

Milewood Healthcare Ltd

Glenthorne Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 March 2018 and was unannounced, which meant that the staff and provider did not know we would be visiting.

Glenthorne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides support and accommodation for up to eight people living with a mental health condition and / or learning disability. The service is based in a house which has been adapted into eight individual flats over three floors with a small communal area on one floor. The building was located in a residential area of Norton within its own grounds. It had on-site parking and was close to local amenities. At the time of our inspection there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our previous inspection in July 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach of Regulation 12 Safe care and treatment, as risks to the health and safety of people, the building and outside areas were identified during inspection. Water temperatures were outside of safe limits which increased the risk of injury from scalds. Staff had failed to report these risks and ensure appropriate action was taken. There was also a breach of Regulation 17 Good governance. This related to record keeping, a lack of meetings for people using the service and quality assurance processes which had not identified the concerns with the premises or records which we identified during inspection.

Following the inspection we issued requirement notices for these two breaches. The provider sent us an action plan detailing how they would become compliant with the regulations. At this inspection we found the provider had made improvements in some areas. The building was secure, the grounds were safe and repairs identified as required had been undertaken. There was however a continued breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to risk assessments, water temperatures and medicines management. You can see what action we asked the provider to take at the back of the full version of this report.

Since the last inspection some improvements had been made in auditing processes. Care plans were regularly reviewed. Care plan records were comprehensive and did not have the gaps in them we identified at the last inspection. Meetings for people had not previously been taking place, however during this inspection we found that they were taking place regularly. Minutes of staff meetings that were missing at the

last inspection were made available to us on this inspection. There was however a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the governance arrangements in place had not identified the issues we found during this inspection with medicine recordings and risk assessment. You can see what action we asked the provider to take at the back of the full version of this report.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures were in place to protect people from harm such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

People and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The environment was maintained however some areas required redecoration. Records showed that maintenance and equipment checks were undertaken to help ensure the environment was safe. During the inspection we identified a risk to people in regards to hot water temperatures. Emergency contingency plans were in place. Infection control practices were followed.

General risk assessments and care plans were in place and had been reviewed regularly however we saw that not all risks to individuals had been recorded.

Staff received training to be able to carry out their role including in areas such as health and safety, food safety and people movement. Staff had regular supervision and annual appraisals. Staff felt they were well supported by the registered manager.

Medicines were administered safely however we saw that there were some omissions in medication records. People had access to a range of healthcare such as GPs, hospital departments and dentists. People's nutritional needs were met.

The registered manager told us that lessons were learnt when they reviewed accidents and incidents to determine any themes or trends.

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

Care was planned and delivered in way that responded to people's assessed needs and preferences. People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Interactions between people and staff showed that staff knew the people they were supporting very well.

Staff members were kind and caring towards those who used the service. People's privacy, dignity and independence were respected. The policies and practices of the home helped to ensure that everyone was

treated equally. Staff encouraged people to access to a range of activities and to maintain personal relationships. Visitors were made welcome. The service had good links with the local community.

Staff were very positive about the registered manager. They confirmed they felt supported and were able to raise concerns. We observed that the registered manager was visible in the service and found people and staff interacted with them in an open manner. Provider audits covered areas such as premises, complaints, and recordings. The registered manager audited a range of areas however the issues we identified in regards to risk assessment and medicines recordings during this inspection were not identified through these processes.

A clear complaints process was in place. Meetings for staff and people using the service were held regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals to ensure individual needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks to people's health, safety, and well-being were not always being effectively assessed, managed or mitigated.

There were gaps in medicine records however medicines were administered safely and people received their prescribed medicines.

People told us they felt safe living in the home and there were sufficient staff on duty to meet their needs.

People were safeguarded from abuse and improper treatment.

Staff recruitment procedures were safe.

Is the service effective?

Good 

The service was effective.

People received care from staff that had the skills and knowledge to meet their needs.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People were supported with their nutrition.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Systems were in place to support staff in their roles.

