Abbey Village Limited

Glyn Thomas House

Inspection report

350 Pelham Road
Immingham
North East Lincolnshire
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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

Glyn Thomas House is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 34 older people some of whom may be living with dementia. The majority of the rooms are single and a number have en-suite facilities. There is a choice of communal areas for people to use and there is easy access to the garden.

At the time of the inspection 10 people were living at the service.

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

At the last inspection in August 2016 we found the care plans did not reflect people's needs fully and the service was not audited effectively to make sure it was run safely. The registered provider was found to be in breach of Regulation 9 (Person centred care) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found the team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

People were cared of by staff who understood the importance of making sure they were safe and protected from harm. The staff had received training in how to identify abuse and how to report this to the proper authorities. Staff, who had been recruited safely, were provided in enough number to meet the needs of the people who used the service. The service was clean and free from odours.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. People were provided with a varied and wholesome diet; staff monitored this and called health care professionals if there were any problems. People were supported to access their GP.

The registered provider had an accessible complaints procedure and this was displayed around the service. Complaints were investigated wherever possible to the complainant's satisfaction and people were signposted to other agencies if needed. People had a range of activities they could choose from and staff supported people to access the local community.

Systems were in place which ensured the service was run safely. People's views were sought and those who had an interest in people's welfare were also consulted about the 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 remains Good..

Is the service effective?

Good

The service was effective.

Staff received training and support which equipped them to meet the needs of the people who used the service.

Systems were in place which supported people who had difficulty making an informed choice or decision.

People were provided with a wholesome and nutritious diet.

Is the service caring?

Good

the service remains Good.

Is the service responsive?

Good

The service was responsive.

People who used the service were involved in their care.

People's choices were respected and staff supported people with activities.

People knew who to complain to and these were investigated to people's satisfaction.

Is the service well-led?

Good

The service was well led.

People who used the service and other stakeholders could have a say about how the service was run.

The registered manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The registered manager developed an open culture were people

who used the service and staff felt supported.

Glyn Thomas House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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 March 2017 and was unannounced. The inspection was completed by one adult social care inspector and an expert by experience. An expert by experience is someone who has experience of using a similar service.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and two of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with five staff including care staff and ancillary staff; we also spoke with the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 10 medicines administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of

meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "Yes, [there are] people around you all the time, and doors are locked", "I'm happy with everything" and "It's a secure building."

People told us they felt there were enough staff on duty to meet their needs, one person said, "There are no waits, staff answer the call bell in a few minutes, it's the same at night, they pop in and tell me if they are going to be a few minutes." People who used the service told us they received their medicines on time. One person said, "Its bang on time, I get pain relief if I ask, but they check with the senior first."

Visitors told us they felt their relatives were safe at the service; one relative said, "Yes, the girls here are fantastic, they give 100%, I am a carer at another home so I know what is right." Another told us, "Yes, all the carers are brilliant, they are like family." They also told us they thought the staffing levels were adequate to meet their relative's needs, comments included, "The home is not short staffed at any time" and "There is always staff available."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on ground of race, culture, sexuality or age.

People's care plans contained assessments of areas of daily living which might pose a risk to the person; this included mobility, skin integrity, falls, nutrition and behaviours which might put the person or others at risk. The assessment described how staff were to support people to eliminate, as far as possible, these risks; for example, assisting with mobility by using lifting equipment or monitoring behaviour and redirecting people. The risk assessments were updated on a regular basis. Each person had their own specific evacuation plan and this described how staff were to support the person to leave the premises in an emergency, taking into account their level of understanding and mobility.

The registered manager undertook safety audits of the environment and repairs were undertaken by in house maintenance staff. Any faults were reported and rectified quickly. They had also devised a plan of action if the service was flooded or there was failure in the electricity, water or gas supply.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service to establish any trends or patterns, or to identify if someone's needs were changing and they needed a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner of needed.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. We looked at the recruitment files of recently recruited staff. We saw these contained references, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. It was discussed with the registered manager that as the occupancy levels increased the staffing number should be revaluated and increased accordingly in line with people's needs.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. Controlled medicines were recorded, stored and administered in line with current legislation and good practice guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities to ensure medicines were stored at the correct temperature.

Staff had access to personal protective equipment. The service was clean and tidy and free from offensive odours.

