

Glenarie House Nursing Home Ltd

Glenarie House Nursing Home Limited

Inspection report

26 Prescott Drive
Newsham Park
Liverpool
Merseyside
L6 8PB

Tel: 01512287440

Date of inspection visit:
04 May 2017

Date of publication:
02 June 2017

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 took place on 4 May 2017 and was unannounced.

At the last inspection in November 2015 we found the provider to be in breach of regulation 12, safe care and treatment, because access to the emergency call system was restricted in some rooms. At this inspection we found the provider had reviewed the situation and made the necessary improvements.

Glenarie House is a large Victorian style house, situated in a suburb of Liverpool overlooking Newsham Park. The home is within easy reach of local shops and amenities and on a major bus route. The people who live in the home have their own single bedrooms and there are ample toilet and bathing facilities on each floor. The home is in good decorative order, with a small parking area to the front of the building, a large well-kept garden to the rear and a passenger lift to the upper floors.

There was 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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of

the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs and people's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views were taken into account when deciding how to spend their day.

Care plans provided information to inform staff about people's support needs, routines and preferences.

People told us staff were kind and polite. We observed positive interactions between the staff and people they supported.

A programme of activities was available for people living at the home to participate in. People were supported to access the community and pursue their hobbies.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Feedback we received from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

The rating from the previous inspection for Glenarie House Nursing Home was displayed for people to see.

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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

We observed positive interaction between the staff and people they supported.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in. People were supported to access the community.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager. Feedback from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Glenarie House Nursing Home Limited

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 checked 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 took place on 4 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector 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.

Before our inspection we reviewed the information we held about the home. We looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioning and contracts team and the infection control team at the local authority to see if they had any updates about the home.

During the inspection we spoke with nine people who were living at the home and two relatives. We spoke with a total of five staff, including the registered manager, cook and support staff.

We looked at the care records for people living at the home, four staff personnel files, staff training records, and records relevant to the quality monitoring of the service. We looked round the home, including the kitchen, bathrooms, dining area and lounges. We also observed the support provided to people at various points during the inspection.

Is the service safe?

Our findings

People who lived in the home told us they felt safe because of the support from staff. For example, one person said staff supported them when they became upset or distressed and kept other people safe.

There were 18 people living in the home at the time of our inspection. There was a nurse and two support staff on duty each day, with an additional support worker who worked from 8 am to 1pm. A nurse and a support worker worked each night. There were ancillary staff such as, a cook and domestic cover who worked each day. Additional staff were brought in when people needed support to attend health care appointments. The registered manager had supernumerary hours for management of the service but also worked 'on the floor' as a registered nurse.

Staff we spoke with felt there were enough staff working in the home on each shift to support people safely.

During this inspection we saw medicines were administered safely to people. Nursing staff administered medicines and had received regular 'refresher' medicine training to ensure they had the skills and knowledge to administer medicines safely to people.

We found medicines to be stored safely and securely when not in use. Some medicines needed to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were not currently stored on the premises. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines; this included care plans for the application for topical preparations (creams) to help ensure they were applied appropriately. We checked a number of medicines and found them to be 'in date' and therefore still suitable for use. People told us they received their medicine when they needed it.

We saw other relevant information was kept with the MARs, such as a list of staff signatures (to recognise which staff had administered the medication), and an individual PRN (as required) protocol to advise staff when and why people may require the medication.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable

adults.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, nutrition, smoking, aggression and mental health. These assessments were reviewed monthly or quarterly, depending on the level of risk, to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw.

We found the home to be clean and tidy with no unpleasant smell or odours. We visited communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. Feedback about the cleanliness of the home was very positive from people and their relatives. An external audit (check) had been carried out by the Infection Prevention Control team in August 2016. Glenarie House Nursing Home was awarded a score of 96%.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. For example we saw checks carried out for water temperatures, safety checks for smoke detectors and carbon monoxide alarms and window restrictors. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A copy of the fire risk assessment was available at the front door. This made the information readily available for staff and the fire service when evacuating the building in an emergency.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five star (very good) rating in October 2016. This helped ensure good safety standards in the home.

