

Bupa Care Homes (CFChomes) Limited

The Glen Care Home

Inspection report

Shapway Lane
Evercreech
Nr Shepton Mallet
Somerset
BA4 6JS

Tel: 01749830369

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28 September 2016

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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 on 27 and 28 September 2016 and was unannounced. The Glen provides nursing and personal care and accommodation for up to 59 people. At the time of our inspection there were 46 people using the service of whom 28 required nursing care.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had, as required, made applications under the Mental Capacity Act 2005 and obtained an authorisation under Deprivation of Liberty Safeguards (DoLS) arrangements. However, there needed to be improvements in the process and recording when making best interests decisions where people lacked capacity to make decisions for themselves. The service protected people's rights by seeking consent for care and use of certain equipment.

People felt safe living in the home. One person saying "I feel comfortable with staff they make me feel safe." A relative told us they felt staff looked after their relative well and always "Leave here knowing they are safe." Staff demonstrated their knowledge of abuse and responsibilities to report any concerns about possible abuse. Importantly staff were confident the registered manager would act to protect people if told of any such concerns.

People told us staffing arrangements were good and how staff were available and responsive to their requests for assistance and support. There were consistent numbers of staff on duty. Recruitment arrangements ensured employees had the necessary experience and were suitable to work in a care home setting.

People told us they felt confident about staff having the necessary skills and training. One person told us "The carers are good and really know what they are doing and I can depend on them for anything."

People had access to community health services and their GPs when this was requested. Healthcare professionals we spoke with were positive about the care provided by the service. There were good relationships with outside professionals and people had access to specialist support and advice.

People told us they enjoyed the varied menu and always had a choice of meals. One person said "The food is good and I always enjoy my meal." The service ensured people's nutritional needs were met and took action to address any concerns about people physical wellbeing and ensure they were able to have a healthy diet suited to their needs.

People spoke of respectful staff who recognised their right to privacy and upheld their dignity. People and

relatives spoke of caring, courteous, professional and friendly staff. One person told us "I always feel staff treat me with respect and speak to me how I like to be spoken to." and another person said "They (staff) treat us with respect and dignity." A healthcare professional told us they found staff "All very caring and friendly and welcoming."

People told us they felt able to have control over their daily routines and what they wanted to do each day. One person spoke of how they chose to remain in their room and this was respected by staff. Others told us how they could choose to get up and go to bed when they wished. One person said "It is very good I get to say what I want to do and when." Where people had complex or need for more specialised care plans reflected people's needs so care could be provided in a person centred way. Staff knew people's routines, likes and dislikes and how they liked care to be given.

There was a welcoming environment where people were able to maintain their relationships with family and friends. People and relatives told us there were no restrictions on visiting.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home and their relatives were kept informed about the service and people could give feedback about the quality of care provided in the home.

There were a range of quality assurance audits which had identified areas for improvement. A home improvement plan demonstrated how these had been actioned.

People and staff spoke of a registered manager who was approachable and made themselves available to people on a daily basis through walking around the home. This was commented on by people we spoke with. One person told "She is always about which is nice because you can have a chat with her about anything if you want."

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.

People benefited from safe recruitment and selection arrangements.

People could be confident there were safe arrangements for the administration and management of medicines.

People were protected from the risk of abuse through care staff having an awareness and understanding of how to protect vulnerable people.

Is the service effective?

Good 

The service was effective.

People received care from trained and skilled staff.

People's rights and welfare were protected where they lacked mental capacity and needed to receive care under DoLS arrangements.

People benefited from arrangements which ensured their nutritional needs were met effectively.

People had access to community and specialist health support ensuring health needs were met.

Is the service caring?

Good 

The service was caring.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy.

People had the opportunity to be involved in their care arrangements.

Is the service responsive?

Good 

The service was responsive.

People benefited from care which was personalised to their needs.

There was an environment where people, staff and relatives felt able to voice their concerns and be listened too.

People were able to voice their views about the quality of the care they received.

Is the service well-led?

The service was well led.

People and staff benefited from an environment which was open and promoted a culture where people and staff could express their views.

