

Glenthorne Care Home Limited

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Inspection report

126-128 Reads Ave
Blackpool Lancashire

Date of inspection visit: 4 Novemebr 2014

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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 

Overall summary

The inspection visit at Glenthorne Care Home took place on 4th November 2014 and was unannounced.

Glenthorne Care Home Ltd provides residential care for 18 older people. The home is situated within a residential area of central Blackpool and is close to Stanley Park and the town centre. Car parking is available at the front of the home on a private forecourt. Accommodation within the home is situated on the ground and first floors. There is a stair lift providing access to the first floor.

There was a registered manager in place. 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 who lived at the home told us they felt safe, protected and well cared for. Comments from people who lived at the home included, "It's a lovely cosy home with good people around, I feel safe and secure." Also, "It's nice to have plenty of people around it makes you feel safe." A relative said, "My [relative] looked after here. I go away feeling [relative] is well cared for and safe."

Care staff prepared the meals daily. All had completed relevant food and hygiene courses which were up to date.

Summary of findings

One person who lived at the home said about the quality of meals, “The staff do an excellent job with the meals always plenty to eat and a choice.” We observed snacks and drinks served at regular intervals during the day.

Procedures and policies were in place to ensure staff were recruited with thorough checks completed. This reduced the risk of unsuitable staff being employed. One staff member said, “I was not allowed to start work until everything had been checked. It was a long process but definitely necessary.”

We observed medicines being administered. We found that medicines were administered safely, at the right time and as prescribed. Only trained staff gave out medication and medication records were up to date and accurate.

People’s care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people’s preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relatives care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager. One relative said, “They keep me well informed of [relatives] care.”

Health and social care professionals we spoke with were positive about the care and support the service provided for people. District nurses told us when they visited the home, care records were always up to date and accurate. They said the staff were caring and supportive and never had any issues with the service.

The registered manager was aware of the Mental Capacity Act 2005 for people who lacked capacity to make a decision and she had previously made an application under the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) for authorisation in the case of one person whose liberty had been restricted.

There were sufficient skilled and experienced staff on duty to care for people. We looked at training records and found an ongoing programme of training, supervision and appraisal to support staff to meet people’s needs.

There were quality assurance systems in place to monitor and improve the care, support and running of the service. For example, regular audits were carried out by the registered manager such as care records, the building and fire procedures. The registered manager told us any issues that were highlighted from the audits would be looked into and put into practice if it was to the benefit of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Staff were trained to recognise any abuse and knew how to report any incidents.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported to give care and support that was identified for each individual who lived at the home.

People told us they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and the knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People told us the staff were kind and caring. We saw that staff showed patience, dignity and were respectful of the support people needed.

The staff we spoke with had a good understanding of people's needs and preferences and we saw that they encouraged people to be independent.

Good



Is the service responsive?

The service was responsive.

Staff asked people's views, encouraged them to make decisions and listened to and acted on those decisions.

People were provided with a range of activities daily. We observed people joining in with group events and also staff interacted with people who chose not to join in.

Good



Is the service well-led?

The service was well led.

There was a commitment to continually develop the home. The registered manager talked with, people who lived at the home and relatives for their views and suggestions on how the service could continually improve. We found examples of suggestions and ideas implemented by the registered manager and staff.

There were quality assurance systems in place to monitor and improve the care, support and running of the service. The views of people living at the home and relatives were sought by a variety of methods.

Good



Glenthorne Care Home Ltd

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 04 November 2014 and was unannounced.

The inspection team that visited the home consisted of an inspector 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. The expert by experience on this inspection had a care background with expertise in care of older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five key questions; is the service

safe, effective, caring, responsive and well led?. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. We also looked at notifications we had received from the registered manager, about incidents that affected the health, safety and welfare of people who lived at the home. This guided us to what areas we would focus on as part of our inspection.

We had a walk around the building and looked at all areas of the premises. We also examined three care records of people who lived at the home.

On the day of our inspection we spoke with eight people who lived at the home, three staff members, registered manager, two visiting relatives and two health professionals. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included, recruitment of staff, care plans of people living at the home, training records and audits for the monitoring of the service.

Is the service safe?

Our findings

We spoke with people who lived at the home and they told us they felt safe and secure. Comments were positive and included, "It's a relatively small home and with the staff around I feel safe and I am not anxious." A relative we spoke with said, "I rest easy knowing [my relative] is safe and comfortable here."

