Glenthorne House

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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

This inspection took place over a period of three days. The visits on 22 and 29 November 2017 were unannounced. We announced our final visit on 1 December 2017 in order to speak with the manager to look at quality assurance systems.

We previous inspected Glenthorne House on 7 July 2015 and rated the provider to be Good in all five questions and Good overall.

Glenthorne 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.

Glenthorne House provides accommodation and personal care for a maximum of 27 older people. On the first day of our inspection there were 26 people living at the home. Some people were living with dementia.

There was a manager working at the home who was in the process of applying for registration. The former manager had applied to de-register and remained to work at the home under a different role. 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.

People and their family members told us they received care and support which protected them from harm and abuse. Risks associated to people's care were identified and measure put into place to reduce these. People received their medicines as prescribed by staff trained to administer them. There were sufficient staff on duty to provide the care and support people required and to meet their needs. The provider used safe systems to recruit new staff.

Provision had been made to reduce the risk of infection within the home. The provider had made improvements in the environment of the home and had plans to make further improvements in the future.

Staff received training and were supported by management to ensure they had the skills and knowledge to provide the care and support required. People were supported to make choices about how they spent their time in the least restrictive way possible.

People received care from staff who were kind and respectful and upheld their privacy and dignity. People were seen to participate in activities and events they enjoyed doing. People's care was planned to reflect their preferences and wishes. Technology had been used to assist in the provision of care and support provided for people.

People enjoyed the food provided. Staff adapted how they communicated with people to ensure they were aware of choices available to them. People were asked their permission before they were supported and had their wishes respected.

Health and social care professionals were involved in people's care and support as needed. The provider worked in partnership with other organisations to support people's well-being.

Relatives were positive about the care and support their family member received. Their views and suggestions were taken into account and they were encouraged to participate in the care of their family member. People and their relatives knew how to complain about the service provided.

Once brought to the attention of the management improvements identified as part of the inspection were acted upon in relation to privacy locks and testing of electrical appliances.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Glenthorne 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 checked 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 over three days. Our visits on 22 and 29 November 2017 were unannounced. We carried out an announced visit on 01 December 2017 to complete the inspection and speak with the manager. We previously inspected this location in July 2015 when we rated the provider as good in all areas and good overall.

The inspection was carried out by one inspector. On 22 November 2017 we were joined by 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.

We reviewed the information we held about the provider. We also looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give us some key information about the service they provided including what they did well and improvements they plan to make.

To help us understand people's experiences of the service provided we spent time during the inspection observing and talking with people in the communal areas of the home. This was to see how people spent their time, how staff provided care and support and to establish what they thought about the service they received. We also spoke with relatives who were visiting the home at the time of our inspection.

We spoke with five people who lived at Glenthorne House and nine relatives either while they visited the

home or on the telephone. We spoke with the providers, the manager and eight staff members including team leaders, care staff, maintenance staff and catering staff. We also spoke with two health care professionals at the home and a further professional on the telephone.

We looked at four people's care records and other records relevant to some of these people's support such as medicines records and daily records. We looked at quality assurance checks, meetings involving people and relatives, compliments and complaints and accident records.

Good

Is the service safe?

Our findings

At our last inspection in July 2015 we rated the service for this question as Good. At this inspection we found it continued to be Good with people receiving care which was safe.

People told us they felt safe living at the home. One person told us, "I have no cause for concern regarding safety, mine or anyone else's." A relative told us they believed their family member to be safe and told us they knew they would be alright and well cared for. Another relative told us when they arrived at the home they know things were right and therefore safe for their family member. The same relative told us their family member was, "In a place which is safe and cares about her as an individual."

Staff we spoke with were aware of their responsibility to report concerns about safeguarding to the manager. One member of staff told us, "I would report to management straight away." The same member of staff told us they had never needed to do this as people were cared for in a safe way. Staff knew any safeguarding incidents or allegations needed to be report to the local authority as well as to the Care Quality Commission. Staff members were aware of other agencies such as the police who may also need to be involved depending on the incident.

The provider and the manager were aware of recent safeguarding incidents including some concerns recently received from healthcare professionals who had attended the home following an emergency. The manager was preparing a response to the local safeguarding team in relation to the points made. The management had recently raised a concern about one person when they were not informed of an injury they had sustained while in the care of an external organisation. The management team spoke of how they would not think twice about reporting abusive practice and told us of, "Zero tolerance" within the home regarding abuse.