Effective quality assurance audits resulted in ongoing improvements to the quality of the service people received.

Good ●

The Glen Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 27 and 28 September 2016 and was unannounced.

The inspection was undertaken by an adult care inspector, a nurse 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.

As part of the inspection we spoke with 11 people living in The Glen, three relatives, two care professionals and nine members of staff. Before the inspection we reviewed all the information we held about the service included incidents and events we had been advised about as part of the provider's notification responsibilities. As part of the inspection we looked at care planning records for nine people, quality assurance monitoring audits, minutes of staff and "residents" meetings and other information about the service. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Is the service safe?

Our findings

The service was safe.

People told us they felt safe living in the home. One person told us they felt safe because "The carers are good and a couple are even excellent and really know what they are doing and I can depend on them for anything." A relative told us "I feel my relative is very safe, the staff are very good and look after her well." Staff showed an understanding of abuse and were able to tell us what would be abuse. One staff member said "It is things like leaving someone when they need help, ignoring people." another said "It is shouting or talking harshly to people." Staff were confident if they reported any concerns about possible abuse they would be responded to and "Fully investigated."

The registered manager had worked with the local safeguarding team and taken the necessary actions where concerns had been raised. Action had been taken to ensure staff were fully aware of the company policy regarding having access to people's money which had been the subject of the concern.

There were safe medicine administration systems in place and people received their medicines when required. One person told us "I have been in pain for a few days and have been getting painkillers." A relative told us their relative was given their medicines at the time they should be given. Medicines were stored safely and in date. Bottled medicines, creams and eye drops had open dates written on the containers to ensure they were safe to use and within the use by date. The duty nurse showed knowledge and understanding of safe administration of medicines. We checked stock for some medicines which required additional security and found stock balance was correct and there were always two signature when administered or checked in.

We observed people being administered their medicines correctly and as prescribed. People were told what they taking. One person asked what it was for and was told. Staff demonstrated a good knowledge of medicines and why they were being prescribed. They told us they had undertaken medicines training and this was confirmed by records. One person held medicines in their room. They told us staff checked the stock weekly. An assessment had been completed to ensure the person was safe to self administer their medicines.

There was inconsistent recording by care staff when they had applied topical creams and records on administering charts were not accurate. This meant there was not a system in place which could be verified as being accurate to ensure people received their prescribed topical medicines.

People told us they felt there were sufficient staff but at times they had to wait. One person told us "If you press your call bell staff will come but you might have to wait a while if they are busy." However, another person told us "Staff are always around when you need them. You sometimes have to wait but not very long." A relative told us "There is always a core group of staff which is good." Staff were positive about the staffing arrangements. One told us "There are good staff and we work well together. There is less use of agency which is good." Another said "Always enough staff on but could do with another one on in the

afternoons when it drops from six to five."

The registered manager told us they completed "Residents care needs assessment tool" and there was a weekly staffing, residents dependency checklist. This informed the staffing arrangements. They told us they made changes when people's needs changed particularly if someone needed end of life care. This was confirmed to us by a number of staff. Previous staff rotas showed consistent numbers of staff on duty throughout the home. This meant there was consistency and flexibility in the staffing arrangements to ensure they were safe and met people's needs.

Risk assessments had been put in place in response to people's care needs and risks related to falls, nutrition, moving and transferring people. These outlined specific needs of people in relation to the identified risks such as identifying equipment to be used when moving or assisting with transfers. In others there was information for staff to ensure people's nutritional needs were monitored through the use of food charts and instructions about frequency of weighing of the person. In some instances guidance about how people were to be supported or have their meals was also included. There were personal emergency evacuation plans (PEEP) in place. These identified people's specific needs so that staff and emergency services could respond as necessary in the event of an emergency. This meant people's safety and welfare in the event of an emergency was protected.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained included were references from previous employers. Records confirmed these arrangements. This meant people could be assured that the required checks were undertaken to ensure employees were fit to work with vulnerable adults.

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Is the service effective?