Staff we spoke with had a good knowledge of the process to follow should they suspect people were not safe and at risk of abuse. One staff member said, "I know what I should do if I felt somebody was being abused." Another said, "Any concern about the safety of a resident would be reported straight away to the owner." We looked at training schedules and found staff had completed safeguarding vulnerable people training. This meant staff had knowledge of the signs to look for and procedures to follow. One staff member said about the training, "We had instruction and watched a video on safeguarding people. I found it very useful." At the time of the inspection we had not received any safeguarding alerts for the service.

Where incidents or accidents had occurred, detailed records had been made and retained at the home. We saw that records were maintained with regards to any safeguarding issues or complaints which had been brought to the registered manager's attention. Where appropriate these were reported to the Care Quality Commission (CQC). These records demonstrated what action had been taken at the home to ensure people were kept safe.

We observed people moved around the home freely and were encouraged to do so by the staff. People were safe because assessments had been completed to identify potential risk to individuals both in respect of their personal safety and the building. For example equipment used to support moving and handling people had been checked and serviced to ensure it was safe to use. One staff member said, "Any hoists or support equipment was always checked. You cannot be too careful when supporting people with mobility problems."

Staffing levels were determined by the number of people who lived at the home and the level of support they required. We observed staff responded to call bells in a timely manner and people did not have to wait long for

attention. This was confirmed by talking with people who lived at the home. We observed staff were not rushed and staff were generally happy with the numbers on duty. However they told us they would like to spend more time with people individually. Staffing rotas we looked at showed three staff were on duty during the day and the registered manager and two during the night. There were 15 people living at the home at the time of the inspection. Staff comments included, "The residents are safe and well cared for, but it would be nice to have more time with them." Also, "Maybe someone part time might help."

We discussed staffing levels with the registered manager and she told us they were looking to employ some domestic support which would allow more time for the care staff to spend with people. One person who lived at the home said, "I think the staff are great they always have time for me." A relative said, "They don't seem short of staff to me, the residents get well cared for here."

We observed medicines being dispensed and administered to people during the lunchtime period. This was carried out safely and at the right times for each individual. We saw the staff member prompting a person in a sensitive way and stayed with the person whilst they took their medication. Staff we spoke with confirmed they had completed medication training and were

confident of the procedures to follow. One staff member said, "I have completed training and I know people only take charge of medication if they are competent and trained to do so." Another staff member said, "We have a good relationship with the local pharmacist which is good."

There were records seen of medicines received, administered and returned to the pharmacy. We saw medicines were stored safe and securely in a locked facility.

Staff told us they were recruited through a thorough process. All checks had been completed prior to any staff commencing work. Records we looked at confirmed this. Checks included a Disclosure and Barring Service check (DBS) this check informs the service of any criminal convictions recorded, an application form that required a full employment history and references. One staff member said, "All my checks were done before I was allowed to start work at Glenthorne."

Is the service effective?

Our findings

People we spoke with including visitors and health professionals told us the care and support was good and people were happy living at the home. Our observations confirmed that the atmosphere was relaxed in all lounges and dining areas, people had freedom of movement around the home and were receiving the support they required. Staff told us that they were aware of the care needs of people they supported. They had a 'keyworker' system in place which meant staff were responsible for individual people who lived at the home. One person said, "The staff look after me very well thank you. [staff] knows me very well and I feel I can talk to her." One staff member said, "The keyworker system works well it gives us a chance to get to know somebody better."

People's healthcare and social support needs were carefully monitored and discussed with the person as part of the care planning process. Relatives were involved from the beginning of the assessment process. This was confirmed by talking with relatives. One said, "I was consulted and kept informed of all [my relative] care needs and we agreed together what was best for her." Care records confirmed people were involved in developing care plans and reviews of care. For example people signed to say they agreed with what support they required. Care records of people who lived at the home contained information and guidance for staff on how best to monitor people's health. One staff member said, "The care plans give us good information about each person's health needs."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal

safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager who had a good understanding of MCA and DoLS. The registered manager told us they were looking to access further training for the management team and staff. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

The registered manager had requested the local authority to undertake a DoLS assessment on a person who lived at the home. We looked at the person's care plan and found appropriate arrangements in place to support this person. The 'best interest plan' was being reviewed every four weeks by social services and the registered manager. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. The registered manager said, "We followed the correct procedure and are fully committed to act in [the person] best interest."

We looked at staff training records and found an ongoing programme of training they needed to meet people's needs. Mandatory training was updated annually for example, moving and handling, first aid and safeguarding people. In addition staff were encouraged to develop their skills by gaining qualifications in care. For example some staff were or had completed national vocational qualifications in health and social care. Staff we spoke with confirmed training was accessible and encouraged by the registered manager. Comments included, "Yes we are encouraged by the [registered manager] to do extra training. There is no restriction on us attending courses that would help in our job."

