

Glenside Care Home Ltd

Glenside Residential Care Home

Inspection report

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Date of inspection visit:
13 June 2019
17 June 2019
18 June 2019

Date of publication:
09 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Glenside is a residential care home that can provide long and short-term residential care for up to 30 younger and older adults with dementia and mental health needs. At the time of inspection 20 people were using the service

People's experience of using this service and what we found
Staff did not have restraint training.

Some individual risks assessments for people lacked clear up to date information, however risks to people's safety and well-being were understood by staff.

Not all staff and relatives felt there were enough staff on duty at times, however we saw evidence that call bells were responded to within short time frames on the day of inspection.

Care plans did not always include the information of which professional had made a recommendation linked to people's care or contain the required information to ensure staff could respond to a specific need. However, staff knew people well and could tell us people's needs, wishes and expectations.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had effective safeguarding and whistleblowing systems and policies and staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk.

People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures.

Medicines were managed safely, medicines were administered as prescribed.

People told us the staff team were kind and caring, and we saw staff interacting with people in a patient manner and promoting independence

The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

The registered manager had systems in place to monitor the quality and safety of the service, and audits to monitor the environment and equipment had been carried out.

The registered manager evaluated their interactions with relatives, staff and other professionals through questionnaires and made changes to practice and operations where necessary.

We have made a recommendation about risk assessments.

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 17 November 2017).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12, 14 and 15.

However enough improvement had not been made and the provider was still in breach of regulation 17.

The service remains rated requires improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence the provider needs to make improvements. Please see the Safe, effective, responsive and well led sections of this report.

Enforcement

We have identified breaches in relation to restraint, mental capacity assessments and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Glenside Residential Care Home

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

Our inspection was completed by one inspector and one inspection manager.

Service and service type

Glenside 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 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 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 reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive.

We used all this information to plan our inspection.

During the inspection we spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care workers, and the hotel staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's full care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 and we found that the provider was in breach of Regulation 12: Safe care and treatment as people were not adequately protected from identified the risks and Regulation 15: Premises and equipment as people were not supported to live in a clean and hygienic environment.

At this inspection this key question has remained the same; requires improvement. The provider had made improvements and they were no longer in breach of Regulations 12 and 15.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had not had training to identify what constituted restraint or restraint techniques despite a person's care plan indicating that this may be required on occasion. The provider told us that physical restraint had not been required for this person
- Staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk.
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Some individual risks assessments for people had not fully considered what strategies to implement linked to specific risks.

We recommend that the provider's risk assessments contain all relevant strategies implemented to keep people safe from harm.

- Risks to people's safety and well-being were understood by staff but at times their care records lacked clear up to date information. This included risks associated with positioning for eating and drinking and behaviour for one person.
- A person whose care plan stated that staff should remove objects from their mouth did not have detailed guidelines for staff to follow. We asked the registered manager to make a referral to the local mental health team to ensure the guidance was appropriate and followed best practice, the referral was made the day after our inspection.
- Environmental risks were assessed before packages of care started.
- The environment and equipment were well maintained.

Using medicines safely

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed. However, one person's MAR chart had not been changed after their medicines were reduced to a dosage of once a day. The registered manager agreed to rectify this immediately. The MAR showed that although the dosage was incorrectly recorded the person had been receiving their medicines only once a day.
- Staff responsible for administering people's medicines told us they received appropriate training and knew what action to take if they made an error. Records we looked at confirmed this.

Staffing and recruitment

- The provider did not use a staff dependency tool to identify staffing needs. The registered manager regularly met with the provider to discuss staffing needs. These meetings were not recorded. Therefore, there was no evidence to support the current staffing ratio.
- One person who required constant one to one support from staff shared this support with three other people for a period of at least an hour and a half.
- We were told the service operated with four care staff and one senior in the mornings and three care staff and one senior in afternoons for 20 people. There was one additional staff member from 7am-8am and from 8pm- 9pm. One person was on constant 1;1 staff supervision and there were up to five people that required physical support to eat and drink. People also required support to mobilise, use the hoist and have their personal care needs met.
- Not all staff we spoke to felt there were enough staff on duty. One staff member said, "There are enough staff to keep people safe, however if something happens then staff are redirected and then people are left alone." Another staff member stated, "There are not enough staff in the afternoon."
- People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Domestic staff completed cleaning schedules to ensure the property was kept clean. However, on the day of inspection the kitchenette schedule had not been completed for three days and the room required cleaning. This was completed straight away.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.