Our findings

The service was effective.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

We looked at the use of equipment such as bed rails and sensor mats (mats which set off an alarm when stepped on) which could be viewed as restrictive specifically whether people had given consent for their use and where they had been put in place in the person's best interest. We looked at records for ten people who had such equipment. Records evidenced where these had been put in place as part of a best interest's decision. However, in one instance there was a note in the care plan which indicated the person's family were aware but no formal record of agreeing to the decision. In another person's care plan it stated the person had capacity however there was no record of their agreeing to a mat being placed outside their door. We were told by a staff member they had agreed to it's use. We spoke to the person about the mat. They could not give an explanation why it was being used. In discussion with staff we were satisfied about the need to have the mat in place because of risks associated with falls and the person leaving their room. However, they also told us the person's mental state had declined since coming to live in the home which had led to a deterioration in the person ability to recall events and make informed decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection the registered manager told us they had made applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. To date no authorisations had been made. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

Staff had received training about the MCA and had an understanding of its use in relation to DoLS. One staff member was able to tell us what this meant in practice: "It is to protect people and enable us to provide care." another said "It is keeping people safe." One told us how best interests decisions were made through agreement with family and GP where the person lacked mental capacity.

People told us they felt staff were competent to provide the care they needed. One person commented "Staff skills are very good." another said "Staff all seem well trained." Staff were all very positive about the training provided by the provider. Staff told us they had received what are considered core skills such as moving people, infection control and safeguarding. The provider told us all staff had received training about

dementia, providing person centred care, health and safety and meeting nutritional needs. A nurse told us they had undertaken specific training around wound management and another had end of life training. Records confirmed training undertaken by staff. This meant people could be confident care was being provided by skilled and trained staff.

Staff told us they received regular one to one supervision this was confirmed by records. This is where the person's performance, any concerns, individual training and development needs can be discussed. Staff also spoke of being able to raise any concerns or worries informally. Nursing staff received clinical supervision and had competency assessments, which entailed observed practice, in relation to specific nursing tasks. One staff member told us how following the death of a person living in the home they had received good support and had had an opportunity to talk about how the death had made them feel.

Staff received structured induction when first employed at the home and this was confirmed by records. They told us they had undertaken shadow shifts (only working with another staff member) for two weeks. One staff member told us "The induction was really good and gave me a good understanding of policies and procedures as well as an opportunity to get to know people before I was put on a shift on my own."

We spoke with people about the quality of the meals they received. They told us "Food is good and you can ask for an alternative and they are good at taking suggestions." and "the food is excellent. We fill in a form the day before which offers alternatives but if I don't like either of the main choices they will offer me another choice." and "The food you can choose they offer me what I like." A relative told us how it had been arranged for their relative to have food supplements because they had lost weight.

Care plans included information about people's nutritional needs and assessment identified any concerns about those needs. There were regular reviews of these elements of the care plan to ensure needs were continuing to be met. We saw how one person had been losing weight and this had been recorded and monitored. In talking with a staff member they were very aware of actions they would need to take if the person's weight loss reached a certain level over a period of three months. A community nurse confirmed to us staff were taking the correct action in response to weight loss. People had been referred to specialists for assessment to ensure staff could meet their needs. This included the providing of food supplements, high calorie snacks and ensuring people were able to have their meals safely through having a pureed diet. One person's care plan evidenced improvement in their weight following such an assessment. A relative told us how the home had made sure their relative ate a diet they preferred. Staff completed food charts where there were concerns and we saw these had been completed for people who required them. This demonstrated the service had systems and arrangements in place to meet people's nutritional needs effectively.

Records confirmed people had access to community health services. In one instance staff had identified a person needed to be referred to a podiatrist and treatment had been arranged. A community nurse visited the home where people were not receiving nursing care. This was to provide care for people who may have had wounds or injuries which required regular dressings. A community nurse told us they found care plans were detailed and accurately reflected people's needs. They told us this had improved over the past 12 months. They said "Staff are very knowledgeable about people and are very approachable." They described the home as "Friendly and welcoming." People told us they could ask to see their GP when they wanted. GPs reviewed people's health where there were concerns about health deterioration or where people's health and wellbeing was variable. "I only have to say and they arrange for him (GP) to call" said one person. A relative told us they had found the home worked well with their relative's GP and community nurses in making sure they received the health care the person needed. People also received support from specialist nurses where this was identified such as neurological nurse and Huntington's nurse. They provided

specialist health care support to people and advice to nursing staff about meeting more complex healthcare needs. This meant people had access to range of health care support and advice so staff could provide effective care.