Risks to people's care and support were assessed and regularly reviewed by the team leaders. Staff we spoke with were aware of risks to people's care and how they needed to provide care to reduce these risks. Staff told us they received an email if they needed to read an individual's risk assessment following a review or update.

The management were aware of the need to carry out risk assessments following advice from incidents elsewhere in the care provision. For example in relation to any potential risk of choking as a result of people eating disposable gloves. Staff used equipment safely for example we saw footrests in place when people were transferred in a wheelchair to prevent their feet getting trapped.

Equipment was available for staff to use to assist move people from a wheelchair to an arm chair or in the event of a fall. We saw staff used a piece of equipment in a safe way so as to avoid injury and staff were aware of what equipment to use such as different slings. Staff were heard guiding and reassuring people while they used these pieces of equipment. Equipment was examined as needed to ensure it was safe to use. We saw fire evacuation slides in place with instructions to act as a reminder for staff in the event of these items been needed. Information for emergency services was available close to fire doors as a means of

keeping people safe in an emergency detailing the support people would need in the event of an evacuation. The provider had requested the local fire authority to attend the home and had recently upgraded their fire systems.

There were systems in place to audibly let people know they were on the staircase. An audible message sounded when the lift door was about to close. Sensors ensured corridor lighting came on when people were in the area. These facilities contributed to keeping people safe.

Accidents were recorded and monitored to identify any patterns in falls and to seek ways of reducing the risk of subsequent falls to prevent injury.

The manager explained the staffing levels to us. These levels were confirmed by staff members we spoke with. Additional staff members were on duty at peak times of the day and a team leader was available to provide care and support alongside staff. One member of staff told us we have, "Sufficient staff on duty" and, "Staff work well together." A relative told us, "Always staff around. They are very attentive". We were told by management that agency staff were not used as staff employed by the provider would work additional shifts in order to maintain consistency in the event of staff sickness or during holidays.

Team leaders also worked night shifts to ensure a person was in charge throughout the day and night. Names of the staff on duty were displayed for reference along with a staff rota and the name of the team leader on call during the night.

Staff we spoke with confirmed checks regarding their suitability were undertaken prior to them starting work for the provider. These checks included one to the Disclosure and Barring Service [DBS]. A DBS check is performed to ensure potential staff members were of good character and suitable to work with people who lived at the home.

Medicines were stored and administered safely. People we spoke with told us they received their medicines as prescribed. The registered provider had appointed two medicine coordinators to oversee medicines within the home. When on duty it was these staff members responsibility to administer medicines. At other times medicines were administered by a team leader. Staff were heard explaining to people what their medicines were and provided guidance when administering medicines such as inhalers as to how these needed to be taken. We heard staff asking people whether they needed their pain reliving tablets and checked people felt well.

Electronic medication administration records were maintained by staff members. These were referred to in order to check people's medicines were correct. A copy of the completed records could be printed and made available to health care professionals for example if a person needed to be admitted to hospital. The records held were an accurate reflection of the medicines people had taken as well as the medicines in stock at the home.

Communal areas of the home were kept clean and tidy. One relative described the home as, "Clean". We saw a member of staff cleaning a chair following a person spilling their breakfast. Staff were seen to use personal protective equipment such as suitable gloves and aprons. In addition staff had their hair covered as well as wear plastic aprons when dealing with food items. There were instructions for staff to follow if entering the kitchen to maintain good food hygiene requirements. Hand washing techniques were displayed for the attention of staff in location such as toilets. Cleaning schedules were in place which were checked as part of the providers auditing processes. Hand gel was available for visitors to use in the reception area. This was seen to be used by people entering and leaving the home. These measures were to reduce the risk of

cross infection.

The local authority had conducted audits of the provider's infection control procedures and found them to be continually effective. The manager told us due to the infection control practices within the home the provider had been given platinum status under an award system conducted by the local authority.

The provider and manager described the actions taken as a result of occasions whereby improvement was needed. For example we saw the outcome of an incident report investigated by the local clinical commissioning group. As a result of their findings changes in procedures and staff training had taken place such as the use of resuscitation.

Good

Is the service effective?

Our findings

At our last inspection in July 2015 we rated the service for this question as Good. At this inspection we found it continued to be Good with people receiving care which was effective.

