Glenhomes Care Home Limited

Glenhomes Care Home

Inspection report

9 Greenmount Lane
Bolton
Lancashire
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Tel: 01204841988

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31 January 2017

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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

The unannounced inspection took place on 31 January 2017.

Glenhomes Care Home is a care home providing personal care for up to 21 older people. It is situated close to the centre of Bolton, the motorway network and public transport. The home is a large converted, semi-detached building, in a residential area, built on four floors (the fourth floor is not used by residents), with a passenger lift provided. There is a garden with both a lawned and patio area which is fenced off for safety.

There was a registered manager in place at the home. 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 told us they felt safe. Staffing levels at the home were good and staff recruitment and induction procedures were robust. Training was ongoing and staff had regular supervisions and appraisals to ensure their development and training needs were continually reviewed.

There was an up to date safeguarding policy and staff demonstrated a good knowledge of the procedures. There was also a whistle blowing policy which staff were aware of. Health and safety measures were in place.

Medication systems were appropriate and medicines were stored, administered and disposed of safely at the service. Infection control procedures were in place and the home was clean and free from malodours.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were recorded and met appropriately. There was a good choice of food and the mealtime experience was pleasant and unhurried.

People told us staff were kind and we saw respectful and friendly interactions within the home throughout the day. Visitors told us they were made welcome and people and their relatives were involved in all aspects of care planning. People's dignity and privacy was respected at all times.

Some staff had undertaken training in end of life care and others were booked on further training courses. This helped support people at the end of life, according to their expressed wishes.

Care plans were person-centred and included a range of health and personal information, including likes, dislikes and background history. This helped staff care for people in a more individual way.

There were a number of activities and outings on offer and people told us they enjoyed them. Special occasions were celebrated and people were supported to pursue their interests and hobbies.

The service had an appropriate complaints policy which was displayed prominently in the home. No recent complaints had been received but the service had received a number of compliments.

People who used the service, relatives and professionals felt the management were approachable. Staff were supported via supervision sessions, meetings and informal chats.

Questionnaires were used regularly to seek opinions of people who used the service. The results were used to continually improve the service.

A number of audits were regularly carried out to help ensure quality of service delivery. The management were involved in a number of local groups to enable them to keep up to date with best practice and current guidance.

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 told us they felt safe. Staffing levels at the home were good and staff recruitment procedures were robust.

There were up to date safeguarding and whistle blowing policies and staff demonstrated a good knowledge of the procedures. Appropriate health and safety measures were in place.

Medication systems were appropriate and medicines were stored, administered and disposed of safely at the service. Infection control procedures were in place and the home was clean and free from malodours.

Is the service effective?

Good

The service was effective.

Induction procedures were robust and training was ongoing. Staff had regular supervisions and appraisals to ensure their development and training needs were continually reviewed.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were recorded and met appropriately. There was a good choice of food and the mealtime experience was pleasant and unhurried.

Is the service caring?

Good

The service was caring.

People told us staff were kind and we saw respectful and friendly interactions within the home throughout the day. People's dignity and privacy was respected at all times.

Visitors told us they were made welcome and people and their relatives were involved in all aspects of care planning.

Some staff had undertaken training in end of life care and others were booked on further training courses. This helped support people at the end of life, according to their expressed wishes.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and included a range of health and personal information. This helped staff care for people in a more individual way.

There were a number of activities and outings on offer and people told us they enjoyed them. Special occasions were celebrated and people were supported to pursue their interests and hobbies.

The service had an appropriate complaints policy which was displayed prominently in the home. No recent complaints had been received but the service had received a number of compliments.

Is the service well-led?

Good

The service was well-led.

People who used the service, relatives and professionals felt the management were approachable. Staff were supported via supervision sessions, meetings and informal chats.

Questionnaires were used regularly to seek opinions of people who used the service. The results were used to continually improve the service.

A number of audits were regularly carried out to help ensure quality of service delivery. The management were involved in a number of local groups to enable them to keep up to date with best practice and current guidance.

Glenhomes 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.

The inspection took place on 31 January 2017 and was unannounced. The inspection team comprised of two adult social care inspectors and an inspection manager from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we held about the service such as notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team and three health and social care professionals who regularly visit the service. This was to gain their views on the care delivered at the home.

