

Mr & Mrs M Bourke

Glasson House

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

This inspection took place on 3 December 2018 and was unannounced. Glasson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Glasson House accommodates six people living with mental health needs.

The service was a house with six bedrooms with en-suite facilities. The building was partly wheelchair accessible. The service had communal areas including, kitchen, dining area and a living room.

At our last inspection in June 2016, the service was rated good. At this inspection, we found concerns with the cleanliness and maintenance of the service. This means that the service is no longer rated good and has been rated as requires improvement.

The service had a registered manager. 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. The registered manager was unavailable on the day of the inspection and the deputy manager who runs the service on a day to day basis assisted with the inspection.

We found some areas of the service to be unhygienic and poorly maintained on the day of the inspection.

People were supported by sufficient levels of staff.

People told us that they felt safe living at Glasson House and were supported by staff who knew them well and supported them in a way that promoted their independence.

The service had risk assessments which identified people's individual risks associated with their care and support needs. Risk assessments provided guidance as to how risks were to be managed or mitigated against to keep people safe.

Medicines were managed and administered in a safe way.

Staff told us and records confirmed that they were supported to carry out their role through a variety of processes which included induction, regular training, supervision and appraisal. Staff were safely recruited.

We observed people had developed positive and caring relationships with staff that were based on respect and trust. Staff also ensured that people's privacy and dignity was maintained.

Care plans were detailed, person centred and provided information about people and how they wished for

their care and support to be delivered.

People and their relatives knew who to speak with if they had any concerns or issues to raise. The service had not received any complaints since the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider had policies and systems in place to support this practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Some areas of the service were unhygienic and poorly maintained.

Risks were assessed and mitigated.

There were sufficient staff in place to meet people's care needs.

Medicines were managed safely.

Requires Improvement 

Is the service effective?

The service was effective. Staff received regular training, supervision and annual appraisal.

People's needs and choices were assessed and consent to care was sought in line with legislation and guidance.

The service worked in co-operation with other organisations to deliver effective care and support.

Good 

Is the service caring?

The service was caring. People were treated with kindness and respect.

People were involved in planning their care and their wishes were documented.

The service ensured people's independence was respected and promoted.

Good 

Is the service responsive?

The service was responsive. People received personalised care that reflected their needs and preferences.

The service supported people to engage in activities at home and in the community.

Care plans were person centred and reviewed regularly.

Good 

Is the service well-led?

Good 

The service was well led. People and staff spoke positively of living and working at the service.

The service promoted a positive culture that achieved good outcomes for many people.

Glasson House

Detailed findings

Background to this inspection

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

This inspection took place on 3 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the deputy manager and three care staff. We also spoke with three people living at the home. We spoke with one relative following the inspection and received feedback from one professional involved with the service.

We looked at three people's care records and risk assessments, six people's medicine records, four staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

Is the service safe?

Our findings

Communal areas in the home such as the kitchen and lounge were generally clean and well maintained. The deputy manager showed us during the inspection that there were maintenance works planned in the home which included replacement carpet and a patio door in a communal area which was observed on inspection. However, we identified cleanliness and maintenance concerns in some people's bedrooms and bathrooms which included a wet urine patch on a sheet on a person's bed, a stained mattress, a stained toilet seat, a second-floor bedroom window with no window restrictor, rusty grab rails in a shower and a soiled bed rail. We also found a strong odour of urine in two bedrooms. We showed our concerns to the deputy manager during the inspection who arranged for remedial actions, which included additional cleaning on the day of inspection and replacement of a mattress, installation of window restrictors and carpet replacement.

Fire procedures had last been reviewed in the service in October 2018. We saw that regular checks of fire alarms and emergency lighting took place. Fire drills took place on a regular basis. People's care plans did not contain personal emergency evacuation plans (PEEPs) explaining the support that they may require to evacuate the property in an emergency. Following the inspection, we were sent completed PEEPs by the service.

Risk assessments were in place for people which addressed and mitigated against health and care needs such as mental health relapse, physical health conditions, high risk medicines, falls and exploitation in the community.