Learning lessons when things go wrong

- A system was in place to ensure staff completed records detailing accidents and incidents that may occur in the service.
- We saw evidence that accidents and incidents were reviewed, and actions taken to reduce potential risk in the future.

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 requires improvement and we found that the provider was in breach of Regulation 14 (1) Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection this key question remained the same; requires improvement, we found the provider was in breach of regulation 11: Need for consent as people did not always have their capacity assessed when a decision was made on their behalf.

The provider had made improvements and they were no longer in breach of Regulation 14.

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.

- Mental capacity assessment forms were not always completed for specific people who required them and did not include capacity assessments for restrictions such as locked bedroom doors.

This was a breach of Regulation 11 Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the importance of supporting people to make choices, and people were asked for their consent before care was provided.

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

- Care plans did not always evidence which professional had been involved in specific decisions or care needs. For example, a person's care plan stated they were not allowed salt on their food but there was no documentation as to why. The registered manager contacted the GP to confirm the reasons and added this to the care plan.
- Care plans had details of care preferences and any phrases that would support the person to understand the task being completed. For example, one care plan had information regarding how the person liked the flannel and warm water used, we saw phrases to be used for people in care plans such as "Can we turn you?" and "Wash hands and rub them together." This guidance enabled staff to support people consistently and meet their needs.
- People's care and support needs had been assessed when they had first moved into the service.
- People's background, culture and life history was considered when assessing their care needs.

Staff support: induction, training, skills and experience

- The provider had not always ensured that staff had all the necessary training to support people appropriately with use of restraint.
- The provider had a training matrix that evidenced when staff had attended training and when their training was due. Staff we spoke with felt that the training provided was good and prepared them for their roles.
- Staff went through an induction process when they were first employed. One staff member said, "The training was really good, I enjoyed it and found everything helpful." Another staff member said, "I had my induction I shadowed other staff and got to know the residents. I had to also complete my training and read policies and procedures before I could work alone."
- Staff told us that they felt well supported by the registered manager and provider. One staff member told us, "Support is brilliant, I'm not worried to ask anything."

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

- Staff knew about people's needs and their likes and dislikes and menus offered two choices for each meal.
- People told us the food provided was "nice" and "good."
- When required people were weighed and their food fortified to ensure their nutritional needs were met.

Supporting people to live healthier lives, access healthcare services and support.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. We saw evidence of the district nurses' involvement with people.
- People had regular access to GP's, and staff sought advice when needed.
- The staff team worked together within the service and with external agencies to provide effective care. This included keeping a log of GP recommendations and an action plan of completed tasks such as taking urine samples or making referrals.

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

- Work was underway to redecorate and improve areas of the service including painting walls and replacing carpets.
- The garden was well maintained with a sloping path to a wide flat path loop that people could use and hand rails if needed. There were raised flower beds for people to use if they wanted to. People told us the garden was well used and "lovely in the summer."

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 requires improvement.

At this inspection this key question has now improved to good. 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 told us the staff team were kind and caring. One person told us, "The staff are nice and kind and respect my boundaries."
- Relatives we spoke with agreed their family members were treated in a caring manner. One relative told us, "Staff are very good." Another told us, "The staff are great, they know [person's name] well."
- We observed people were treated with kindness and compassion by caring staff. Interactions with people observed throughout the inspection showed that people were treated respectfully.
- People's care plans had information relating to people's history, culture, religion, likes and dislikes. This helped staff to get a better understanding of people's needs when supporting them.