During the inspection we spoke with six people who used the service and four relatives. We also spoke with three members of care staff, the cook and the registered manager. We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed records at the home including five care files, four staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. They told us they did. One said, "I couldn't be cared for any better. I feel safe living here, it's warm and comfortable and the food is very good". One relative told us, "[Relative] is safe and secure". Another said, "I know my [relative] is as safe as can be".

We looked at staffing levels on the day of the visit and they were sufficient to meet people's assessed needs. Rotas evidenced sufficient numbers of staff on all shifts. We spoke with people who used the service and their relatives. They all responded positively about staff being readily available when anyone required assistance. One relative told us, "Yes, there are plenty staff. They always have time to talk to you". We spoke with the Registered Manager about considering the use of a dependency tool in the future if the people who used the service presented with more significant care needs and he agreed to look at this. We spoke with health and social care professionals who visited the service regularly. One said, "There are always plenty of staff around. There is a member of staff in every room where residents are".

We looked around the home and saw that it was clean in all areas and there were no malodours detected. Bathrooms and bedrooms were clean and fresh and the bathrooms were equipped with liquid soap and paper towels. The home had recently been audited by the local infection control and prevention team. They had scored 87% in the audit, which is an amber rating. A relative told us, "The home is spotlessly clean – which is important to my [relative]".

There were personal emergency evacuation plans (PEEP)s in place for every person who used the service, setting out their level of dependency and mobility. These were kept in a 'grab file' in the office, along with the plans of the building, for easy access in the event of an emergency. These included room numbers, but would have benefited from having the level of assistance required by each person.

The service had an up to date safeguarding vulnerable adults policy which linked to the local authority policy and procedures. The policy included guidance on restraint, managing violence and aggression, whistle blowing and reporting poor practice. The training matrix evidenced that safeguarding training was undertaken on a regular basis by staff. Staff we spoke with demonstrated a good understanding of safeguarding procedures and were confident to report any concerns. There was also a whistle blowing policy in place which staff were aware of. They said they would report any poor practice they may witness, to the manager and were confident this would be dealt with effectively. However staff told us they had never seen or heard anything that gave them cause for concern.

Accidents and incidents were recorded within people's care records. These were monitored to help ensure appropriate measures, such as referrals to the falls team and specialist equipment, were put in place where needed. Accidents were audited by senior staff to look for patterns and trends.

The manager had installed CCTV in communal areas. The purpose of the CCTV was to help monitor incidents and minimise the risk. This was outlined in the service user guide, given to all people who used the service and their families. However, there was no notice displayed in the home to alert visitors to the use of

CCTV. We spoke with the registered manager about this and he rectified the situation with immediate effect.

We looked at four staff personnel files. We saw that recruitment procedures were safe and robust. Each file included an application form, two references and Disclosure and Barring Service (DBS) checks which help ensure people are suitable to work with vulnerable people. There was proof of identity and terms and conditions of employment

We looked at the health and safety information for the home. There were up to date certificates relating to gas safety and electrical testing. There was evidence of regular testing of emergency equipment and servicing of the passenger lift and hoisting equipment. The service employed a handyman to attend to minor repairs on a daily basis.

We looked at how medicines were managed within the service. We saw that the drugs cupboard was kept locked in the dining room, but was not chained to wall as required due to the handyman not putting the chain back when he had finished decorating. This was addressed during the inspection.

We observed how medicines were administered and saw they were given in a safe and timely manner by a senior staff member. Their medication training was up to date. We checked through Medication Administration Record Sheets (MARS) and all were signed off correctly. Topical creams were also recorded appropriately.

There were no controlled drugs at the time of the inspection but the cupboard in the basement of the home had a controlled drugs register as required. There was a small treatment room in the basement with a medicines fridge and we saw that temperatures were recorded as required and the fridge temperature was within the manufacturers' recommended levels.

Medication that needed to be taken before food had been given correctly and weekly medication had been given and signed for. New medication had just arrived and was waiting to be booked in.
We saw no evidence of overstocking or waste.

Good

Is the service effective?

