

Avery (Glenmoor) Limited

# Glenmoor House Care Home

## Inspection report

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Date of inspection visit:  
07 March 2022

Date of publication:  
31 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Glenmoor House Care Home is a care home providing personal and nursing care for up to 59 people, which includes people living with dementia. At the time of the inspection 49 people were receiving support.

Glenmoor House is purpose built and has three units. The ground floor unit provides nursing care to people. There are two units on the first floor, one providing people with personal care and the second providing personal care for people living with dementia and memory loss. Each unit provides bedrooms with en-suite facilities and communal areas, which include a lounge, and dining room with a kitchenette.

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

People, and a majority of family members spoke positively about the care provided at the home and told us they would recommend the home to others. A person told us. "I like it here, the people are very nice, they look after me well. I get lots of visitors, so this really is home from home for me. I have a nice room and I can walk around a lot." A family member told us. "My relative has been here years. They [relative] love being here. Whenever I have taken them out, they always say they want to go home, and I mean Glenmoor. When we get back they [relative] always gets a hug from whichever member of staff is on duty."

Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored. Timely referrals were made to health care professionals where required to promote safety and well-being.

People received the support they required with their medicines.

People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. People and their family members spoke of the knowledge staff had of their relatives' needs, and of their kind and caring approach.

Staff worked consistently within the providers policy and procedure for infection prevention and control and followed government guidance related to COVID-19.

People were supported to have maximum choice and control of their lives. People's views, and that of family members and staff were sought, which included involvement in decisions relating to people's care.

People and a majority of family members spoke positively about the registered manager, the management team and staff, stating in the main there was good and open communication.

The providers systems and processes monitored the quality of the service being provided to bring about improvements where identified. A schedule of audits in key areas was in place, with audits being undertaken by the management team. Quality monitoring was undertaken and kept under review by senior

membership on behalf of the provider to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2021).

At our last inspection we recommended that the provider reviewed staffing levels to ensure there were sufficient numbers of staff on each unit to meet people's individual needs. We found the provider had acted on the recommendation and had introduced a dependency tool. This meant people's individual needs were used to determine staffing levels within the home.

For those key questions not inspected, we used the ratings awarded at a previous inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Glenmoor House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a Specialist Advisor for nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Glenmoor House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenmoor House Care Home is a care home with nursing care. 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with a person and their family member as part of our site visit. We spoke with two people and 17 family members by telephone on 9 and 10 March 2022 to seek their views about their experience of the care provided. We spoke with five members of staff during our site visit, which included the deputy manager, an advance senior carer, two carers and a nurse.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management and monitoring of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff competency assessments, minutes of meeting, policies and procedures and quality improvement plans.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing levels to ensure sufficient numbers of staff worked on each unit to meet people's individual needs. We found people's needs were assessed and kept under review, which determined the staffing levels on each unit.

- There were sufficient staff to meet people's needs. People's needs were kept under review and were used to influence staffing levels within the home.
- We observed call bells were responded to in a timely manner by staff. A majority of people we spoke with did not express any concerns with regards to staffing. A family member told us. "There are always people [staff] about if I want to ask something or need something for my relative. There haven't been a lot of staff changes over the years." A few people referred to staff being very busy.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff undertook training relevant to their role and people's needs, and their experience and training was reflected in the areas of the home in which they worked. For example, a nurse worked on the nursing unit. A member of staff told us their training was comprehensive and additional training could be requested. For example, staff had requested training in Motor Neurone Disease, which was being sourced by the registered manager.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The registered manager kept a safeguarding log to ensure all appropriate action was taken.
- People and family members told us they felt safe at Glenmoor, and why. In many cases this was linked to staffs caring approach, and their knowledge of people's needs. A family member told us. "I can't believe how good the staff have been to my relative, they have all been so very good. The care my relative is getting is so much better than I expected. I feel they are very safe here."
- Staff received training on safeguarding and understood how to recognise and report abuse.