People's needs were assessed and care was delivered by staff in a way as to meet individual needs as well as people's individual preferences. The relatives of one person confirmed their family member's needs had been assessed prior to moving into the home. The manager ensured they had had information such as practice available from health care professionals and equipment ready for people before they moved in. They explained this was necessary so people's care was individual to their needs.

The manager understood the different types of discrimination that existed and explained how they ensured people's equal access to care was promoted. For example, they told us how they had systems in place to ensure people's religious needs were met. We saw examples of how a person for whom English was not their first language, had been supported. We saw signage was in English as well as in their language. The provider told us information such as the service user's guide would be made available to people in larger print if needed. They also told us they had information about the home available in braille in the event of an individual or their family member requiring this.

One person described the staff as, "Very good, they are quite knowledgeable and well trained." A relative told us, "I think the training is great" as they found their relatives needs to be met. We were told of training undertaken such as in relation to fire procedure. On the second day of our inspection, the provider was leading a team of staff members in the fire procedures at the home. This training was to involve all staff and took into account recent changes, which had taken place at the home regarding fire protection.

Newly appointed staff received an induction before they started to provide personal care. One member of staff described their induction as, "Good" and, "Gave me a lot of knowledge about what is expected from me." The same member of staff confirmed they had shadowed an experienced member of staff and were undertaking the care certificate." The care certificate is a set of standards that should be covered as part of induction training of new care workers. We heard the provider giving instructions to new staff members as part of their induction. For example about how meals should be served for people and how meals needed to come from the kitchen like as if people were at a restaurant.

One member of staff told us the training and support they had received had, "Given me a lot of confidence to do my job." Other comments about training included, "Always bits of extra training available. Staff received training in how to safely move people using equipment such as a hoist. Prior to been able to carry out techniques learnt using a hoist they were required to be signed off as competent by a senior member of staff.

People told us they liked the food. We saw a member of staff seeking what people wanted to eat prior to lunch time. One person told us, "If I didn't like it I know they [staff] would do something different" for them to have. Another person told us, "The food is great, lots of choice, plenty to drink throughout the day. Some

fruit mid-morning." A further person told us, "I am very satisfied with the food. I like it, plenty of choice and variety." A relative told us, "Happy with the meals. They are nice." Another relative told us their family member had not complained about the food they had received.

People living at the home were supported to maintain their independence and were provided with specially designed equipment to enable them to eat their meals. People who needed to have assistance or guidance with their meals where provided with this by staff during the course of the meal time.

People had access to drinks when required. We were told two members of staff had recently attended training on the importance of hydration.

People who lived at the home received healthcare support from doctors located at local surgeries. A relative told us their family member had had their, "Eyes tested" and, "Feet done" since living at the home. Staff supported people to appointments to see healthcare professionals such as to outpatients, to the doctor or to the dentist.

Healthcare professionals including emergency services were seen to be contacted as needed During the inspection people were provided with the necessary support they needed in a timely way when they were in need of the care of healthcare agencies.

People were able to spend time in either the communal areas of the home or in their own bedroom. One person told us, "I am happy with the living accommodation". The provider had commenced the introduction of memory boxes outside people's bedrooms. This was to assist people who lived with dementia find their own room and support people to keep their levels of independence. The manager told us of plans to paint people's bedroom door a colour which would be significant to people. For example the colour of their former front door. The provider had recently re-decorated communal areas of the home.

People were able to personalise their own bedrooms with items which were important to them. We saw during the inspection additional support and equipment was provided to people who required it. Signage was used to assist people locate areas such as a bathroom or a lounge area where they may have difficulty. We also saw equipment such as specially adapted bathroom equipment to support people to use the bathroom for themselves.

People were able to access the garden. Within the garden was a 'dementia village'. This consisted of a bus shelter used by people who smoked. There was also a laundry were people could be involved in folding washing. In addition was a café where people could visit and have a drink and a cake with their family members. People could also enjoy sitting outside in the warmer weather a beach hut and use other garden furniture. There were raised flower beds in the garden making them accessible to people.

The Mental Capacity Act 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The former manager working as a team leader had a good understanding of the requirement to make an application for authorisation under DoLS through people's local authority. A record of when a DoLS was due to expire was held as well as a record of any new applications following a authorised DoL expiring. The former manager was aware of the current position regarding applications made to the local authority. They were also aware of the need to ensure people's relevant person representative visited and that they acted as the person's advocate. An advocate is a person who acts as someone's representative in the absence of a family member.