Is the service caring?

Our findings

The service was caring.

People told us they found staff caring and kind. One person said "Carers respect my privacy when helping me and treat me with dignity and respect. I am very happy with them." Another person said "They (staff) treat us with respect and dignity." A healthcare professional told us they found staff "All very caring and friendly and welcoming."

We asked staff about their understanding of treating people with respect and dignity. One told us "It is treating people and providing care we would like our parents to have." Another said "Just being sensitive to how we speak and support people especially when providing personal care. It's making people feel comfortable and relaxed." We observed staff interacting with people in a caring and supportive way. When providing care such as moving someone using a hoist this was done with attention to the person dignity. Staff spoke with people in a respectful manner and we observed staff knocking on people's doors and waiting for a response before entering. One person told us "Staff always knock and wait for me to say come in."

People told us they felt able to have control over their daily routines and what they wanted to do each day. One person told us "I choose to stay in my room most if not all the time. I get plenty of visitors and they always enjoy coming to see me. Staff make them feel welcome. But staff will tell me if anything is going on so I can choose to go downstairs if I wish." Another person told us "I can do pretty much what I want. If I don't want to get up when staff come that is okay they always come later. Staff told us they always gave people choices about getting up and going to bed. One said "After all it is their home it is up to them." Staff demonstrated a good knowledge of people's routines and spoke of the importance of always offering choice to people. This meant that the service was flexible and able to meet people's needs in a way which was respectful of people's choices.

One person told us they liked to be as independent as possible. They told us "Staff understand I want to do as much as I can for myself. They are there if I want them but I like to be independent." A relative told us "Mum used to be able to do more but the home are able to support her as her needs have changed. They encourage her to do as much as they can, but are there when she needs them."

There were no restrictions about when people could have visitors other than mealtimes. A visitor told us they visited "Whenever we like there are no restrictions." Another told us "They look after (NAME) fine and they are very happy here, staff are very welcoming and visiting is no problem." A third visitor described staff as "Very professional and courteous."

People told us they were involved in their care. One person said "Staff will always ask if I need more help and if I am happy with everything." another person told us "We have met with my family there to talk about how I am finding the help and whether it is enough." A relative told us "They are very good at keeping us involved and inform us about how (NAME) is. We get asked if we think they need more help or support." Another

relative told us "(NAME) can't always say how she is feeling so staff are very good at asking us when we come to visit."

Is the service responsive?

Our findings

The service was responsive.

Care planning reflected a person centred approach to the providing of care. For example where people had specific health conditions such as Huntington disease, Parkinson's disease or diabetes there were care plans reflected their needs and risks associated with their disability. Staff had had specialist support and advice related to the people's disability and specific needs. For people with diabetes there were specific diabetic care plans setting how to monitor people's blood sugar and dietary restrictions. There was also advice for staff about how to respond if the person was unwell which could be because of their diabetes. However, we noted people who had non insulin dependant diabetes did not have specific care plans about how care should be provided to people with this condition. Staff were able to tell us about people who were diet controlled and what restrictions maybe required such as "Sweet puddings" They told us one person was not able to have sherry because they were diet controlled diabetic. This meant that whilst care staff had the knowledge to support people with specific health needs and provide personalised care there was not always the written guidance and information in people's care plans.

One person told us "Staff know how I like things done" and another person said "There are ways I prefer things and staff understand and know this which is lovely." Care staff were able to give us examples of how they provided person centred care. They spoke of people who had specific routines when being bathed or assisted to get dressed. One staff member told us "(NAME) likes to be dressed in a particular way and it is important to them because of the way they like to look." This demonstrated staff had knowledge of people's preferences and were able to provide care meeting these preferences.

People had an opportunity to formally review their care arrangements. Records showed where these had taken place on occasions with family members present. People told us they were able to talk with care staff and the registered manager about the care they received. One person told us "The home has coped with the changes in my needs in the time I have been here."