Our findings

We asked people who used the service how they felt about living there. The answers were positive and one person told us, "There is plenty of space and you have individual rooms. I can't grumble". A visitor said, "Staff are always very professional, they are very open".

A health professional who was visiting the service on the day of the inspection told us the health and overall condition of the person they visited had improved since being at the home. They said they had never seen anything they were not happy with at the home.

We looked at four staff files and saw the induction programme was thorough. Files included an induction handbook, training certificates for mandatory training, supervisions and appraisals. Regular staff supervisions and appraisals were in place. This helped ensure they received on-going support and review of their development and training needs. Supervisions included important information around subjects such as equality and diversity, use of equipment such as hoists, how to recognise skin infections and information on skin integrity.

The training matrix evidenced that a comprehensive training programme was on-going for all staff. This included moving and handling, food hygiene, medication Level 2, safeguarding, first aid, dementia end of life, infection control and fire training. Staff were also undertaking various levels of National Vocational Training (NVQ). Staff we spoke with said they would like to undertake more in-depth dementia training, with the registered manager told us they were planning to access in the near future.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

There were general mental capacity assessments in place within the care files, to give an overview of the level of capacity of each individual. We spoke with the registered manager about making this paperwork clearer and he accessed a new, clearer form within a few days of the inspection, to be used in the future. Staff could demonstrate knowledge and understanding of decision making and best interests.

There were appropriate policies in place with regard to MCA and DoLS and these had been reviewed and

updated in December 2016. We looked at five care plans and saw that paperwork for DoLS applications was in place within the records. We spoke with three members of care staff who demonstrated a good knowledge and understanding of capacity issues, why DoLS authorisations were in place and what techniques would be used to keep people safe at the home. General DoLS information was displayed prominently within the home.

The environment was appropriate for the level of needs of people who currently used the service. The ground and first floor were uncluttered and tidy. The lower floor had some clutter, which the registered manager agreed to address immediately.

We saw that care records included information about nutritional needs and special diets. However, one file we looked at was incomplete and the information about the person's nutrition was unclear, though their relative told us they had been losing weight recently and had been referred by the home to the GP and the mental health team. We spoke with the registered manager about this and he addressed the concerns immediately, ensuring the dietician was contacted for clarification about the individual's dietary needs. He agreed to update the care plan and ensure the person was weighed immediately, and regularly thereafter, and their food and fluid intake monitored on an on-going basis.

We undertook a Short Observational Framework for Inspection (SOFI) at lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. The tables were set with cloths, cutlery, condiments and cups and saucers. People were brought in to the dining room in an unhurried manner and asked where they would like to sit. Staff wore appropriate plastic aprons when serving food. We saw that, when a visitor asked a member of staff to open the front door of the home for them, as they were leaving, the staff member agreed at once and left the dining room to perform this task. We saw that they took off the apron and threw it away, putting on a new apron when they returned to the dining room. This demonstrated good practice as it helped prevent the spread of infection within the home.

Cold drinks were offered prior to the meal, as well as tea or coffee afterwards and people's choice was respected. People had indicated their choice of food earlier in the morning, and their preferred meals were brought to them at the tables, or in other places around the home if they chose not to eat in the dining room. The food was well presented and looked appetising. We saw staff chatting pleasantly with people who used the service throughout the meal, giving explanations of what the meal was and ensuring people still wanted what they had asked for earlier. We saw gentle encouragement and discreet assistance being given to those who required it and people were supported to do as much as they could for themselves.

One person who used the service helped to set the tables and clear away at the end of the meal. They were supported to do this as it helped them feel useful and helpful. Another person rearranged some flowers in a vase, which was again supported by staff, as this task made the person feel they were helping.

We saw that the menus had been discussed with people who used the service to gain feedback from them about their likes and dislikes. As a result of this more fish dishes had been added to the menu. The menus offered good choice and were varied. A health professional we contacted, when asked about nutrition, said, "The residents look happy, well looked after and well nourished".

We looked at the kitchen and spoke with the cook. The kitchen was clean and well organised and there was plenty of dried and fresh produce. Fridge temperatures were recorded appropriately.

Later in the day we saw a birthday celebration going on within the home, with a buffet tea, a birthday cake and drinks provided for everyone. All the people joining in sang happy birthday to the person celebrating.