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

- The registered manager told us people were involved in reviewing their care plan. However, we could not evidence this as there were no written records of people's involvement or where people had signed to agree their care plan. Relatives told us they were asked if they wanted to be involved in care plan reviews and meetings.
- Instead of resident meetings, the provider met with each person monthly to discuss any issues, concerns or suggestions. These meetings were recorded.
- We saw that staff offered people choices in relation to where they sat, what they ate or drank and what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- Most people had the same coloured duvet cover and curtains provided by the company. When these were laundered the duvet cover was not put back on the same bed, therefore people did not have personal bedding. The provider told people that they could purchase their own bedding if preferred
- We saw staff interacting with people in a patient manner and promoting independence.
- Staff could tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 requires improvement.

At this inspection this key question has remained the same, requires improvement. This meant people's needs were not always met.

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

- Care plans did not always have the required information to ensure staff could respond to a specific need. For example, people who required their bowel movements to be recorded for health reasons and had medicines to support this need, did not have 'what's normal' documented within their files. This meant that staff may not respond to that need in a timely manner. The registered manager agreed to update this information.
- The registered manager had identified positives from people's past and tried to implement tools to replicate these. For example, historically one person had a weekly wage slip to reduce their anxieties regarding money and work.
- People who required specialised equipment such as pressure care mattress had their needs met and staff monitored the equipment daily to ensure they stayed the correct setting for people.

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.

- People who had communication difficulties didn't always have access to the communication aids that could support them, for example, one person who had a computer that could support some communication, could not access the computer as it was kept in the locked activities cupboard not with them.
- Other people who had communication difficulties did not always have access to communication aids such as signs or symbols to help with choices. Staff we spoke with thought that the use of signs and symbols for some people would be of benefit to them.

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

- During our inspection we observed people having limited activities offered. For example, for a period of over one hour four people were supported by one member of staff. The staff member also had to provide 1:1 support to a person. The staff member tried to engage people but did not have the time to actively set up an activity whilst providing 1:1 support.

- We saw photos of previous activities and themed nights that had occurred.
- Relatives told us they were made welcome when they visited. One relative told us, "staff treat us like their extended family, the staff always ask after [other family members] and take an interest in me."

End of life care and support

- At the time of inspection no one was receiving end of life support.
- Not all end of life care plans recorded the wishes of a person regarding any care leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room.

Improving care quality in response to complaints or concerns

- All complaints we saw had been investigated and responded to within the providers specified timeframe.
- The registered manager had started a 'grumbles log' this was used to identify any concerns or issues people may have and to highlight what could be done better.
- Relatives and staff were aware of how to make a formal complaint. A staff member told us, "If I have any problems I tell [registered manager] and they deal with it. I feel listened to."

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 and we found that the provider was in breach of Regulation 17 (1) (2) (a) (b) (e) (f) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

At this inspection this key question has remained the same; requires improvement, we found the provider was still in breach of regulation 17: Good Governance, as the provider had failed to identify gaps in risk assessments, care plans and mental capacity assessments. The provider had not followed their own policy in respect of restraint. The provider had also failed to identify additional training requirements for staff such as restraint.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Not all care files had all the necessary information in such as risk assessments, reasons for restrictions and mental capacity assessments.
- The provider had not identified all the training needs of staff to ensure person centred care. For example, not all staff had received restraint training.

This was a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.

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

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- The registered manager had systems in place to monitor the quality and safety of the service. Regular audits to monitor the environment and equipment used to maintain people's safety had been carried out.

- Staff understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

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

- The registered manager evaluated their interactions with relatives, staff and other professionals through questionnaires. Although the response rate was low the provider made changes to practice and operations where necessary.
- Relatives were invited to a meeting once a year to discuss the service, the provider also sent out regular newsletter to relatives to keep them informed.

Continuous learning and improving care. Working in partnership with others

- The provider, registered manager and care staff worked in partnership with other professionals and agencies to keep their knowledge up to date.
- The staff had staff meetings to discuss people and processes to support learning and improvement to care.

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	Mental capacity assessment forms were not always completed.

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	Failure to identify care files did not contain the information required. Staff not receiving training in restraint.