person told us, "I like all the staff, they're always nice to us and happy."

We observed staff providing support for people in varying degrees throughout our inspection. We observed friendly and considerate interactions between staff and the people they were supporting. People were mostly very independent but we also observed staff encouraging or assisting people respectfully with some areas, as needed. One member of staff said, "We care a lot about the people here. They've been here a long time and it's like an extended family."

People were fully involved in planning their own care and, if needed, staff ensured people were supported appropriately to make informed choices for themselves. People also had access to independent advocacy services as and when needed.

People we spoke with and our observations confirmed that people living in the home were consistently treated with dignity and respect and that their privacy was upheld. One person said, "They always treat me nicely."

People's individual choices were seen to be fully respected and there were no restrictions on visitors. People were also supported to form and maintain personal friendships and relationships. For example, some people lived in the home with their husband or wife and others had personal relationships with people outside the home.

Discussions with the manager and staff, together with the pre-inspection information we received, confirmed that 'family life' was paramount. We noted that staff regularly supported people to visit their family homes, either for day or overnight visits. We also noted that the manager had recently supported a person living in the home and their family with the funeral arrangements of a close relative.

Is the service responsive?

Our findings

We saw that care was centred around each person as an individual and all staff showed good knowledge of people's wants, needs and preferences. Care plans and assessments also gave clear guidance on providing person centred care and it was easy to see how to support people in accordance with what they wanted. These were regularly monitored and reviewed, with any required changes implemented promptly.

One person told us, "I tell staff what I want and they know how to look after me. We talk sometimes and make sure everything's still alright. Sometimes I change my mind about things but that's ok because staff still do what I want."

A member of staff told us, "Most people are very independent here and know exactly what they want. We obviously keep an eye on things to make sure people are ok but we know everyone really well. We soon pick up if something's not right or something needs to be done differently."

We noted in one person's care records that their behaviour and level of need had changed significantly in recent months. Daily records and observation sheets showed how this person was being monitored and supported appropriately, in line with their needs. Written guidance explained clearly how to support the person effectively. For example, staff needed to listen and respond carefully, as the person sometimes spoke quickly and could become agitated and frustrated if they were not understood.

We saw that it was important for one person to have things explained clearly to them, to avoid misunderstandings. For example, there had been an occasion when this person's room was due for a 'deep-clean'. However, the nature of this had not been clearly explained on the first day, which had resulted in them becoming very agitated. We noted that on the second day, staff had explained what needed to happen. The person had then been happy with the situation, after first having the opportunity to remove some personal items from their room. We saw that staff had been reminded that 'communication' was the key.

Each person was able to live their life as they chose and it was clear from our observations that staff knew about the needs of everyone living in the home. We noted that everyone had had some contact with staff during our inspection and we were assured that people were consistently protected from isolation. We met with a number of people in their rooms during this inspection. One person was watching a music DVD, another person was sorting some beads, whilst watching television and a third person was listening to country music.

We saw that people regularly accessed the local community, maintained personal relationships and pursued various activities, hobbies and pastimes, as they wished. One person living in the home told us that they enjoyed going shopping and watching football. Another person said they liked bowling and seeing their friends.

We saw there was a complaints procedure for the home, with words and pictures, and that staff would

support people to make a complaint if needed. People we spoke with told us they knew how to make a complaint if they needed to. One person said, "I tell staff if I'm not happy. I talk to [manager's name] as well. I'm happy and don't want to complain about anything." Another person said, "Everything's good. I don't need to complain." One person said they could discuss any issues with any of the staff or the management and felt that they were listened to and responded to properly. This person told us, "It wasn't a complaint but I was very worried about something and I told the staff. They listened to me properly and we've sorted things out now."

The pre-inspection information we received explained that the service was looking into developing a more accessible complaints procedure for people who were unable to read.

Is the service well-led?

Our findings

There was a registered manager in post and communications with staff were frequent and effective. Regular team meetings took place and minutes were taken each time. These meetings covered aspects of the service such as, staffing levels, staff training, meals, areas of responsibility and the individual support requirements for people living in the home.

We received positive comments from people living in the home, regarding the staff and the management team. One person told us they enjoyed doing the food shopping with the manager, which they had done that morning. They said, "She's nice. I like her."

A member of staff commented on how much better staff morale was 'nowadays'. They said that the manager was good at getting people motivated. This member of staff told us how the manager had also provided some basic training for people living in the home in areas such as hand hygiene and fire training, which had been really good.

Another member of staff told us they enjoyed their work and said that Glenholme was a, "Nice place to work in."

We saw from minutes of meetings and the quality assurance feedback that people could contribute to the planning and development of the service and make suggestions for improvements. For example, we noted that one person had suggested having a dining table in one of the lounges. We saw that everybody's views had been sought regarding this but that the majority vote from people living in the home was 'no', with comments such as, "It's our lounge to relax in."

We saw that record keeping and management systems were in good order, with effective auditing and follow up procedures in place. We noted that the quality of the service as a whole was regularly monitored, with full internal audits carried out by one of the directors of the home. Area specific audits were also carried out regularly by the management team for aspects such as medication, care plans, environment, accidents, incidents and falls etc.

Any issues or areas for improvement that were identified had details of the remedial action required and the name of the person who would be responsible for ensuring action was taken as quickly as possible. Some areas for improvement had been recommended following a recent audit from the local pharmacy, which we saw were being addressed.

At the time of our inspection we saw that a number of action points had already been completed, whilst we acknowledged that some were actively 'work-in-progress'.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.