### Assessing risk, safety monitoring and management

- Potential risks to people's care and safety were assessed and kept under review, supported by timely referrals to health care professionals. For example, people were referred to a dietician if they experienced weight loss. A family member told us. "Over the past couple of weeks my relative has stopped eating and drinking. The home contacted the GP very quickly, and they got a nutritionist involved

- People at risk of damage to their skin had been assessed and where appropriate pressure relieving equipment was used. For example, pressure relieving mattresses were used and were checked daily, with records kept, to ensure maximum relief dependent upon the person's needs.
- People with diabetes were monitored. For example, a person had a monitor attached to their arm which provided information direct to a diabetic nurse working at a hospital. The person spoke with us about the device and fully understood how it worked, which was consistent with the person's care records.
- Systems were in place to ensure equipment within the service was maintained. For example, fire systems, moving and handling equipment, and utilities such as electrical and gas installation. A family member told us how maintenance concerns raised by them had been addressed. They told us. "There were two issues I raised with the home, the window in the room would not close and there was a problem with the door. Both were fixed in a short time which was very good."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. This was reviewed by the registered manager to identify trends or patterns and to ensure lessons were learnt. For example, a root cause analysis and improvement plan had been initiated in response to a person's falls, which had resulted in a full review of their needs, in consultation with their relative.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. An electronic medication administration recording system was in place. People and their family members were confident in the management of medicine within the home. A person told us. "I am diabetic, and the staff are really good at making sure I have my medication."
- We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the electronic medication administration record was signed.
- Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.
- People's medicine was regularly reviewed by a health care professional.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A family member told us. "All through this COVID this home has followed PPE guidelines rigidly and so have we. That has reassured me."
- We were assured that the provider was meeting shielding and social distancing rules. A person told us when speaking about their family. "We were in touch via Skype during lockdown, which was great."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have regular contact through visits with family members and friends. Visitors were required to follow government guidance for visiting care homes, which included undertaking an LFD

test, having their temperature taken and wearing PPE.

- Government guidance and advice from local health protection teams was adopted during COVID outbreaks, with regards to closing the home to visitors. However, family members continued to visit where their relative was receiving end of life care and where family members had essential caregiver status.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 our last inspection we rated this key question as Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes implemented by the registered manager following the previous inspection had brought about improvement. For example, people's care records were completed in full, with consistent information across all care records, and with no gaps noted.
- A schedule of routine audits for health and safety, the environment, call bell response times, staff training and people's care records ensured continuous monitoring of safety and the care provided.
- Regional managers visited the service as part of the provider's quality monitoring. Visits focused on quality monitoring and auditing a range of areas. For example, management, health and safety, records documenting people's care, the environment, speaking with people and staff. Where improvements were noted an action plan was developed. The registered manager was required to submit information as to its progress, which was monitored by the provider.
- Systems and processes were in place to support staff and monitor quality. For example, individual staff supervision and appraisal, and staff meetings to share information, which included areas where improvement was required and positive feedback as to what was working well.
- Notifiable incidents were reported by the registered manager to the Care Quality Commission (CQC) and other agencies.

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

- The day to day culture of the service, including staff approach and care was kept under review, through staff supervision and appraisal. Processes for consultation with people using the service, their relatives and staff in the form of meetings and questionnaires were in place.
- People, and a majority of family told us they would recommend the home. A person told us. "I love the carers here, it was definitely the best decision I made to come here. . . ., the staff are like family to me now."
- People and family members spoke of the how staff knowledge and their working with key partners supported good outcomes in people's care. A family member told us. "I have found everyone who works here, or who is associated with the home very effective and efficient. The home has involved the GP in diagnosing my relatives' condition, and they have explained my relative's status clearly to me."
- Staff told us the management team were both supportive and approachable, and that staff supported each other. They told us. "Staff will always help each other, and the manager would 'roll her sleeves up' if required."
- Our observations showed how staff's approach towards people supported person centred care. For

example, a staff member working on the 'memory unit', was seen offering choices of drinks and snacks in a way, which enabled people who experienced difficulties in expressing themselves verbally, to make choices. The staff member was patient, giving people time to respond.

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 and complied with the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.
- People, and their family members spoke positively about the management of any concerns raised, and the willingness to apologise and make improvements. A family member told us. "A family complained about their being crumbs under our relative's bed and nothing was done, and so they complained again. It was addressed on the day and we got an apology."
- The registered manager had responded in writing to complaints, addressing all aspects of the concern individually. Letters outlining the outcome of their investigation included an apology and any action to be taken as a result of their findings.

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

- People's views and that of their family members were sought. Surveys had been developed which were analysed and an action plan developed.
- A majority of family members were positive about communication between themselves and staff at the home, including the registered manager. A family member told us. "If I have any concerns the staff and the manager are all approachable and I have found the manager very helpful." However, a few people said communication could be improved as the management team were not always timely in responding to queries about their relative's care and wellbeing.
- Policies and procedures provided staff with information as to how they could raise concerns internally within the home, or with the provider, and alternatively such as the local authority or the Care Quality Commission.

Working in partnership with others

- The local authority and Clinical Commissioning Group undertook quality monitoring of the service. They informed us that where improvements had been identified, the registered manager had responded to their action plan and made the appropriate changes.