Where people were not able to make an informed choice about aspects of their care we saw best interests discussions had taken place. For example in the use of a sensor to alert staff if a person had got out of bed. The discussions highlighted the benefits such as the prevention of falls and involved suitable people such as relatives or where applicable healthcare professionals.

Good

Is the service caring?

Our findings

At our last inspection in July 2015 we rated the service for this question as Good. At this inspection we found it continued to be Good with people receiving a service which was caring.

People we spoke with told as they liked living at the home and spoke of the kindness of the staff while they provided care and support. One person described the staff as, "Very caring" and added, "If you need or want them they are there for you." We heard one person thank a member of staff for assisting them and added, "You're very good."

A relative told us, "The care quality is great" and added, "They [staff] look after people. I am more than happy, more than pleased with it." Another relative described the care their family member received as "Excellent". The same relative described the staff as, "Friendly and polite" and told us nothing was too much trouble for them.

We saw occasions when people needed reassurance. Staff were seen to be aware of these needs and responded appropriately by comforting and offering reassurance to people such as holding people's hands. For example while testing of the fire alarm was taking place people were reassured that all was well and that they did not need to be concerned.

We saw cards written by relatives of people who either lived or had lived at the home. Comments within these included, "Thank you for looking after (name of person) so well" and, "Thank all of you [staff] for the support and care.

People were not always sure if they were involved in their care plan however people were confident they were consulted about day to day matters within the home. Throughout the inspection staff were seeking people's views on what they wanted to do and offering people a choice such as what they wanted to eat and where they wanted to spend the day. For example we saw staff take people to have a look at the different puddings available to select from for them to make an informed choice. Staff were also seen to communicate with people appropriately. For example staff made eye to eye contact with people when communicating with them to make it easier for them to communicate.

One person told us, "They [staff] are always respectful of my dignity and always ask my permission" before providing any care or support. Staff had an understanding on how they could maintain people's privacy and dignity and were able to give us examples of how they achieved this. For example knocking on people's doors before entering. We also saw other examples during the inspection.

During our inspection one person became unwell while another person fell to the floor. We saw staff use a privacy screen to protect people's dignity while assistance was called such as the need for emergency services.

Information about people's care and welfare was stored on an electronic system for staff to refer to. Staff

members were seen adding information to care records. Before staff could do this they needed to log onto the system with a unique password. Other documents were held in the manager's office. This room was kept locked when unoccupied. These measured ensure people's confidential information and details were kept secure.

Visitors were seen within the home during the inspection. One person told us, "I get visits from family regularly". Visitors confirmed they were made to feel welcome when visiting their family member. One relative told us, "I can come in at any time" and when speaking about staff told us, "Nothing is too much trouble". Another relative told us, "All the staff and people that work here seem very nice, always say hello and are happy to help." Visitors were seen to be known to the staff and other people who lived at the home and people were seen engaging in friendly conversations.

Good

Is the service responsive?

Our findings

At our last inspection in July 2015 we rated the service for this question as Good. At this inspection we found it continued to be Good and people received a service which was responsive.

People we spoke with and their relatives told us their individual care needs were met by staff members who provided care and support. Relatives told us they believed staff knew their family member well and therefore enabled them to care for them as best they could.

Relatives told us they felt involved in their family member's care. One relative told us, "If there was an issue with the care they would ring me." Another relative told us of their confidence in the staff team and their ability to meet their family member's needs. A professional told us on the telephone they had nothing but positive experiences of the care provided for one person who lived at the home and told us the person concerned had had a, "New lease of life."

We looked at four people's electronic care records and saw they contained guidance for staff to follow on how they should care for people to ensure their needs were met. We were able to speak with staff and they were able to describe the care people required and knew about people's daily routines and care preferences. People told us they were able to choose how they spend their day. We were told people could choose when they got and up and went to bed.

During our inspection people indicated they would like to go out for a walk. We saw staff facilitate this by getting people a coat for them to go out. People were seen to go out on an outing on the first day of our inspection to an outdoor living museum. We were informed by the manager that outings had taken place involving a small group of people or individually. For example, one person had been out fishing. Staff described to us a daily exercise programme, which was undertaken in one of the communal lounges.

Information regarding activities and events scheduled for the week was displayed within the main communal lounge and upon a newly introduced notice board for family members. The board showed events such as puzzles, skittles and gentle exercise. One relative informed us that staff undertook activities with their family member.