Good

Is the service effective?

Our findings

People who used the service told us they thought the food was good. Comments included, "The food is excellent there is a good choice and plenty of it", "The food is super, I've never had a bad meal" and "The cook caters for all our whims and fancies. He will always find something that we like."

People told us they could access health care professionals. One person said, "It's easy, my daughter takes me, and she takes me to the dentist and chiropodist." Another said, "I had pain in my chest the other day and they called the doctor."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The registered provider had identified training which they considered mandatory for staff to complete. This mandatory training included, fire, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs, they said, "I've had lots of training since I started working here, it's been really good" and "The training we get is updated all the time and we just have to ask to go on training courses and the manager sorts it out for us."

Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and any areas which they were struggling with the registered manager ensured they got the support they needed to improve.

All staff received regular supervision; this afforded them the time to discuss any work related issues. We saw the registered manager had addressed some practice issues with staff which had led them to develop their practise and become a valued member of staff. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored. Staff told us they valued the supervision they received, one member of staff said, "I find the supervision gives me the opportunity to talk to the manager and to raise any issues with them" and "The supervision is really good we talk about work and any new training courses we might want to go on."

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 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).

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. Were they?

At the last inspection it was noted that there was an inconstancy with the application of the principles of the MCA. Throughout this inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare these included the use of bedrails.

People who used the service were provided with a wholesome and nutritious diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. They understood the importance of proving a high calorific diet to those who had a poor appetite and provided fortified meals, drinks and snack for them and others to eat. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

The food on the day of the inspection looked wholesome and well presented. The majority of the people who used the service sat in the dining room to eat their meal and this was seen to be a social occasion with lots of chatting between themselves and the staff. More food was offered if people wanted it and some took the cook up on this offer.

The dining room was pleasantly set out and table were laid out with table cloths and cutlery. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. Care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what action had been taken, for example, contacting their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Good

Is the service caring?

Our findings

People we spoke with told us they thought the staff were kind and caring, comments included, "They explain exactly what they are going to do for you", "They are always laughing, put joy in to our bodies, caring people" and "They are dedicated to their jobs." People told us they were involved in their care and staff communicated with them, one person said, "They [the staff] sit and have a talk, if you don't understand you ask." Another said, "When I am in the bath they chat and when they are moving me in my wheelchair they talk to me." They went on to say, "Three or four times a night they fetch me a cup of coffee and they give me a cuddle."

Visitors told us they thought the staff were kind and caring, comments included, "One day I didn't come in and staff rang to ask if I was okay." They also thought staff respected their relative's privacy and dignity, one visitor said, "They knock on doors, and I have no issues."

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

We saw people who used the service and the staff had good, respectful relationships. Staff were aware of people's needs and the support they required to lead a fulfilling life. There were lots of laughter and good humoured banter around the service and people clearly enjoyed the staff and each other's company.

Care plans we looked at clearly showed the people who used the service had been involved with its formulation. Meetings had been held where the person's care needs had been discussed and their input was recorded. Staff were also heard to ask people what they would like to do and how they would like to be supported.

The registered manager had supported some staff to become dignity champions and there had been training given to all staff about the importance of dignity. Staff could describe to us how they would uphold someone's dignity. They said, "We always wait to be invited in before we go into someone's room" and "I always make sure people are covered over when I help them with personal care." The staff also told us they asked people what they would like to do and provided options, for example, when to get up, what activities they would like to undertake or how they would like to spend their day.

People's wishes for end of life care had been recorded in their care plans. There was record of what hymns they wanted and if they wanted any celebrations after the funeral.

Good

Is the service responsive?

Our findings

People told us there were a range of activities they could participate in both inside and outside of the service. Comments included, "We play bingo, quizzes, throw hoops. They have taken me out to other homes" and "I go to church weekly, the church organises to pick me up." They told us their relatives were made welcome when they visited, one person said, "My visitor says it is like a hotel here, there's always plenty of tea and coffee."

People who used the service told us they knew how to make a complaint and raise concerns, comments included, "I would tell the boss [registered manager's name]",, "I have made a complaint once and it was sorted" and "I would tell my son, and I ask to speak with [registered manager's name]."