Is the service caring?

Good 

The service was caring

People told us they were happy living at the service.

Staff displayed caring attitudes towards people and spoke about

people with affection and respect.

People's privacy and dignity were respected and their independence was promoted wherever possible.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

Staff supported people to maintain and develop relationships with people important to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Staff knew people well including their needs and preferences.

People were able to access the local community and take part in a range of outings and activities.

People knew how to complain if they chose to do so.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager and provider completed a range of checks and audits however they failed to identify the concerns we found with safety and gaps in records.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Glenthorne Court

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 was a comprehensive inspection. This inspection took place on 27 March 2018 and was unannounced, which meant that the staff and provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to the CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with five people who used the service and we later spoke to two relatives of people using the service. We also reviewed a wide range of records, this included five people's care records and five people's medicines records. We looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We completed a tour of the premises and spent time observing people in the communal areas of the building.

We spoke with four members of staff, including the registered manager, the deputy manager and three care staff.

To gather their views of the care provided we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

Is the service safe?

Our findings

At our last inspection care and treatment was not provided in a safe way for people. At this inspection we found improvements had been made in many areas however people were still at risk due to insufficient risk assessments, unsafe water temperatures and omissions in medication recordings. The failure to appropriately mitigate risks is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

General risk assessments were in place covering areas such as manual handling and infection prevention and control. Individual risk assessments were also recorded covering areas such as smoking and misuse of objects. However, for one person who had a diagnosis of epilepsy there was no risk assessment in place to minimise risk of their seizures causing harm in high danger environments, for example in the shower or when the person was cooking. This meant that staff did not have sufficient guidance in order to keep the person safe. Following the inspection the registered manager informed us that the risk assessment had been rewritten to reflect how such risks would be minimised.

We saw that there were some gaps in recording on Medication Administration Records (MARs), for example one person's chart had a gap where a dose of medication should have been administered. We were informed that the medication had been refused however this had not been recorded. There was no date of opening on a liquid medication we looked at. This meant that staff did not know how long the bottle had been opened. It is important to know the expiry dates of medication as if a medicine is used beyond its expiry date it may be unsafe or not as effective. We observed one staff member administering eye drops without wearing gloves. This was an infection control risk.

We asked the registered manager to review transdermal patch application records because they did not state the area of the body where the patch was placed onto the person's skin. This is important to prevent skin damage. The registered manager confirmed they had done this following inspection. 'As required' (PRN) protocols were in place for medication however these were not signed or dated. The registered manager informed us after the inspection that these had been reviewed, signed and dated.

Water temperatures were recorded weekly. The provider's health and safety policy stated that 'The company will ensure that water temperatures will not exceed 43C where hot water outlets are accessible to service users', however, on the day of our visit the kitchen tap in one person's flat was running at 50 degrees which could have resulted in the person being scalded. We brought this to the attention of the registered manager and the issue was addressed on the day of our visit. Where there was potential for total body immersion such as baths and showers thermostatically controlled mixer valves with fail safety devices were provided.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt Glenthorne Court was safe. One person told us, "I feel safe." Another person told us, "I've got a lot more confident here." A relative told us, "[Name of the person] is safe there."

People were safeguarded from abuse and avoidable harm. Systems and procedures were in place to keep people free from harm. Staff had access to the provider's safeguarding policy. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. All of the staff we spoke with said they knew how to report any safeguarding

concerns and would feel confident doing so. Staff were aware of whistle blowing procedures. Staff were confident the registered manager would respond to any concerns raised.

People and relatives told us there were enough suitable staff on duty to meet their needs. We saw that staff were available to meet people's needs as they arose on the day of our visit. Records showed that there were enough staff on duty to be able to support people. The registered manager assessed the staffing levels required to make sure enough staff were on duty. A dependency tool was not used to assess staffing levels due to the service being of a small size. Staff told us there were sufficient numbers on duty to meet people's needs.