We saw appropriate referrals within the care records, to other agencies, such as the falls team, district nurses and GPs. We spoke with the registered manager about ensuring that these agencies' input and advice was recorded to ensure staff were aware of when they were due to visit again and what signs should alert them to bring the visit forward.

Good

Is the service caring?

Our findings

People who used the service commented on their care. Comments included; "I am very happy living here. The staff are lovely, they are always smiling and chatty"; "We are like one big family. It's nice to have the company"; "The staff go out of their way to help and care for us. They are wonderful".

One relative told us, "The staff give my [relative] reassurance by sitting and chatting. They show a good balance between being professional and being human. There have been some new staff employed recently and they have blended in well with existing staff." They went out to tell us "When I need a place I have left a message that I will come here. I couldn't wish for more help and support". Another relative spoken with told us, "No concerns about the care [relative] receives. The staff are very kind and caring".

Other comments from relatives included: "Staff have been brilliant with [relative]. He is settled and happy and is always nicely presented when I visit. It [the home] is excellent and so homely"; "It feels homely, not too big. There are pictures on the walls and flowers around. My [relative] is always dressed nicely, which is important to her".

We spoke with health and social care professionals who visited the service regularly. One said, "There is a significant amount of respect shown to residents". Another commented, "The staff are all very caring and helpful with both the residents and me and my staff when we visit". A professional who was visiting at the time told us "The home has a lovely atmosphere".

We asked if people had been involved with their care planning and reviews. One relative said, "I have been involved with the original care plan and every review. They [staff] go through every page and I sign them all". Another said, "Yes, I have always been involved with care planning and reviews". A third relative commented, "I can read [relative's] care plan whenever I want and am kept up to date with changes and regular reviews".

We observed care delivery throughout the day and saw that staff spoke to people who used the service, and visitors, in a friendly and respectful manner at all times. Staff had an excellent knowledge of the people they were caring for and,, without exception, they were seen to be kind and patient and we saw that people's privacy and dignity was respected at all times. For example, staff knocked on bedroom doors and waited to be asked to enter. One visiting professional told us they always saw the person they were attending to in their own room, to help respect their privacy. Staff members also ensured that they explained any support they were offering prior to doing anything.

We saw that people who used the service were encouraged to be as self-sufficient as possible, being supported to assist with simple tasks around the home, if they wished to help out. We observed that people who used the service were well presented and dressed in appropriate clothing.

A service user guide was given to people who used the service and their relatives. This included information about the services, statement of purpose, complaints procedure, sample contract, summary of the last inspection and information about confidentiality. We saw that the guide was also produced in braille and

large print, making it accessible to as many people as possible. We also saw that there was lots of information displayed prominently throughout the home, including the last CQC inspection report, menus, information about the food hygiene rating and infection control measures.

We discussed equality and diversity and how the service demonstrated their commitment to embracing this with the registered manager. He explained the home's policy and how people of different backgrounds, ethnicities, sexuality, races and religions could be accommodated at the home. We saw evidence of inclusivity and respect for difference with the diverse staff group employed at the home.

We saw that care records included advanced care plans with people's wishes for when they were the end of their lives. Eleven staff members had already undertaken training in end of life care and there were plans in place for others to undertake Six Steps training later this year. 'Six Steps' is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life they can remain at the home to be cared for in familiar surroundings by people they know and can trust.

Good

Is the service responsive?

Our findings

When asked if the service was responsive, one relative commented, "I take [relative] out regularly. Staff are wonderful and do all they can to fit round my timetable. [Relative] has always had a cup of tea and is ready to go out. Little things show that they care. If I am back at the last minute for tea it is no problem. Even when they are busy the make time to give individual attention to all".