People told us they would speak with staff or the registered manager if they had any worries or concerns. People were aware they could make a formal complaint if they wished. One person told us "I do see the manager occasionally and though I have not had to raise a concern I would be happy to do this or make a complaint if it was needed and I know staff would listen and take notice." Another person said "I have never had the need to see the manager but I know where she is and will talk with her about any problems should they arise." Relatives told us "When mum came here there were few things about settling in. We spoke with the staff about them and they sorted it out satisfactory. The family were very happy with the outcome." and another relative said "We do see the manager when we come and would raise an issue if we needed to." Staff were aware of people's right to make a complaint. One told us "I always say to people if they are worried or unhappy tell me and I will do my best to help. I know the manager is very approachable and would listen to people's concerns and do something if they could."

The home had responded to a number of formal complaints. The registered manager had acted robustly

when dealing with complaints or concerns to safeguard people.

There were a range of activities available to people which took place every day including Saturdays and Sundays. An activities organiser was employed by the home. Notices displayed in the home told people what was available. For one week this had included: arts and crafts, move and grove, film show and gardening group. There were also individual activities. On the first day of our inspection there was a live music entertainer which was well attended. People told us they enjoyed the activities. A relative told us the programme of activities was good. The activities organiser recognised how they needed to identify more opportunities for one to one activities because the numbers attending group activities was limited reflecting the frailty of some people in the home.

People and relatives had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed discussions had taken place about the food and activities. Action had been taken to respond to suggestions such as changes to the menu, use of the garden and providing a post box for the people living in the home. The meetings were also used to inform people about developments and plans for the home such as refurbishment in some areas. A "Resident Involvement Charter" had recently been introduced. This set out to formalise how people, relatives and others were enabled to engage and influence the service they receive. This meant people and relatives were encouraged to voice their views about the care provided in the home and make suggestions for improvements.

Is the service well-led?

Our findings

The service was well led.

People and staff spoke of an approachable registered manager. One person said "They (registered manager) are often about having a chat. She is very good." Another said "The manager is always coming round it's good because you can speak with her." A third person said "I have never had the need to see the manager but I know where she is and will talk to her about any problems should they arise." One staff member described the registered manager as "Brilliant will go to her with anything." and another "Very friendly manager, listening, supportive, every day on the floor."

In discussion with the registered manager they told us they wanted to provide excellent care which was person centred, with a happy homely environment. They said they wanted to have an approachable culture, listening and taking action. Staff when asked what the registered manager wanted to provide in terms of the quality of care said "To provide excellent care in a homely way" and "Be a home where people are listened to and staff also." They told us there were regular staff meetings and the registered manager had spoken at these about what they wanted of staff. Staff told us they felt there had been improvement over the past year particularly in team working. A recent staff survey provided positive feedback about the service. This meant there was a shared vision of the care the registered manager and staff wanted to provide.

There was a comprehensive system of quality assurance auditing. Areas audited included environment, infection control, medicines. Records showed where actions identified through these audits had been completed. A home improvement plan is completed and updated following audits. This showed where internal audits and action undertaken by the registered and area manager had identified areas for improvement. The plan provided evidence of ongoing improvement. Satisfaction surveys provided feedback from people and relatives about the service. One completed recently asked people about the quality of meals and there was majority of people who were satisfied or very satisfied with the meals. The home's chef, in response to the feedback, had met with two people to discuss the choices they would like to see on the menu and this had been implemented.

The home had links with the local community that included local schools and also had volunteers from the school come to undertake gardening with people. They had held an arts and crafts fair which was open to the local community. The local church also provided services in the home.

The provider had notified us of any incidents and other matters they are required to do by law such as expected or unexpected deaths.

As part of promoting an open and honest environment staff told us of the provider's Speak Up policy. This policy aims "To provide a fair and consistent framework within which you are encouraged to speak up, in a responsible way, about any concerns you have as soon as possible, in the knowledge that those concerns will be taken seriously, investigated and responded to appropriately and any request for confidentiality respected." Staff told us they would not hesitate in voicing any concerns within the organisation or

externally.