People who lived at the home told us they enjoyed the food provided by the staff. One person said, "Some staff are better than others at cooking, but overall the food is very good." People told us they were informed daily about meals for the day and choices available to them. One relative who told us they visit the home frequently said, "The meals look appetising and always plenty of food." We observed during the day people had access to drinks and snacks. Staff regularly asked people if they would like a drink. Care records we looked at contained fluid balance

Is the service effective?

charts for people who were having their fluid intake monitored. One staff member said, "It's important to ensure people do not become dehydrated and we monitor what people eat and drink."

At lunchtime we saw staff were patient and sensitive when supporting people with their food. It was a relaxed atmosphere and there was good interaction between staff and people who lived at the home. One person said, "The staff are very good at meal times the food is always hot and they help people if they require help."

People's healthcare needs were monitored and recorded in individual care plans. Records we looked at confirmed visits to General Practitioners, dentists and other healthcare professionals. Records were detailed and

demonstrated what treatment people required and details of any follow up visits. This confirmed good systems and procedures were in place for people to receive treatment and support with their healthcare needs from community health professionals.

Staff told us they received regular supervision and annual appraisals. Records of supervision sessions with the registered manager confirmed this. Supervision sessions provided staff with formal one to one meetings where staff could discuss their development, training needs and their thoughts on improving the service. A staff member said, "Yes We all have supervision time with the manager probably every two to three months."

Is the service caring?

Our findings

People who lived at the home, relatives and visiting health professionals told us staff were caring and kind to the people living at the home. One relative said, “All the staff are caring from what I have seen.” People who lived at the home told us the staff and management team were respectful to the choices they made. For example one person said, “I am not too bothered about activities, I like to sit on my own the staff don’t push me into doing them and respect my choice.”

The eight people who lived at the home we spoke with said their privacy was respected. We observed staff who supported people with personal care needs always shut the door of rooms and made sure people maintained their dignity. One staff member said, “You have to be aware if people need support it must be in private and we are always respectful of that.”

During the day we observed people had freedom of movement around the home and were able to make decisions for themselves. We observed the daily routines were centred on the people who lived at the home. People were given the choice of spending time on their own or in the lounge area. One staff member said, “They have the freedom to wander around the home as long as they are cared for appropriately.” One example of staff providing quality care was when we observed a staff member spoke with a person and said they would be back to cut his nails. Later on whilst walking around the home the staff member was attending to that person. We spoke with the person who said, “[staff] is lovely she holds my hand and when I want my nails cutting always responds to me.”

People we spoke with who lived at the home and two relatives said they were involved in decisions about their care or their relatives care. Two people we spoke with

understood their care plans and the input they had in relation to the support they needed. One person said, “I know they come round every month or so and we discuss how I am doing or what needs changing.” A relative said, “They keep me well informed of [relative] care. Any changes that need to be made they always consult me.”

We spoke with three staff including the registered manager about people’s choices, needs and preferences. They were all aware of the needs of the people who lived at the home. We discussed people’s needs noted from the care records and staff showed a good knowledge and awareness of what individual support people required. For example staff had an awareness of people’s different personalities and how to react to certain individuals should they become distressed or anxious. One staff member said, “I know [resident] well and I can spot if her mood changes or they are distressed. We are a small home so we have developed good relationships with the residents.”

The registered manager told us people who lived at the home had access to advocacy services. Information was available for people to access in the documentation. This meant that people’s interests were represented and they could access appropriate services outside of the home to act on their behalf.

We spoke with relatives about visiting times. They told us they were invited to visit at any time and were not restricted by set times. One relative said, “I can come any time, no restrictions. I usually come quite often and at different times.” Another person said, “The staff are welcoming no matter what time we come. They always offer us a drink or something to eat if we want something. A member of staff we spoke with said, “We do encourage visits from family and friends. People look forward to visits from their families.”

Is the service responsive?

Our findings

People were happy with the service and the daily routines at the home. One person said, "There is always staff round and they try and put different things on activities generally in the afternoons." A relative we spoken with said, "The staff do and try to provide entertainment, but most people want to sleep in the afternoons."

People who lived at the home told us the staff put on activities and games in the afternoons. Five people we spoke with liked to participate in the different activities which kept them entertained and stimulated. The activities were designed to suit both individuals and people participating as a group. These included playing games such as cards, watching films and bingo. We joined in a 'play your cards right' game in the afternoon, which a group of people enjoyed. They all joined in the game and the staff put a lot of effort into the activity. We observed some people chose to sit in another lounge and staff kept checking to see if these people were alright. Comments from people who lived at the home included, "The staff join in with the games." Another said, "I am not too bothered about activities but I do enjoy any parties or trips out now and then." A staff member said, "We do bring in outside entertainers occasionally."

