

Community Integrated Care Glenwood Care Home

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

Glenwood provides nursing care and accommodation for up to 12 adults with a learning disability, mental health needs and complex needs. The service is made up of two separate bungalows with an adjoining corridor and there are six people in each bungalow. All rooms were occupied at the time of our inspection.

Although the service had not initially been developed and designed in line with all of the principles and values that underpin 'Registering the right support' and other best practice guidance it did fulfil the criteria and guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The provider advised they would review the principles in practice to see how they could update the service to further reflect best practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives of people living at Glenwood told us that their experience of using the service was overall very positive. One relative described the service as "Just superb." Staff and the registered manager were knowledgeable in how to safeguard people from the risk of harm and abuse and were trained in safely managing people's medications. People received care and support by staff who had been appropriately recruited and had undergone the necessary recruitment checks.

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. Staff were trained in various topics appropriate to their role.

Relatives consistently told us how they were treated with kindness from all of the staff who were also very supportive. Dignity and respect were embedded into the service and staff spoke at length of how they ensured this was practised. We observed staff treating people kindly.

Care and support were person centred. Complaints were well managed. People told us they had enjoyed activities and events that they had been supported with. End of life care was planned with sensitivity and respect.

Audits highlighted improvements and action was taken. The registered manager promoted a culture of person centeredness and inclusion. The service had engaged with other providers and social care partners to improve the experience of people's care and had developed new and practical ways of working in relation to this. Feedback was gathered and acted on.

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 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.
Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below

Good ●

Glenwood 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 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glenwood is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We had not request a PIR for this inspection. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the registered manager, deputy manager, area manager, three members of staff and four relatives. We observed care and support where possible.

We looked at care records of three people receiving support, a two staff recruitment files, medication records and other records and documentation relating to the management and quality monitoring of the service.

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 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 were protected from avoidable harm and abuse.
- Staff had completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.
- Relatives told us they felt their family member was safe and well protected. Comments included, "I know they are safe there." Also "We couldn't ask for a better place."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, positive behaviour support plans (PBS) were available and described in detail, how staff could adapt their approach and intervention to prevent incidents occurring.

Staffing and recruitment

- There were enough staff on duty with the right mix of skills to support people safely and effectively.
- There was ongoing recruitment at the home to ensure vacancies were promptly filled. Staff were recruited and selected safely.

Using medicines safely

- Medications were safely managed, administered and stored.
- Staff kept accurate Medication Administration Records (MAR) in relation to people's medications, including topical medications (creams) and controlled drugs (CDs).
- Staff had received medication training, and the registered manager and provider regularly audited medication records.

Preventing and controlling infection

- Infection control and prevention was managed well at the service.
- Staff understood their roles with regards to infection control, and the importance of maintaining high standards of cleanliness.

Learning lessons when things go wrong

- Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.
- Appropriate reviews took place of all incidents by the registered manager, and any patterns or emerging

trends were highlighted for discussion with people's key workers and other involved health and social care professionals.

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

- People were assessed before they came to the home by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by keyworkers and other involved professionals and relatives to ensure the service continued to meet the needs of each person.

Staff support: induction, training, skills and experience

- Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role.
- All staff training, and induction was recorded which evidenced all training the provider had deemed mandatory had been completed. Additional training, such as buccal midazolam administration had been requested separately for staff who supported a person with this need.
- Staff felt well supported due to consistent supervision and training.

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Some people had guidance and support from outside organisations, such as Speech and Language Team (SALT), to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus and planned meals together, often helping to prepare the food themselves with staff support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a clear process for referring people to external services where required and this was applied consistently to ensure care was safe.
- Staff worked in collaboration with other agencies such as GPs and SALT teams to ensure any changes to people's needs were met.

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

- The service was homely, and each person's room had been decorated in accordance with their wishes. New kitchens were in the process of being installed, with lower worktops to help people partake in cooking and baking.
- People were involved in the design and decoration of the building regardless of their ability to

communicate.

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

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service fully met and complied with the principles of the MCA and no one was being unlawfully deprived of their liberty.
- Where appropriate people were involved in aspects of their daily living. For more complex decisions, the registered manager and the person's key worker had appropriately applied the principles of the MCA. Including a robust assessment of the persons understanding, best interest meeting, and referral for DoLS when needed.
- Each capacity assessment was decision specific and included the person's advocate or relative in the process. Best interest meetings discussed the rationale for the decision and why it was in the person's best interest.

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

- Staff treated people with respect, kindness, equality and dignity.
- Caring and respectful relationships had been developed between staff, people who lived at the home and their relatives.
- Relatives spoke positively about the staff. Some of the comments included, "They [staff] are very caring and respectful." Another relative said, "I cannot speak highly enough about the staff team." Also, "We could not praise the place enough, superb!"
- Consideration had been given to people's cultural and spiritual backgrounds.

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

- People were included as much as possible in their day to decision making and choices around their care and support needs.
- Care plans contained a summary of monthly learning completed by keyworkers which evidenced what the person had been involved in and any future outcome or aspirations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.
- Each care plan was written in a way which focussed on tasks the person could do for themselves, rather than what they could not. For example, 'When helping me dress, I can put my head and arms through the holes.'
- The staff encouraged family to visit and be involved in their relatives care and support. Relatives we spoke with confirmed this. One relative said, "We can always just pop in and visit."
- Confidential information was stored securely, and people's bedroom doors were kept closed.

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

- Care plans were personalised, identified people's needs, routines, backgrounds and what was important to them.
- Each care plan stated specific information, for example what time people liked to get up, the time they went to bed and any cultural interests or hobbies. For example, we saw how one person enjoyed trips to the theatre and visits from their family. Another person enjoyed breakfast in bed.
- Staff kept daily notes which described how people were involved and given choice, such as 'asked person' 'used their gestures'.

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 service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Communication passports were in place for people, which described how they chose to communicate and, if this was using non-verbal gestures what they meant.
- One person had information recorded around intensive interaction, which described how they chose to take or refuse their medication.

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's interests and chosen activities were prioritised by staff.
- The registered manager and staff team worked creatively, such as tailoring rotas and shift times, to ensure people were supported to pursue their interests.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and procedure.
- There had been no formal complaints since the last inspection. Relatives told us they knew how to complain should they need to.

End of life care and support

- End of life care was discussed sensitively and with care and compassion.

- Staff had received training in end of life, however, there was no one currently receiving end of life support at the service.

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 service was led well by the registered manager who promoted a culture of person-centred care, openness and transparency.
- The registered manager and provider constantly audited the provision of care and the environment to further improve people's experience of receiving care.
- Relatives and staff told us they liked the registered manager and deputy manager and felt they were approachable and fair.

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 and provider understood their responsibility to inform people when care fell short or did not meet expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority and CQC and families had been notified when needed.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

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

- Staff were clear about their roles and responsibilities and the provider had a robust and clear quality assurance process in place.
- Where improvements were identified, these were recorded in an action plan and discussed as part of team meetings.

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

- People, their relatives and staff had been consulted to provide feedback about the service and provider.
- Comments on feedback forms had been addressed and actioned. For example, a number staff had fed back they felt activities were decreasing due to staff vacancies. This was being addressed and the service was actively recruiting.

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous improvement, and found ways work alongside other healthcare professions to lead on this.
- We spent time discussing a new approach to 'oral care' the deputy manager was particularly proud of, which in turn had led to a change in the way support was recorded for people, to ensure safe and good mouth care, and a culture of shared learning with other providers.