

Glenthorne Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About The service

Glenthorne Rest Home provides residential care for 18 older people. At the time of the inspection there were 15 people living at the home. The home is situated within a residential area of central Blackpool and is close to Stanley Park and the town centre. Car parking is available at the front of the home on a private forecourt. Accommodation within the home is situated on the ground and first floors. There is a stair lift providing access to the first floor.

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

People were protected from the risk of abuse and kept safe by staff who were aware of safeguarding processes and had training to inform them. The registered manager recorded and audited any incidents and accidents and learnt from them. People were supported to manage risks in their daily lives and they were recorded in care records. Staff continued to be recruited safely with sufficient numbers of staff to support people to be independent as they could be. Medicines continued to be managed and stored safely. Infection control systems and audits were completed to ensure a clean environment and reduce any risks of infection. The registered manager ensured safety checks of the home environment were completed regularly.

The registered manager ensured staff received an effective induction and training programme that was continually updated. One staff member said, "Great induction all the staff were very helpful and still are." People spoke positively about the quality of meals provided and praised staff for the standard, quantity of food and drinks throughout the day. People received support with their healthcare needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well, and they told us staff respected their wishes and choices. One person said, "The staff and manager are so nice and will do anything to make you feel better and treat me with kindness" We received positive feedback about the caring and sensitive approach of staff and how they felt respected. The registered manager provided information about local advocacy services, to ensure they could access support to express their views if required.

People told us staff knew them well and provided care that reflected their needs and choices. Activities were varied, and people told us there were trips and entertainment regularly provided. Evidence of this was found during the inspection visit. Staff offered people choices and encouraged them to make decisions about their care. People's communication needs had been assessed and needs were identified these had been met. No complaints had been raised since the last inspection.

The management team were clear about their roles and obligations to people and provided care which resulted in good outcomes for them. They worked in partnership with different agencies to ensure people's health and social needs were met. The registered manager continued to use a variety of methods to assess

and monitor the quality of the service on a regular basis and make improvements where needed.

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

Rating at the last inspection

The last rating for this service was good (published 01 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Glenthorne Rest Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glenthorne Rest Home 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 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

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this to plan our inspection.

During the inspection

We spoke with three people who lived at the home, two healthcare professionals and the registered manager. We also spoke with the manager of Glenthorne and four care staff one who had completed a night shift. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment and medicines records. We reviewed staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

After the inspection

We continued to communicate with the provider to corroborate our findings and further information was sent by the provider in response to the feedback provided during the inspection visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to feel safe. One person said, "With the amount of people around and being a small home, I do feel safe."
- Effective safeguarding systems continued to be in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm. A Staff member said, "We have a lot of staff who have been here for years we know how to safeguard people and keep them safe we have a lot of experience and training to support us."

Assessing risk, safety monitoring and management

- The registered manager and staff identified and recorded risks to people's safety and managed them. Care records documented assessments of people's risks and how to keep people safe. These included, mobility, the environment and falls management. The provider kept assessments under review and updated where required to ensure staff had access to information and support people safely.

Staffing and recruitment

- Staff continued to be recruited safely. Pre-employment checks had been carried out prior to personnel commencing employment. We confirmed this from one person recently employed we spoke with and recruitment records.
- The service was staffed sufficiently, and staff spoken with confirmed this. One person said, "There is always enough staff to sit and chat with me they don't seem rushed." We observed during the inspection visit staff were visible around the building to support people. and provided attention when requested or needed to.

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations and people spoken with confirmed this. Medicines were recorded within people's medication administration records. This meant the management team had oversight of medicines taken and ensured they were administered in line with the prescriber's instructions.
- Staff who administered medicines had completed relevant training. One said, "Only trained staff gave out medicines and were competency tested."
- People were assisted as required and medicines were signed for only after they had been administered.

Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed and reduce the risk of infection.
- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this and ensured people were protected from the risks of poor infection control.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to reduce the risk of future occurrences. Regular audits were completed, to ensure they were reviewed and to look for trends and themes. This was so action could be taken to reduce the risk of the same incident happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- The management team completed assessments and people were involved in their care planning. They were comprehensive to ensure people's needs could be met and a plan of care developed. Care records continued to contain details about people's care needs, and their ability to help themselves and what support was required. People told us staff provided support that had been agreed during the assessment process and detailed in their care plans. Two health visitors confirmed when treatment was identified staff were good at following instructions to ensure people received care that was required.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People we spoke with confirmed this. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care plans continued to be reviewed and updated when required. Records we looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff knew how to support them with their care needs. One person said, "They have been here a long time and know me inside out, they know what they are doing."
- Staff confirmed they had received training and attending identified training sessions was ongoing and regularly updated and supported by the management team. One said, "A very good induction period where all staff helped me a lot and still do."

Staff continued to feel supported by the management team and received regular supervision and appraisal of their work. We confirmed this by discussions with them.