People told us that there were sufficient staff available to assist when needed. One person told us, "Yes, the staff are quite proficient." Rotas showed that there were three staff on duty in the home during the day and one staff member at night. The night staff member slept-in. .

Medicines were managed safely at the service and people received their medicines, as prescribed. Medicines Administration Records were completed in full with no errors noted. We counted a sample of medicines and found stocks consistent with records kept. Regular checks were completed to ensure that medicines stocks were accurate and accounted for. Staff had received training and were assessed as competent to administer medicines. Some people had been prescribed PRN (also known as 'when required') medicines. We saw that these medicines were given only when required and the reason for doing so was clearly recorded. Daily temperature checks were completed to ensure that medicines were stored at an appropriate temperature.

Appropriate pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were suitable to work with people.

People told us they felt safe living at Glasson House. One person told us, "The staff are nice. I feel safe." Safeguarding policies in place helped to ensure that people were kept safe from abuse and avoidable harm. Staff had received training in how to safeguard adults at risk and were knowledgeable around what to do should they have concerns, including contacting external organisations such as the local safeguarding

authority and CQC.

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary.

Is the service effective?

Our findings

Staff had the knowledge and skills which enabled them to support people effectively. Staff told us they had attended regular training which was confirmed by records seen. A staff member told us, "We get a lot of training." Staff had completed regular training in areas such as moving and handling, person centred care, infection control, safeguarding adults, food hygiene and medicines.

Staff told us they had regular supervisions and an annual appraisal with the deputy manager which was confirmed by records seen. Records seen also confirmed that staff completed a period of induction when initially employed. Supervision sessions discussed training needs, job goals and updates or concerns on people who used the service.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people's liberty had been restricted, we saw that DoLS authorisations had been applied for. Other people could come and go from the service as they pleased. One person told us, "I come and go. I let the carers know when I'm coming back. I usually give a ring."

Care records detailed people's mental capacity and how that impacted their care needs. Records confirmed that where appropriate, people consented to their care and where people lacked the mental capacity to make a decision, a mental capacity assessment had been carried out and a best interests decision had been taken. Training in the MCA DoLS had been provided to staff. The staff we spoke to had a clear understanding of the principles of the MCA.

People were positive about the food choices on offer at the service and were involved in menu planning. A person told us, "The food is okay. We go through the menu once a week and we go out once a week." A second person told us, "I cook my own food. I feel a lot healthier." We observed mealtimes to be a relaxed and informal experience with people eating together around the kitchen table alongside staff.

Staff assessed people's needs prior to admission to the service. A detailed assessment was contained within people's care files which was used to develop their care plan. This documented people's backgrounds, mental and physical health needs.

People were supported to access healthcare and attend routine appointments with healthcare

professionals such as dentists, opticians and chiropodists and mental health professionals.

Detailed records were kept of appointments and care records were reviewed and updated afterwards. Where people required health input to manage a specific condition, staff supported them. People were also supported to independently manage their appointments, where appropriate.

People were supported to lead healthier lifestyles. We saw that two people had been supported to reduce smoking and use alternatives to cigarettes. The deputy manager told us that this has reduced the frequency of one of the people having chest infections. Another person had been supported to reduce alcohol consumption which improved their relationship with their family. We saw a person drinking alcohol free beer which they told us was "nice."

Is the service caring?

Our findings

People told us they were happy with the care they received and spoke positively about the relationships they had with staff. A person told us, "The staff are caring. They know there are some things I can do and some things I can't do." A relative told us, "[Person] seems to have a great relationship with staff. It's as warm a family as it can be."

We observed a friendly and informal atmosphere in the home where people and staff engaged in conversation freely. Staff knew and respected people they were supporting. We saw that prior to the inspection one person had been supported to celebrate their birthday with a party in the service. A staff member told us, "We really care for the people. They have a good quality of life and they are happy."

