

Holmwood Residential Care Limited

Glenfield Woodlands 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

Glenfield Woodlands is a residential care home that was providing personal care to 17 people at the time of the inspection.

People's experience of using this service:

- People told us they felt safe living at Glenfield Woodlands.
- The risks to people had been assessed and people and where appropriate some relatives had been involved in compiling care plans. Relatives had asked for more input in reviewing plans which the registered manager was arranging. Staff were knowledgeable about the range of needs people had.
- People were supported with their medicines in a safe way.
- Appropriate recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager.
- People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.
- People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.
- There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.
- The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection: The home was rated Good at the last inspection in August 2017.

Why we inspected: This inspection was brought forward prompted in part by notification of an incident following which a person using the service sustained a serious injury

Follow up: We will continue to provide ongoing monitoring of this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains good

Details are in our Well-Led findings below.

Glenfield Woodlands 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 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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. Our expert by experience's area of expertise was the care of people with mental health needs.

Service and service type

Glenfield Woodlands is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 17 people. 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

The inspection was unannounced.

What we did

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from

the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with six people using the service and four relatives. We also spoke with the company's area manager, the registered manager, two care staff and the cook. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe, there is always someone around."
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.
- We observed staff who transferred and hoisted people safely.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people. A relative said, "[Named] is safe here, [we] absolutely feel that she is safe and looked after."
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing levels and recruitment

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs at most times. One person said, "If I need anything, just call and they are there almost immediately." However, a relative said, "There's not enough staff, could do with more staff, for wellbeing [more] than safety." Another relative said, "Happy with the care here, but the staff in the evening is a bit wanting [numbers of staff]. We spoke with the registered manager who said they proposed to add a further member of staff in an evening which would provide better staff cover."
- Staff confirmed there were enough staff during the day to support people in a way they preferred.
- The registered manager provided support to staff in their care of people.

Using medicines safely

- People were provided with their medicines in a safe way. A person said, "I get my medication on time, [staff] do their job to encourage me to take it." One relative said, "[Named] always gets her medication and on time."
- Staff administered people's medicines in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.

- Staff received training and their competencies in administering medicine were checked.

Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of acquired infections.
- Good practice around prevention of infections was shared as part of team meetings or supervisions.

Learning lessons when things go wrong

- Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.
- Changes to people's care plans and risk assessments was made from information shared from professionals to the staff group.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: - 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's individual needs had been assessed prior to them moving into the service.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- People using the service were supported to make choices about their care and support.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff skills, knowledge and experience

- People received care from a staff team that were trained to meet people's individual needs. One person said, "Staff look after me well, staff are very well trained." One relative said, "Staff are well trained, always know what they are doing."
- Newly commenced staff received an induction and ongoing training to enable them to carry out their roles. One staff member said, "[Registered manager] is great she makes time for you and encourages us to learn."
- Staff demonstrated their knowledge and understanding around people's individual needs and subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager with regular supervisions and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties. One person stated breakfast was nice and added, "I had marmite, I have it every morning, some people don't like it, but I like it every morning, it gives me my strength." A second person said, "You can never grumble at the meals." A relative said, "[Named] is enjoying the meals and putting on some weight."
- Staff ensured people received food that met their dietary and cultural needs.
- People were encouraged to eat and drink and maintain a healthy balanced diet.
- Staff offered people choices at mealtimes; drinks and snacks were offered throughout the day. A 'hydration station' had been placed in the dining room which allowed people access to specialised fluids which replaced people's nutrients.

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

- The premises were adapted to meet people's needs; people could access all areas of the home.
- People could choose to spend time in communal areas suitable for larger groups or areas where there

were less people. People's bedrooms were personalised.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare through their GP and other health professionals. One person said, "If I need to see a doctor then it's arranged easily."
- Staff knew people well; they recognised when people's health changed.
- Staff arranged specialist health referrals when required.
- Additional support was arranged to support people and guide staff to improve people's ongoing safety.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The manager was working within the principles of the MCA.

- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on any potential abuse.
- People who did not have capacity to make decisions were supported to have choice and control over their lives.
- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People experienced positive caring relationships with the staff team. A person said, "The staff are all very good, very special, caring." One relative said, "Wonderful care [staff] they look after [named] really well." Another relative said, "Staff are dedicated."

People praised the caring attitude of the staff that supported them. There was a warm and caring culture within the home.

- Staff were knowledgeable about people's history, preferences and individual needs. People's individual needs and preferences were recorded and updated on their records.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. One relative said, "[Named] gets the right care, they are very caring, she had a minor injury and very attentive, good communication, small things which show they care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "My privacy is always respected."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One person said, "Staff lock the door when I have a shower and get dressed."
- People were encouraged and supported to maintain their independence whenever possible.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team. One relative said, "We are always made to feel welcome."
- Every person we spoke with made positive statements about staff, their happy nature, helpfulness and that they had trust in them. We observed a calm, reassuring presence of staff who sat in the lounges with people. They chatted with people and engaged in one to one activities with them.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received care based on their individual assessed needs. A person said, "[Staff] are always accommodating which is wonderful." Another person said, "Staff understand me and look after me."
- People, and where appropriate their relatives, had been involved in the development of care plans.
- People were requested for information about their previous life history and what was most important to them. That helped staff provide care which was based on the person's lifetime preferences and was individualised.
- People's plans provided staff with the information they required to meet people's cultural and leisure needs. A person said, "There's not much here you can do, other than watch TV, we went on a river cruise last summer, it was really nice." Another person agreed and said they would like some jobs to do in the home. A relative said, "There isn't anything really that could be improved, but a few more activities would be good." We spoke with the registered manager and they said this had been raised by a number of people and the staff group were looking at increasing the activities in the home.
- People's care plans had been reviewed regularly or as people's needs changed.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. A person said, "If I had a complaint I would see the manager. The manager is so nice, told me I'm part of the family, that's really nice." Another person said, "Staff listen to me, any issues are always smoothed out."
- The provider had a complaints procedure displayed for people's information.
- There had been four complaints about the service in the past 12 months. These were dealt with efficiently and people were responded to in writing.

End of life care and support

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- There were no people assessed to require end of life care or support at the time of our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- People using the service spoke positively about the registered manager and staff and knew who to speak with if they had any issues. People felt the service was well managed and the registered manager and staff were friendly and approachable. One person said, "They have resident's meetings, the manager would listen to me."
- People told us they knew the registered manager and regularly saw them around the home.
- Staff told us they felt supported by the registered manager.
- Procedures were in place which enabled and supported the staff team to provide consistent care and support.

Promotion of person-centred, high-quality care and good outcomes for people

- The staff team were aware of people's individual needs. They provided care and support that ensured good outcomes for people.
- The registered manager promoted self-help and independence with the staff team and through individualised care plans.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well led. The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating when this report was published.

Engaging and involving people using the service, the public and staff

- People using the service and their relatives or representatives had been given the opportunity to comment on the service provided. Surveys had been used to gather people's thoughts.

We spoke to people about the periodic meetings, the dates of which were advertised in advance. One person said, "I attend the residents meetings, they listen to what's said and act on it."

- Dates of the 'residents' meetings' were placed in advance on the noticeboard at the entrance to the home. One person said, "They put a notice on the board and the staff ask us if we have any concerns we want

discussing."

- There was a 'residents meeting' the day prior to our visit, which did not result in any new suggestions. The registered manager told us a relatives meeting had been arranged for the day following our visit.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care

- The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the latest 'you said, we did' questionnaire. Comments included about the lack of staff in the evening; which has resulted in the directors reviewing this. More involvement in the care plans reviews was also requested, again the registered manager was incorporating people and where appropriate their relatives.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.
- The service had recently taken part in the Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.
- The registered manager had also worked with the local authority's quality improvement team to look for ways to continually improve the service being provided.