

Avery (Glenmoor) Limited

Glenmoor House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 who may also have dementia, sensory impairments and mental health needs. At the time of the inspection 56 people were receiving support.

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

People, staff and relatives told us they did not feel staffing levels were sufficient. The provider did not use a dependency tool to identify staffing levels matched people's needs.

Improvements were required to systems and processes to ensure care was given consistently.

Risk assessments were in place, however the recording of strategies implemented were not consistent. We found gaps in the records of people's repositioning needs, safety checks, bowel monitoring and food and fluid charts.

People were supported by staff who knew them well and who had been recruited safely. Staff received training to ensure they understood people's needs.

People and relatives told us staff were kind and caring. Staff understood how to recognise the signs of abuse and knew how to report any concerns.

Medicines were given as prescribed by trained staff.

People were protected against the risks of infection. Staff wore appropriate personal protective equipment and the service appeared clean and free from odours.

People, staff and relatives knew how to complain and felt listened to when suggestions or concerns were raised.

Staff referred to external professional as required and followed advice to ensure people's needs were met.

Care plans were completed with the involvement of people and their relatives. The registered manager kept relatives up to date on any changes or incidents that occurred.

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

Rating at last inspection

The last rating for this service was good (published 13 September 2019)

Why we inspected

We received concerns in relation to the number of safeguarding incidents raised. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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

This inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

Glenmoor House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave a short period notice of the inspection. This supported the service and us to manage any potential risks associated with COVID-19.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, nurses and care staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing.

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 has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People, relatives and staff told us they did not feel there were always enough staff on duty. One staff member told us, "Most shifts are always short staffed, we are always telling them [provider] that we're short staffed, but nothing gets done." Another staff member told us, "People have to wait for support." A relative told us, "[Relatives name] had to wait for a while to use the toilet as there was not enough staff and they were supporting someone else."
- We found one person who had behaviours that put them and others at risk had been left unsupervised with other residents on a few occasions, due to low staff levels.
- The provider did not use a dependency tool to identify the required number of staff on each shift to meet the needs of each individual person.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions
- Staff received appropriate training and induction to ensure they had the relevant skills to support people appropriately. Some training for staff was out of date due to the COVID-19 pandemic, but the registered manager had action plans in place to address this.

We recommend the provider reviews staffing levels to ensure sufficient numbers of staff on each unit to meet people's individual needs.

Assessing risk, safety monitoring and management

- People had risk assessments in place for known risk. However, not all strategies were clear, and records did not consistently evidence these strategies were completed. For example, we found gaps in the recording of safety checks, people did not always have their calls bells within reach, and we found no evidence of staff checking calls bells were in reach.
- People's fluid charts were not consistently tallied up or optimum amount recorded to ensure they had received adequate fluids. Not all people who required their fluid intake monitored for health reasons had this in place. However, we found no evidence of harm.
- People who had identified risks regarding skin damage did not always have recorded checks in place. The information regarding how often people required repositioning and the records of repositioning tasks were not consistent. This put people at risk of pressure damage.

The registered manager implemented checks and put an action plan into place to rectify these concerns

immediately.

Using medicines safely

- Medicines were given appropriately by staff who knew people. We found no concerns regarding storage or recording of medicines.
- Medicine administration record's (MAR) were completed accurately and staff documented rationale for giving people 'as required' medicines.
- Protocols were in place for staff to follow for 'as required' medicines.
- Staff responsible for administering people's medicines had received training and understood what to do if a person refused their medication.

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.
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member told us, "We are always looking and checking and reporting straight to the manager if there are any concerns."
- People told us they felt safe at Glenmoor House. One person told us, "I feel totally safe here. Staff are kind."

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we did not see evidence of high touch areas being cleaned.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 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.

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.
- The registered manager was very receptive to the feedback given and gave assurances of the improvements to be implemented.

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 now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 required improvement to identify when support and care was not delivered consistently. We saw evidence of gaps in recording on repositioning charts, food and fluid charts, bowel charts and safety checks. This put people at risk of not receiving safe care. However, the registered manager investigated these concerns and put an action plan into place to mitigate the risks.
- The registered manager completed regular audits for health and safety, environment, training, wellbeing of people and staff and risk assessments. These audits had actions identified and dates to complete.
- The registered manager understood their responsibility to submit notifications and had completed these appropriately.

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

- People and relatives told us staff were kind, and we saw positive interactions between staff and people during our visit. A relative told us, "The entertainment is really lovely, staff encourage people to get up and be involved."
- Staff told us the registered manager promoted a person centred approach. One staff member said, "I feel that we really care about people and give 100% care. We have brilliant nurses and advance senior carers."
- Staff felt supported by the registered manager. One staff member told us, "There are a few people that I'd go to. [Registered manager] is very approachable and supportive. They take time out of their day to help with any queries."

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 "

- Complaints were appropriately recorded and managed. People and relatives told us they knew how to complain, and when they had concerns these were listened to and the concerns rectified.
- The registered manager understood their responsibility under 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 truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Relatives told us they were involved in designing and updating care plans for people. We were told that relatives were kept up to date with any changes in the person's needs or any incidents that occurred. One relative told us, "They [staff] are really good at updating me. I feel confident they tell me everything."
- People, relatives and staff were asked to feedback on the service. Staff told us they were able to give suggestions through supervisions and staff meetings. Relatives gave feedback through surveys sent to them.
- We saw referrals were made to external professionals as required and their advice was followed.