We looked at four staff files and saw that safe recruitment procedures were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained prior to staff started work in the service. A Disclosure and Barring Service check was carried out before staff commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Staff inductions were comprehensive and included mentoring records and probationary period checks of knowledge in areas such as medication and risk assessment. It was evident that where there were issues with staff performance this was addressed by the registered manager and documented on a discussion form.

Systems were in place to ensure that medicines including controlled drugs had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored however there was no dedicated treatment room due to the layout of the building. We were told that all medicines were available. This means that appropriate arrangements for ordering and obtaining people's prescribed medicines were working, to reduce the risk of harm.

We observed a medication round and saw staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. Minimum and maximum fridge temperatures were consistently recorded twice daily. This meant medication was stored at the right temperature.

The service had business recovery plans in place which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, windows, fire extinguishers and the fire alarm. Fire records including drills and checks of equipment were recorded. Fire drills were timed. The service had a fire risk assessment which was regularly reviewed. People had personal evacuation plans (PEEPs) to help them leave the building quickly in case of emergency. Emergency lighting was checked regularly. At the last inspection we saw that there were issues with the security of the building. We saw at this inspection that this had been addressed.

Records showed that a range of health and safety checks of the building were completed regularly including checks of the grounds and flooring. At the last inspection we saw that the outside area was unsafe for people due to rubbish and debris. This had been addressed.

We saw that the registered provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

Infection control procedures were in place. Staff had access to personal protective equipment (PPE) to reduce the risk of the spread of infection. The service had infection prevention and control policies in place. During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas. We found the communal areas of the building were clean. One professional we spoke to said they felt that the people supported by the service required more help with the cleaning of their flats as they could become odorous and dirty. An infection control champion was appointed on the staff team to share Department of Health best practice and infection control policies were being followed in day to day practice. A contract was in place for removal of controlled waste.

Staff told us they prompted people to clean their own flats and attend to laundry. Records were in place which showed when staff prompted people, when they assisted people and when people declined their assistance. One person's kitchen contained large empty cardboard boxes and a number of bin bags filled with rubbish. This was a potential risk to people's health and safety due to being a tripping and a fire hazard. The registered manager arranged for the removal of the items during our visit.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. Accidents and incidents were audited by the registered manager on a monthly basis to identify any trends and patterns.

Is the service effective?

Our findings

People told us they were supported by staff who knew their individual needs, likes, dislikes and preferences. One person told us, "It's better than where I used to be, they [the staff] help you." Another person told us "They [the staff] know when to leave you alone."

Care records showed how people's needs were assessed on admission to the home and then reviewed on a regular basis. We saw that care plans had been evaluated monthly and were reflective of people's changing needs. Following the initial assessment if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice. People attended review meetings where care plans were discussed. This meant that people were consulted about their care.

The registered manager told us and staff confirmed that induction included essential training and shadowing of experienced carers. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed. Inductions included staff completing written tasks such as a risk assessment. This enabled the management team to check the staff member's competency and highlighted if further training was needed.

Records showed and staff told us they had regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included staff development needs. Staff said they felt the supervision they received was valuable. One staff member told us, "The support from senior managers has been amazing." This meant that the service had procedures in place to support and monitor staff performance.

People received care and support from staff that were knowledgeable and had the required skills to carry out their roles. Staff received appropriate training and support to enable them to meet people's needs. One staff member told us, "It's pretty good here for training." Staff we spoke to told us they felt they received the training they need to carry out their roles safely. Staff had undertaken training in areas such as fire safety, health and safety and infection control as well as training designed to ensure they had the skills to work with the people they were supporting effectively such as training in Autism & Asperger's, Self-harm & suicide awareness, What is Learning Disability and Adults who self-neglect.

We asked people about meals, snacks and beverages and the response was positive. A record was kept of what people had eaten each day and people were given the opportunity to feedback on meals. Staff assisted people with shopping, food preparation and cooking in order to increase people's skills and confidence. The aim of the service was to enable people to become more independent in this area. People planned their own menus for the week and staff gave guidance in terms of healthy options when planning, cooking and shopping with people.