The care records of people who lived at the home we looked at had been regularly reviewed and any changes in care had been amended into the record. For example, one person had recently had a fall and changes were made to their plan of care. More input and support with moving and handling had been identified and clear records indicated the additional support required. This meant staff had up to date information of changing needs of people. One staff member said, "We do try and keep all care records right up to date." One person who lived at the home said, "They do know exactly what I need to help from day to day."

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the

person and family members if appropriate as part of the assessment process. One staff member said, "The residents input is vital so that we can provide the quality care they require."

Staff told us they consulted relatives and any person who was involved in the persons care from their admittance to the home and any reviews of care carried out on their relative. This ensured they had as much information as possible so they could provide the right care and support for people. Relatives and people who lived at the home sign care plans to show they were in agreement with the care interventions.

There was a complaints procedure in the brochure provided to people who lived at the home and relatives which was given to people when they moved into the home. The records held at the home showed that there had not been any recent complaints about the service. Three people we spoke with about complaints or concerns told us they would be confident they would be listened to if they had any issues. Concerns would be dealt without and the findings of any investigation explained to them. One person who lived at the home said, "The main issues are with food likes and dislikes, however the staff always sort it out." The registered manager told us the staff team worked very closely with people and their families and any comments would be acted upon and fully investigated. This was confirmed by talking with relatives. One said, "I would not have a problem talking with the manager if I had an issue, she always asks if everything is ok."

Throughout the day of the inspection we observed staff spent time with people to ensure they received the care that they wanted and were responsive to their needs. For example one person wanted to return to the lounge from their bedroom where they both had been sitting together. The staff member straight away supported the person by the hand to the lounge area and sat with the person for a while. The staff member said, "I do like to spend time when we have it with people, that's what it's all about."

Is the service well-led?

Our findings

People who lived at the home and their relatives told us the home was well-led. A relative said, “A very good manager, nothing is to much trouble to make people happy.” Staff confirmed they felt the registered manager was accessible and there was an open working culture within the home. A staff member told us, “Any problems and the door is always open [the manager] is always willing to listen and .to chat about things.”

We found the home had clear lines of management responsibility and accountability. Staff we spoke with were complimentary to the registered manager and most had worked at the home for a long time. By talking with staff it was clear they felt the home was well led, staff spoke of a close team who knew each other well. One staff member said, “We do get along very well both in and out of work. It helps us provide better care for residents when we all get along.”

We found there were a range of audits and systems put in place in by the registered manager. These were put in place to continually monitor the quality of service provided. Regular audits included the monitoring of the homes environment, care plan records and cleaning schedules. The registered manager told us they would review what they found and act upon anything negative so that the service continually improved. For example the registered manager informed us they have a programme of decoration and general updating of the premises following recent environmental audits undertaken. The registered manager said, “We do need some redecoration and changes to the environment which I have noticed when looking around the home.”

The registered manager told us that the views of people who lived at the home about the service or about the care, were sought by a variety of methods. These included informal daily discussions, occasional ‘resident meetings’ and a suggestion box in the front of the building. We found that ‘resident meetings’ had not been held for a long time

the last one was in December 2013. However the registered manager informed us these would now take place on a more regular basis. The registered manager told us with they generally speak with people daily and because it is a small home every body has the chance to discuss how things could improve.

One staff member said, “With being a small home we talk to people daily about how they feel and anything they wish could happen or change.” A person who lived at the home said, “They do ask me if there is anything I would like to change or happen but I am alright at the moment.” An example of this was when staff spoke with a person about the home. The person wanted to do more painting because she was bored. They went out immediately and purchased all the materials needed. However the person then changed her mind. A staff member said, “This was not a problem we still have the materials in if she wants them. It gives an example of when we speak to people about what they feel about the home and any changes they wish would happen. We responded to her request.”

We looked at annual surveys sent out to families and people who lived at the home which were conducted annually. The last surveys were sent out this year 2014. Surveys checked people’s experiences of the service and asked questions of how they felt the service was run and what changes they felt would improve the running of the home. Comments seen from the most recent survey included, “The home is looking very nice. The new floor is lovely.” Also, “A lovely home my relative I looked after here the staff are so friendly.”

Staff meetings were held every three to four months the last one was held on 10 August 2014. Staff members confirmed these took place and was an opportunity to voice their opinions of how the service was run. One staff member said, “They are a good thing it gives us a chance to get together and discuss how things are.” Also another staff member said, “ It also gets us together as a group and talk about work and social things.”