We saw that people could express their views and make choices about their care daily. Throughout the day we observed staff offering choices and asking people what they wanted to do, for example meal choices. Staff told us they worked closely with people to ensure that they were consulted about their care preferences. People had an allocated key worker who met with them on a weekly basis to discuss how they were doing and set goals for achievement. A person told us, "I have regular meeting with [staff member], sessions once a week." We saw that where goals were set for achievement, staff worked with the person to encourage them with their set goals. For one person, this was to sort their stamp collection.

People were supported to maintain and increase their independence. We saw an example of where a person had an interest in a craft and staff found a class nearby for the person to attend weekly. The deputy manager told us, "Also it is a joy to see [person] having pride within herself when she returns and shows the staff what she has painted." A second example was where a person, prior to coming to Glasson House had not engaged in cooking or shopping. The service worked with them to become involved in planning menus and shopping. The person told us that they plan and cook their own meals. People told us that they were encouraged to do what they could do for themselves.

People were treated with dignity and respect. Most people tended to their own personal care needs and were supported by staff when they requested assistance or required prompting. People told us that staff were respectful when providing support.

Care staff demonstrated a good awareness of supporting people from different backgrounds, varying religious and cultural backgrounds and supporting people who may identify as being lesbian, gay, bi-sexual or transgender.

People were supported to maintain links to their families and loved ones. People regularly visited family members and spent time away. A relative told us that when they visited the service, they were always made feel welcome.

Is the service responsive?

Our findings

People received care which was responsive to their needs. In addition, people were supported to live a lifestyle of their choosing which was discreetly and sensitively supported by staff.

Care plans and risk assessments clearly detailed the support people required to maintain good physical, emotional and mental health. Care plans detailed people's medical diagnoses, symptoms, treatment plans and what staff should do if the person was experiencing ill health or a relapse. Care plans gave clear guidance to staff on how to support people in areas such as mental and physical health support, daily routines and activities, personal care and financial support. Care plans were reviewed monthly and updated to reflect changes to people's care needs.

People were supported to engage in a range of activities both in the home and in the community. People were encouraged to socialise with the view to improving their well-being, for example cooking meals for people and communal board games. A person told us, "We go pottery Wednesdays. Theatre, shopping. It's nice to get out and about." A staff member told us, "They have a great social life. We go out all the time. We have monthly meetings. We go to theatre, pottery, cinema and dinners."

We also saw that people were supported to go out regularly and on holidays to Spain. We received positive feedback from people about their recent holiday and they were looking forward to the next trip away. The deputy manager told us, "All of these contribute to greater levels of recovery, and confidence for the residents that can and wish to participate. It also promotes greater social inclusion and social cohesion."

People told us they could raise concerns and felt that they would be listened to. One person told us, "Any problems. I talk to [Registered Manager]." People told us they had the opportunity to raise concerns in their weekly key working sessions. We saw that no complaints had been raised since the last inspection.

At the time of the inspection, the service was not providing end of life care. Where appropriate, the service worked with the person and/or their family to gain their views and wishes on how they wished to be supported at the end of their life.

Is the service well-led?

Our findings

People told us they liked living at Glasson House and knew they could contact the registered or deputy manager if they had any problems. A person told us, "We do have our ups and downs but I am very content here." People appeared happy and relaxed and enjoyed a warm relationship with care staff and the deputy manager.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people came first. The deputy manager provided most of the managerial support at the service. A staff member told us, "Any problems, I tell [Deputy Manager] straight away. She is very good."

Regular auditing and monitoring of the quality of care was taking place which included weekly medicines checks, monthly care plan and risk assessment review, staff supervisions, regular meetings and key working sessions with people. We saw that overall people were receiving person centred care and were encouraged to aim for achievable goals to increase self-confidence and improve quality of life.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed that staff recruitment, holidays, activities and goals setting were discussed. Residents meetings also took place on a regular basis and topics such as activities, daytrips and goals achieved were discussed.

The service worked in partnership with health and social care professionals to ensure that people's health needs were met and reviewed on a regular basis.

Throughout the inspection we gave feedback to the deputy manager and clarification was sought where necessary. The deputy manager demonstrated a willingness to learn and reflect to improve the service people received as a result.