We looked at a sample of five care records. We saw that there was a good balance of health and personal information kept in the records. Allergy information was written prominently on the front of the files so that it would not be missed. Support plans were good and people's preferences, such as what time they wanted to get up and go to bed, whether they wanted a lamp on in their room and if they required a hot drink before or in bed, were recorded clearly. There was information on 'What can do for myself'; 'What I need help with and What upsets me'; 'What makes me happy'.
There were risk assessments in place for issues such as falls, waterlow, nutrition, environment, safe handling and equipment as required. Accidents and incident forms were in files and care plans had been reviewed and were up to date

There was a document sent with each person if they needed a hospital admission. This set out their health conditions, medicines and support needs to help ensure they would receive the correct level of assistance. Files contained a photograph, family contact details and a pre-admission assessment. Where appropriate Do Not Attempt Resuscitation (DNAR)s were in place, mental capacity assessments and information on Lasting Power of Attorney (LPO).

We saw that people's bedrooms had been personalised with their own belongings and mementoes. Communal lounges and the dining room were comfortably furnished, making for a homely atmosphere.

There were a number of activities on offer within the home, including arts and crafts, knit and natter, armchair exercises, singing and dancing, connect four, dominoes and baking. There was also pet therapy on offer. Activities were not recorded well and it was difficult to see exactly what activities each individual had participated in. However, we did see that the people joining in on the day were enjoying the game they were playing and people we spoke with felt activities were plentiful.

One relative told us, "There are lots of activities, including exercises and sing-a-long Fridays. The ethos is great". The people who used the service were enjoying games with staff on the day of our visit. We also saw a number of one to one conversations between staff and people who used the service and one member of staff was putting nail varnish on someone's nails whilst having a chat with them.

From talking with relatives it was clear that activities were person-centred. For example, one person, who enjoyed gardening, had been supported to plant a tree in the garden and tend it whenever they wished to. Others enjoyed one to one time with staff, having their nails painted or going out on shopping trips. There was a hairdressing salon in the basement of the premises. Visits from the hairdresser were frequent and the salon was well used by people who used the service.

A birthday celebration was taking place on the day of the inspection and this included a birthday cake. We found evidence that trips out took place regularly, some to places of interest around the local area and others further afield for meals out or to the seaside. Singers regularly visited the home to provide entertainment for people to enjoy.

We saw that themed questionnaires were used to ensure people who used the service were happy with everything. For example, people had recently been asked about personal celebrations in the home, laundry service, food and menus. Their suggestions were taken on board as demonstrated by the subtle changes to the menu following ideas put forward by people who used the service.

There was an appropriate complaints policy and procedure which was displayed within the home. It was also outlined in the service user guide. There had been no recent complaints received. A relative told us the complaints procedure had been clearly explained to them, but added that they had never needed to use it. Others told us they would simply speak with staff or the manager if they had any concerns, though none could recall having had any worries.

We saw a number of compliments cards received by the service. Comments included; 'Thank you all for taking such good care of [relative]'; 'We would like to express our appreciation for your kindness and excellent care. We were saddened by [relatives] death but are comforted in knowing that they received the best care available'; 'Thank you all you looked after [relative] so well'.

Good

Is the service well-led?

Our findings

There was 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.

We asked people if the registered manager was visible around the home and if he was approachable. Relatives' comments included; "[The registered manager] let me talk and listened to me. He is not just the manager of the care home, he is a friend now"; "I see [registered manager] around the home. He is a very understanding man"; [Registered manager] is around and I have his mobile number. He is such a good leader, there is a calmness about the place".

A health professional we spoke with told us, "The home is very organised and always very calm. It is a lovely home and all the residents seem very contented". Another said, "I have no concerns with this home at all".

Staff were supported by a member of senior staff or management being on call at all times. They were confident they would always be able to contact someone for help and advice if this was needed.

The registered manager told us they encouraged people who used the service and their relatives to fill in regular quality assurance questionnaires and we saw evidence of this. A visitor told us, "There are regular residents' and relatives' meetings and people can say what they want. If suggestions are made they are acted on".

We saw a number of audits that had been undertaken at the home. These included medication, health and safety, falls, accidents and incidents, infection control and staff development. All the audits identified any issues picked up and actions to address them. We asked the registered manager to ensure dates for completion of actions was added to the documents and this was done immediately.

External audits, such as pharmacy checks and infection control audits, were also carried out. We saw evidence that the service responded to any suggestions for improvement in a timely way.

The provider and manager regularly attended and participated in relevant local groups, for example, Bolton Association of Registered Care Homes (BARCH). This gave them the opportunity to discuss best practice and current guidance.