We were told of visits to the home by different religious representatives or leaders to ensure people's individual needs were able to be met. These arrangements included multi-denominational church visits on a regular basis. We heard of examples where people were supported to follow their faith or beliefs such as how items within their own bedroom were arranged.

A relative told us they found the home to be, "Very welcoming" with staff who were, "Friendly". They told us their family member had a birthday spread to celebrate their birthday. The registered provider told everyone at the home had a birthday tea including a birthday cake to which their family were invited.

We saw information about breakfast meeting that involved people and their relatives during which

information could be shared and suggestions sort such as arrangements for Christmas and for future outings.

One person told us they "Would go straight to the top if [they] had a grievance or was upset." Information about the provider's complaints procedure was included within both the welcome pack given to people when they came into the home and the admission agreement.

The registered provider had systems in place to respond to complaints received. We spoke with one of the registered providers who told us they had not received any complaints about the service provided. There were however aware of issues highlighted under safeguarding and were able to demonstrate how they had investigated these concerns. There was a meeting scheduled to take place with the family members of one person following an incident which they were concerned about. We were informed of measures put in place as a means of reducing the risk of a similar incident occurring in the future.

We were told of initiatives involving the local Clinical Commissioning Group (CCG). There were plans to develop a joint project with staff which would involve training in the devising of an advanced care plan, living will and preparing for the future. This project would involve looking at people's spiritual needs and preferences regarding funeral arrangements.

Good

Is the service well-led?

Our findings

At our last inspection in July 2015 we rated the service for this question as Good. At this inspection, we found it continued to be Good and people received a service, which was well led.

At the time of our inspection some management changes where in process. The business manager who had previously worked alongside and supported the registered manager was working as the home manager and was in the process of applying to the Care Quality Commission to become registered manager.

People we spoke with told us they liked the management at the home. One person was heard to say. "She loves me" when referring to the manager. A relative described the management arrangements as, "Great" and told us they believed the communication between them to be good.

A member of staff told us both the former manager and the new manager were both ,"Very hands on" in assisting with the care provision and knowing the needs of people who lived at the home. Staff told us they liked working at the home and enjoyed their job. One member of staff told us, "It's good here. I like it. If you tell the management, something they get it sorted. Another member of staff told us, "I think it's well managed." Staff confirmed they were able to attend staff meetings and where able to raise items as part of the agenda.

The provider had a system of audits in place together with the action needed following these to bring about any improvements identified. We also these were brought to the attention of the staff team as part of staff meetings.

We noted an area were improvement was needed in relation to the testing of portable electrical appliances including items due to be used as Christmas decorations as the records were not always clear as to when items were last tested. The provider undertook to take immediate action to reduce any risks.

The collated results following a satisfaction survey carried out during September 2017 were available for people to view in the reception area of the home. The surveys had included people who lived at the home as well as staff and other stakeholders. Where an improvement had been identified by people the provider had taken action to make the necessary changes.

The manager was seen engaging with people. People knew who the manager was and told us they liked her. Visitors also spoke highly of the manager. We spoke with the manager about people care needs and the support they received from family members. The manager demonstrated a detailed knowledge of people's care needs.

The management team had introduced a family champion. The manager had regular meetings with this person who represented family members. This person was engaged in leading meetings involving family members of people who lived at the home. A notice board specifically for family and visitors to advice of meetings and outings had recently been introduced. The manager displayed a poster we gave them about

our inspection on this board for any visitors to see and planned to use this facility to aid in the communication with visitors.

We brought to the attention of the management an observation that locks were not fitted to some communal toilet and bathroom doors to afford people privacy when using these facilities. Although we did not see anyone interrupted when using these facilities and no one raised any concerns the management took immediate action regarding our observation.

The provider and manager demonstrated a desire to continually improve the care provided. Learning from previous incidents and events was acknowledged and used as a means to make improvements in order to prevent similar incidents through staff training.

The manager worked in partnership with other agencies. For example in relation to participation with a system to ensure information regarding people was transferred to others such as in the event of a person been admitted into hospital. The manager also worked with other agencies to ensure they had information about people's care needs and whether any equipment would be needed to ensure people's needs could be met. We spoke with a professional from a local authority who was pleased with the way the manger had worked with them to provide suitable care for a person.