People's nutritional health was regularly monitored the Malnutrition Universal Screening Tool (MUST). MUST

is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or overweight. The MUST assessments we reviewed were up to date and indicated that regular weight monitoring was in place and that people's weight was being maintained. This meant that the home was following national best practice in this area. We saw that staff supported one person to visit a dietician on the day of our visit.

There was evidence that collaborative working with other professionals took place. Staff supported people to attend routine health care appointments. This meant people had access to healthcare services when needed and their healthcare needs were met. People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as GPs, dietician, dentists, mental health professionals and hospital departments. Care plans reflected people's changing needs and clearly showed where referrals to healthcare professionals had been made.

One healthcare professional told us, "The [Glenthorne] staff continue to deliver high quality care, they are consistent in their approach, seek out advice when required and follow the advice provided in order to maximise the outcomes for the service user." Another professional told us that they felt the building was not suited to one person due to a recent change in their physical health needs. We discussed this with the registered manager who informed us that the person was being supported to move into a more suitable environment in the near future. People told us that staff helped them arrange appointments with professionals when they needed to and that staff would accompany them to appointments when needed. One relative told us the staff were "good with appointments".

We saw that people had hospital passports. The aim of hospital passports is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The services hospital passports included 'things you must know about me', 'things that are important to me' and 'my likes and dislikes'.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Records showed the care home was following the requirements of the act in regards to DoLS. Two people were subject to DoLS authorisations. We spoke to staff and they showed an understanding of the principles of the MCA. We were informed at the present time all of the people living in the home were able to make their own decisions day to day. There was evidence of consent being sought by staff prior to carrying out a task with people. Where restrictions were in place for example having the front door locked for security people had signed their agreement to this.

People were able to meet privately with friends or relatives and a room was available for meetings with professionals. Each person's flat had its own kitchen, bathroom and lounge. People told us they liked the setup of the home as the flats gave people their own space when they needed it. One person told us, "I love it because I've got my own space." Another person proudly showed us the keys to their flat.

People's flats were individually decorated with personal belongings. Areas of the building including people's bedrooms required redecoration and there were limited communal areas available for people to socialise if they chose to do so. We were informed by the registered manager that the ground floor was being redesigned in the near future to make it more spacious and suited to the needs of the people supported.

Is the service caring?

Our findings

People told us they felt staff were caring and they were happy living in the home. One person said, "They do really great, [the staff] always there if you need anything, if you are upset they will help you." Another person told us that staff were "really nice". A relative commented, "I don't think there is anything they [staff] could do better." Another relative said that the staff were, "alright".

We observed staff providing support in a caring manner. It was clear that staff knew people well. Staff showed respect for people at all times and ensured their dignity was maintained. We saw that staff spent time with people in communal areas as well as spending time with people in their flats. Staff used people's preferred form of address and showed them kindness, patience and respect. We saw people smiling, laughing and joking with staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person. They ensured that people being supported were able to express their views. We observed a person who was becoming anxious being calmed by a member of staff who used diversion techniques effectively.

We observed that staff respected people's privacy, for example knocking on doors and asking before entering. One person told us, "They [the staff] always respect your privacy." We saw staff being discreet in their offers of support to people.

Throughout the inspection we saw how members of the care staff spent time with people giving them choices about what they would like to do, for example which activity they wanted to take part in. We saw that staff made sure each person was aware of the individual choices available to them. Staff explained where they were going to do before doing it, gave people time to think and respond to them before carrying out a task.

We observed that staff ensured they communicated well with people, repeating back information in a simplified manner if it had not been understood. We saw how staff communicated very clearly keeping questions and answers short and structured with one person. This was in line with the person's diagnosis and plan of care. Feedback from one relative we looked at stated, 'Staff pleasant & friendly. Very approachable. Communication good from staff'.