Visitors told us they thought there was a good range of activities for their relatives to choose from, one visitor said, "They always ask dad if he wants to join in, sometimes he does sometimes he doesn't." Another said, "They are always going somewhere. They ask us for suggestions at the planning meetings we have." Visitors told us they knew how to make a complaint and had seen the registered provider's complaints procedure.

At the last inspection we told the registered provider to take action in this area as care plans were not always person centred or failed to instruct the staff how best to care and support the person. At the last inspection we found risk assessments were not always in place, this was especially with regard to the use of bedrails and catheter care. There had also been an issue with the recording of someone's seizures and a lack of instructions for staff to follow for one person's compulsive eating behaviours.

At this inspection we found that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported consistently and effectively according to their needs and preferences; this included the use of bed rails and catheter care. There was also more detailed information which guided the staff in how best to support the person to keep them safe, this included the eating disorder and other behaviour which might put the person or at risk of harm. The staff told us they could access the care plans and were happy with the content, one member of staff said, "I think the care plans are very informative, I'm new and have used them a lot to get to know the residents and how they want to be looked after."

The service employed a dedicated activities coordinator. They worked closely with people who used the service and made sure everyone could be involved. This included one to activities with those who were living with dementia, group activities such as bingo and listening to music and reminiscence sessions. They told us they had an adequate budget and could purchase items to be used for activities if they wished.

Staff told us they knew they had a duty to respect people's choices, they told us, "We always respect the residents' choices it's their home and we are here to help them" and "I always ask what they would like to

wear, what they would like to do." The staff understood the importance of maintaining people independence, they told us, "It's important the residents do some things for themselves it keeps them independent, even it's just washing their hands and face or eating their meals."

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaints procedure in other formats which were appropriate for people's needs, such as in another language or large print. They told us they would read and explain the procedure to those people who had difficulty understanding it.

Good

Is the service well-led?

Our findings

People we spoke with told us they were consulted about the running of the service, comments included, "Yes, there are residents meetings but I don't go, I still get my own way" and "I have filled in surveys, we put down what we don't like, and the cook comes and asks me." People told us the registered manager acted on their suggestions, one person told us, "We put over to [registered manager's name] what we would like and she does it, we asked for a male resident's meat to be less tough and they got a slow cooker and it is better." All the people spoken with told us they had completed surveys. People also confirmed they felt confident approaching the registered manager, comments included, "I just knock on the door", "Anytime, no trouble at all, she listens to us" and "I can speak to her, no problem."

Visitors told us they had been invited to meetings about how the service was run, one visitor said, "Yes I have been to one meeting, but I can't really think of anything that has changed, they discussed activities." They told us they could approach the registered manager and get a positive response, one person said, "Yes, I think they are fantastic, I'm just pleased he is in such a nice environment."

At the last inspection we told the registered provider to take action in this area to comply with regulations. This was because audits had not been effective in picking up issues with recording in care plans and areas of the environment had not been identified for improvement; this included the kitchen cupboard, the laundry room floor and items of furniture in people's bedrooms. We also found that a full analysis of accidents had not been undertaken to prevent a reoccurrence and risk assessments had not been carried out for a stone fire place and the use of a stair gate.

We found that audits had been carried out by the registered manager and this now included a full audit of all care plans. We found these had been updated and changed and reflected the person's needs and wishes, any shortfalls in recording were identified and action taken within given time scales. The registered manager then checked the care plans again to see if the shortfall had been addressed. We found the kitchen cupboards had been replaced and the registered provider had been awarded the highest possible rating from the environmental health officer for the cleanliness of the kitchen. The laundry floor had been repaired and no longer posed a risk of cross infection, and bedroom furniture had been replaced. The registered manager showed us risk assessment had been carried for the fire place and the use of the stair gate. They told us this had been in consultation with the fire officer.

Staff told us they found the registered manager approachable, they said, "I feel confident going to the manager she is really approachable and caring" and "I don't mind asking the manager things she really understands." The registered manager told us they tried to foster a culture of openness and made themselves available to the people who used the service and the staff, this included out of hours.

Feedback was sought from people through resident and relative meetings, via newsletters and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all of those who responded were happy with the service.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. We found that the registered manager had a detailed knowledge of people's needs and explained how they and the registered provider continually aimed to provide people with a high quality service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.