Is the service effective?

Our findings

People living in the home told us that their individual needs were met by the staff. Examples of this included, going for a walk in the park or to the shops with staff, or just that staff had time to spend talking with them.

We found the staff to be very knowledgeable regarding people's mental health and care needs and how to support them to keep safe and well. Staff we spoke with told us they enjoyed their job and received good support from their colleagues and the manager.

We looked at the training and support in place for staff. Records seen showed staff had completed training in subjects considered mandatory by the provider such as food safety, fire safety, health and safety, safeguarding of vulnerable adults, infection control, mental health awareness, mental capacity act and deprivation of liberty safeguards (DoLS) and equality and diversity. Nursing staff completed additional training courses in medication administration.

All support staff working at Glenarie House Nursing Home had achieved a recognised health and social care qualification at level 3. The registered manager told us they were working towards their level 5 qualification.

We saw that people living at the home received support to maintain their health and they could see a doctor when they wanted. We saw people's care documents contained information about people's medical conditions, health care and medicines. We also saw people had access to health care professionals, including a dentist and community psychiatric nurses (CPN). People were supported to attend hospital and clinic appointments as additional staff were provided when required.

People said they had a choice of meals and the food provided was 'good'. People were encouraged to eat healthily; staff advised them about healthy options. We saw staff encouraging people to take drinks regularly throughout the day. Water and juice was available for people to help themselves to.

We observed lunch being taken in the dining room. The atmosphere was calm and people were supported by staff when required. There was one choice for the lunchtime meal. However people were able to have an alternative if they wanted and we saw evidence of this. People who were not in the home for lunch were given a meal on their return.

We spoke with the chef, who was knowledgeable regarding people's dietary needs and requirements. A record was kept in a visible position in the kitchen to ensure people received their preferences. The menu was on a four week rota and this provided a selection of well-balanced meals. The menu was displayed in the dining room and updated to show the meals served. We saw that a lighter meal was served at lunch time and the main meal at tea time. The chef told us how they were able to meet people's cultural preferences with regard to meals. A person told us how they enjoyed these meals the chef prepared and cooked for them.

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 make 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). We found that the provider had followed the requirements of the DoLS and had submitted applications to the relevant supervisory body [local authority] for assessment and authorisation. We saw applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately.

Glenarie House Nursing Home is a large Victorian house with narrow short steps throughout. Where possible the home had been adapted to enable people with mobility difficulties to access without difficulty. A passenger lift gave access to each level of the home. Doorways were wide to enable people using wheelchairs to mobilise easily on each floor. Level access to the home was available at the rear of the building.

Is the service caring?

Our findings

People in the home said that staff were caring and considerate. One person told us, "I get a lot of support." Another person said, "The staff are like family, because I don't have anyone else outside visiting. People said when staff supported them with, for example, shaving, staff helped in a "caring manner".

There was a relaxed and quiet atmosphere in the home; people appeared comfortable and content in the presence of the staff. The majority of people used the lounge or dining room to sit and relax during the inspection, with some people choosing to go out.

During our inspection we saw people making choices with every day activities. In the morning some people went out to visit local amenities. Others chose to spend their day chatting with people, watching TV or reading. After lunch we saw some people were in the lounge watching a film. Others had visitors.

We saw that care files containing people's private information were stored securely in order to maintain people's confidentiality.

Care plans were written in such a way as to promote people's independence. For example, they clearly reflected what people were able to do for themselves and what they required staff to assist them with. Most people were independent with their care and required staff to prompt or remind them.

We saw that people had access to advocacy support if needed. The local advocacy service was advertised in the home for people to refer to.

Staff we spoke with knew the people they were caring for well and told us they were kept up to date about any change in people's needs through daily handovers and reading people's care plans. One member of staff said, "The manager makes sure we read the handover information and care plans if we have been off for a couple of days."

Relatives also told us they were kept well informed and we saw that staff had open and respectful relationships with relatives who visited. A relative told us how they felt their involvement in [name] care was vital to their peace of mind.