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

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance from professionals was requested when needed. We received positive comments about the quality of food. They included, "Always a choice and lots of fresh veg and fruit which I am used to." And, "The food is lovely plenty of choice and loads to eat. All the staff are good cooks."
- We arrived at breakfast time and observed a relaxed atmosphere with people eating their breakfast in their own rooms, lounges and dining area. Lunch was organised, managed well and provided a relaxed and social occasion for people to enjoy their meal. We observed people who required help with meals were

supported in a sensitive and encouraging way.

- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people that may be risk.

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. The registered manager worked closely with health care services including GPs, and district nurses. Two health professionals only had positive comments about staff and how they communicated with them to ensure people received the right care and treatment.
- People were supported by staff to attend healthcare appointments when required and they confirmed this when spoken with.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath. Communal areas provided space for people to relax and were homely in character.
- We saw some areas of the home required maintenance and updating. The management team informed us a programme of redecoration and general maintenance was ongoing. This had been identified in environmental audits and a programme of repairs and refurbishment was ongoing.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

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

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and registered manager had improved their quality of life and ensured all healthcare appointments were met.
- A visiting healthcare professional told us staff responded quickly and appropriately to any issues they encountered.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was. This confirmed people's assessed needs were being met and changed when required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where

DoLS authorisations were granted, we saw they ensured any conditions were met.

- People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation that was signed by the person receiving care or their representative.

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 Good. At this inspection this key question has remained the same.

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 continued to be treated with respect and kindness, by staff who promoted equality and valued diversity. Comments included, "The staff and manager are so nice and will do anything to make you feel better and treat me with kindness" Also, "No one is singled out they treat everyone the same."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

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

- People and relatives continued to be consulted about care and support they received. They told us they had an input on how they wanted to be supported and cared for. They were encouraged to attend reviews of care.
- The culture of the service was caring, compassionate and empowering. This reflected the attitude of all people who worked there and their values. This was evidenced by our observations and discussions with people.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with respect and their dignity was upheld. People gave us positive information about the caring approach and respect shown to them by staff and management team.
- The management team respected people's wishes to be as independent as possible. We found an example of how a person was encouraged to follow their wishes to visit a football match. The person who lived at the home made arrangements and although requested a staff member to accompany them the person really enjoyed the experience in the local community. They said, "It was fantastic and worth the effort the staff supported me to make my own decisions and hopefully do it again."

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

This meant people's needs were met through good organisation and delivery.

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

- People continued to receive care and support which was personalised to them. Care records of people contained information about their preferences, needs and choices. People told us they were involved in reviews of their care and where appropriate their representative. This ensured their choices and planned care continued to meet their needs.
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time. One person said, "It was my wish to go and watch a [sport game]. The staff made it possible and we had a great day out."

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.

- The management team assessed people's communication needs as part of the assessment process and they were recorded. They documented in people's care plans any support they needed and how that should be provided. They provided large print information for people with visual impairment and provided training guidance for staff, so they could support people with their communication needs.

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

- People were encouraged to take part in events at the home and develop relationships. People were encouraged to have as much control and independence as possible. Care records highlighted the positive impact this service had on people and support provided to enable them to pursue activities of their choice. One person said, "Staff provide a lot of entertainment."
- The registered manager had kept a record of activities people had undertaken and advertised on the notice board of up and coming events. There had been a variety of activities carried out which people told us about. One person said, "I love going out on any trips and singers that come in."

Improving care quality in response to complaints or concerns

- Complaints would be listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident these would be acted upon. The service had received no complaints since the

last inspection. The registered manager told us they learnt from complaints or concerns as a positive experience to improve the service.

- People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. No one at present was on end of life care. Staff had completed end of life care training and they confirmed this when spoken with.
- The service worked with people to plan end of life care when appropriate. The registered manager confirmed discussions would take place with people around their preferences for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who lived at Glenthorne Rest Home were met. A staff member said, "We have had staff here for years that is because we have such good support from [registered manager]."
- The structure of the service was organised, and a clear staffing system was evident. Staff spoke positively about how they were managed.

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 understood their legal obligations. They had submitted statutory notifications to Care Quality Commission (CQC) about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- People spoke positively about how Glenthorne Rest Home was managed. One said, "A lovely home to work and good support from the management team."
- The registered manager continued to provide policies, and guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.
- Discussion with staff confirmed they were clear about their role and between them and registered manager provided a consistent and organised service. One person said, "They all do a good job and appear very experienced."

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

- The registered manager created an open culture and encouraged people to provide their views about how the service was run. For example, satisfaction surveys to people and relatives were completed for feedback

about the service. Results from recent questionnaires found very positive results and satisfaction about care provided at Glenthorne Rest Home. The management team told us any negative comments would be acted upon to ensure they continued to develop.

- Staff told us meetings were held regularly and they felt able to raise concerns and make suggestions. In addition, 'resident' meetings took place and they showed where suggestions had been made they were implemented to the satisfaction of people who lived there.

Continuous learning and improving care

- Glenthorne Rest Home was regularly assessed and monitored. A wide range of audits such as medication, fire, infection control and maintenance were carried out on a regular basis. We saw evidence the registered manager had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop the home for the benefit of people who lived and worked there.

Working in partnership with others

- The management team worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, and district nurses. Two health care professionals told us the staff and management team worked with them to ensure people were looked after well. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.