Staff supported people to be as independent as far as they were able. The staff we spoke to had a good understanding of the importance of promoting independence. We saw staff supporting people to be independent, giving them time and encouragement to complete tasks. People went out in the community either alone or with staff in line with their assessed needs.

People's equality and diversity was respected. The registered manager told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information regarding people's religious and cultural needs was gathered prior to admission. Staff had completed training in equality, diversity and human rights and the provider had an equality and diversity policy in place.

Care plans were person centred and included people's life histories and preferences. They provided staff with guidance about the best met way to support individuals and reflect their identity.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. One relative commented, "If I had any problems I'd phone or go down [to the service]."

The staff we spoke to were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

Staff understood how to deliver personalised care. We observed care being delivered in a person centred way. Person centred care is care that is centred on the person's own needs, preferences and wishes. People had been assessed prior to their admission to the service and these assessments helped to inform care plans. This meant staff had a clear understanding of the person's needs and how they wanted to be cared for. We saw that people's plans of care were regularly reviewed to reflect their changes in need. Staffing hours were flexible to meet the individual needs of people.

People living at this service were being supported to increase their independence with the aim of being able to live in their own home in the community. This meant that people did not need assistance in all aspects of their lives and at all times. Care plans included information about individuals and their preferences. Plans covered areas such as 'information about me', 'things I like to do', 'things I don't like doing' and 'future hopes'. Plans also included a range of documents which were not relevant to the individuals supported for example fluid charts which were left blank. The registered manager informed us that this was the policy of the provider.

One person told us, "I sit and plan with staff to see what I want to do, my keyworker puts it all together and I sign it." Records were kept of communication with a range of external professionals such as community nurses and social workers. Care plans were evaluated monthly and covered areas such as communication, daily living skills, personal care, self-image and health. Care plans documented what a person was able to do for themselves and the areas they required some support with. We saw guidance for staff on how to best help the people they support. For example one person's plan described that they were able to do their personal shopping unsupported but required support in other areas.

Monthly meetings took place between people and their keyworkers. Monthly summaries of how the person had been and any major events were completed by staff. We saw people had hospital passports. This meant essential information about the person could be passed on quickly if the person needed to go into hospital.

Advanced directives were in place for management of disturbed behaviour for some people. This gave staff guidance of how to best support someone who was becoming anxious or upset. Where people had displayed behaviour which may challenge, charts had been completed to identify triggers and strategies to manage the person's anxieties had been developed. For example for one person who may become anxious completing a task, staff were guided that they 'do not rush or pressure [person] to complete this quicker'. Set phrases for staff to use to help the person become calmer in times of anxiety were documented.

We were informed by the registered manager that families were involved in reviews where appropriate and or available.

Staff were able to tell us detailed information about the needs of the people they were supporting. The information they told us was reflected in people's care plans.

Handovers were undertaken before staff started on shift. This meant they had the up to date information required to support people. We saw that staff recorded how people had been throughout the day and overnight and records included information about care and support that had been given. These records also showed that care had been delivered in line with people's care plans.

People who used the service we spoke with were happy with the level and range of activities available. Staff told us and we observed that people were active and spent time in the local community rather than taking part in organised group activities within the home. One person told us that the staff were "alright, they take you out and stuff". On the day of our visit one person told us, "I'm going to town to buy a new CD." Another person said, "There's loads to do, we've been to the zoo and we go walking." Another person said, "We're going on holiday soon for a couple of days." We were informed people were looking forward to a variety of holidays. We saw evidence of people attending college courses to develop their skills and knowledge. During our visit we saw observed one person going out to get their own milk from a local shop. Another person was looking forward to going out to a local club that evening. We spoke to the staff member who organises outings and they told us that activities have included picnics in the country, meals out, cinema and bowling. The service had a vehicle available to take people out in the community

The service had a clear complaints policy and procedure in place. A copy was given to people and their relatives when they moved into the home. People and their relatives we spoke to told us they knew how to complain but had not felt the need to.