We observed relatives/visitors visiting throughout both days of the inspection. One relative told us there were no restrictions in visiting; a person told us their "relative visited in the evenings after they had finished work and this was ok with the staff". Another person said the home had an open door policy. People in the home told us that staff 'went out of their way' to maintain relationships with their family and friends by encouraging weekend stays at their home.

People in the home said that staff 'always had time to talk to you'. Staff told us, "We have an open culture here; anytime people want to talk about things that are worrying them; they can talk to the manager, who is always around when they're on duty."

Relatives we spoke with said they were involved in their family member's care. They said they were invited to review meetings. A person who lived in the home said, "I fully understand my care because I have a lot of care." We saw staff reminding another person about their review the following week.

People who lived in the home were mainly under 65 years of age. End of life care had not been discussed as it was not appropriate to do so. However we saw that discussions had taken place and that people's wishes and preferences for their funeral arrangements were recorded.

Is the service responsive?

Our findings

People living at the home had individual care plans. These contained information and guidance for staff regarding people's health and social care needs, their preferred routine, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal care, physical health, mental health, communication, falls and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding people's day time routines, preferences and a life history. This information is important so that support was provided in a way the person wanted.

Some people had specific health care plans for long term medical conditions such as epilepsy. They contained detailed information to inform staff when the person may need specific assistance, and when the emergency services should be called. Other people had long term mental health diagnosis that required specific interventions and support, including medication. Behavioural management plans were in place to enable staff to keep the person or others safe.

Care plans were reviewed and evaluated regularly. We saw that some reviews reflected a change in care or treatment and had been updated accordingly.

We looked at how people were involved with their care planning. We saw evidence that people's plan of care and key decisions had been discussed with them and their relative.

When asked about the activities available, people living in the home told us about theatre trips and holidays they went on as well as celebrating each other's birthdays. Staff supported people to pursue hobbies. Other people told us they enjoyed reading and watching TV. An activities coordinator arranged for entertainers to visit the home regularly and they supported people to visit local shops and parks. Some people who lived in the home were able to go out independently. One night a week, everyone went out for a meal, which they said they really enjoyed. Staff told us about the annual holiday people went on. One person said, "Last year we went to Llandudno and we had a great time. People have asked to go back there again as it's a great hotel."

We looked at processes in place to gather feedback from people and listen to their views. People were given 'themed' questionnaires every three months to complete; topics included dignity, catering, activities/trips. From the responses we saw people were either quite or very satisfied with the service provided. Any suggestions were taken on board. We saw that a suggestion for going out for a meal on a regular basis had been implemented.

'Residents' meetings' were held approximately every three months. From the minutes from a meeting in December 2016 we saw discussions were held about trips out and food. We couldn't find any evidence that

the meeting due in February 2017 took place.

Relatives we spoke with said they were given the opportunity to 'have their opinions' but were fully satisfied with the care provided and the communication between them and the manager and staff.

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. All of the people we spoke with said they felt able to tell the staff or manager if there was anything wrong.

There was a complaints' log available to evidence how complaints had been investigated and whether they had been resolved. We reviewed a complaint which had been logged and investigated. Actions were recorded and the complaint had been resolved to the satisfaction of all involved.

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was supported in the management of the service by the nursing administrator and the provider (owner). The registered manager was available throughout the inspection.

Staff described the registered manager as supportive and said that everyone worked together as a team, supporting each other. The registered manager said they felt supported by the provider, who visited three times a week.

We looked at the audit processes for quality and safety within Glenarie House Nursing Home. We saw that quality assurance systems were in place to monitor performance and to drive continuous improvement. Audits were completed by the nursing administrator on either a weekly, monthly or three monthly basis, depending on necessity. Audits included medicines, infection control, health and safety, maintenance, fire safety, resident's rooms and care plans.

Staff told us staff meetings were held within the home and minutes were available; We saw the last meeting held was in December 2016, with another one planned for May 2017.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Glenarie House Nursing Home.

From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Glenarie House Nursing Home was displayed for people to see.