Policies and procedures were in place to support people with discharge and end of life care including an easy read 'my end of life' book which recorded the person's wants and wishes. At the time of our visit no one was receiving end of life care.

We were told that all of the people being supported were of a similar ethnic background but that information would be gathered on admission about any religious, spiritual or cultural needs people had so that a plan could be put in place to meet the person's needs. Staff told us that equality and diversity is an aspect of all parts of people's lives. One staff member told us, "We are here to help [people], but it's their choice, we give them time to absorb and understand."

Is the service well-led?

Our findings

At our previous inspection checks and audits had not identified the shortfalls we found with regards to record keeping and risks to people's health and safety. Meetings for people using the service had not taken place. Minutes of staff meetings were not available. Quality assurance processes had not highlighted the concerns with the premises or the records which we had identified during that inspection.

At this inspection we found some improvements had been made. Handover, supervision and care plan records were comprehensive. Regular meetings had taken place for people and staff. Meeting minutes were available for us to review. A governance framework was in place however at the time of our visit a provider audit had not taken place since December 2017. We were told by the registered manager that a provider visit was scheduled for the week of our inspection. We viewed previous provider audits and saw that they covered areas such as premises, complaints and recordings. The registered manager also audited areas such as medication, finances, records, staff training and the environment. Audits highlighted areas for improvement and documented when issues had been addressed. The results of the audits were analysed by the registered manager and provider in order to determine trends and introduce preventative measures.

Although this work had been undertaken we identified that oversight of medicines and risk needed further improvement. Provider and registered manager checks had not identified the issues we found in these areas during our inspection. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some individuals were allocated one to one support hours however these were not always documented. For example we saw that one person received fourteen hours of one to one support each week but the week commencing 3 March 2018 only 13 hours one to one support was recorded. The registered manager told us this was a recording error and that the person had received their allocated one to one support.

Organisations registered with CQC have to have a statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service including what the service does and where it does it. We saw that some information in the service's statement of purpose was incorrect, showing the wrong address. We were informed by the registered manager that this would be addressed with the provider.

We looked at the culture of the service, including if it was open, transparent and accountable. Staff understood the culture and values of the service and the importance of promoting independence and providing dignity in care.

One person told us [The registered manager], "He's great". One relative said, "I'd go to [the registered manager] if I had a problem." Staff told us that the management team "are very supportive" and that they "give direction and help". Staff also told us that the registered manager was a visible presence in the home. Staff told us that the providers of the service are supportive of training and actively encourage development.

Meetings for staff were held at regular intervals. Staff meetings covered areas such as training, tasks and shifts. Staff were given the chance to contribute to the meetings and minutes were recorded. The minutes detailed the matters discussed, actions that needed to be taken and by whom. Records showed that staff were given opportunities to share their views. This meant staff were able to contribute to the running of the service. Meetings also took place monthly for people using the service and included discussions about areas such as the food and activities, as well as the recent bad weather and flat cleaning.

Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the services development plans. This enabled people to be involved in decisions about how the service was run. We were provided with survey responses which were positive. This meant that systems were in place to communicate with people and their relatives and involve them in decision making in relation to the service. One person told us, "I can't think of anything to make it better here."

Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We found the records we asked for were well maintained, easily accessible and stored securely. The registered manager gave us examples of how lessons had been learnt from adverse incidents. Such incidents were shared with the staff team to ensure the risk of similar incidents in the future was minimised.

The management team worked in partnership with other health and social care agencies to meet people's needs. We received mixed feedback about how well the service communicates with other professionals. One professional told us they thought communication could be poor. Another healthcare professional told us, "Following my dealings with Glenthorne Court and their staff over the last year I have nothing but positive things to say about the service. The management are excellent communicators with myself and also family and ensure that all care needs are met including attending outpatient appointments."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that quality monitoring systems and processes were always effective. |