

Anchor Hanover Group

Glendale

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Glendale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 57 people living at the service who had a range of needs including living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff were aware of safeguarding processes and how to report abuse. People told us they felt safe and there were enough staff to meet their needs. Risks to people were appropriately identified and managed. Medicine administration and recording was safe, as were infection control practices. Accidents and incidents were recorded and monitored for trends.

Pre-assessments were robust to ensure that people's needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected. Staff were up to date with training that was relevant to their roles and had regular supervision with their line manager. People were supported to maintain their health, nutritional and hydration needs.

People were treated with kindness and respect, and the registered manager and staff were knowledgeable about people's needs. People's privacy and independence was respected and promoted. People were supported to help express their opinions.

People received personalised care and were able to personalise their rooms. The environment was set up to meet the needs of people living with dementia. There were areas dedicated to people's earlier interests or things that were important to them. People were supported to maintain their faith. End of life care plans expressed people's individual last wishes.

There was a positive and friendly culture within the service amongst staff and people. People and relatives said that the new registered manager was approachable, and staff said they felt valued. The provider had plans to improve the service and actively sought feedback from people, relatives and staff. There were quality governance systems in place to identify any issues which were resolved in a timely manner. People were supported to raise complaints and these were investigated and actions taken. There was strong engagement with a range of external stakeholders.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Glendale

Detailed findings

Background to this inspection

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

This inspection took place on 6 2018 December and was unannounced. It was carried out by three inspectors 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to six people and seven staff members including the registered manager. We also spoke to three relatives and a visiting healthcare professional on the day of the inspection. We carried out general observations throughout the day and referred to a number of records. These included eight care plans, four recruitment files, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service.

Is the service safe?

Our findings

People told us they felt they were safe. One person told us, "I am absolutely 100% safe and I am very very happy." Another person said, "I wouldn't like to be anywhere else. I like it here. I feel safe." Relatives also felt their loved ones were safe. One relative said, "[Their family member] feels safe and they are very caring staff."

Staff understood what they needed to do to protect people from the risk of abuse. A staff member told us, "I would have to tell someone like the manager or higher if I suspected abuse. Abuse could be shouting at someone, taking their money or hitting them." Another member of staff said, "I'd speak to [the registered manager] and the local authority. We have online training on safeguarding as well as face to face training." The registered manager said, "We do a handover in the morning where we look at what safeguardings are. I know I can trust my staff to raise issues with me.". Safeguarding incidents were appropriately reported to the local authority in line with the service's safeguarding policy.

Risks to people were identified and managed appropriately to prevent avoidable harm. A staff member said, "Our role is to look for and eliminate risk wherever possible." Risk assessments and care plans included information around mobility, communication, and nutrition. People who used flammable cream based medicines had specific risk assessments around their use. This included information such as their clothes should be washed at 60 degrees and should be kept away from any naked flame in order to mitigate any risks. The registered manager and staff were knowledgeable about people's needs. For example, one person had a risk assessment around their catheter. Staff were aware of the action required to mitigate risks of it becoming blocked or the person developing a urine infection. We observed that staff responded quickly to call bells and sensor alarms throughout the day. Individual personal emergency evacuation plans were also in place, which described how to help people evacuate the service during a fire or other emergency.

There was a sufficient number of staff to meet people's needs. One person said, "As far as I'm concerned, there's enough staff and they are very very good at helping." Another person said, "There's always staff around." A staff member said, "Yes I think there are enough staff. People's needs are getting met. We can answer calls bells quickly." We observed that call bells were answered in a timely manner and people received care when needed. Staff had been recruited safely as the service had completed the required checks before they started work. This included gathering information on employment history, references and completing a Disclosure Barring Service (DBS) certificate check. DBS checks allow employers to check the criminal record of someone applying for a role and that they are safe to work with vulnerable people.

Medicine recording and administration procedures were safe. One person said, "I know the medication I'm on and I understand it." A relative also told us, "The staff are very hot on giving the medication at the right time of day." There were no gaps in Medicine Administration Records (MARs) for prescribed medicines, and there was a clear protocol for 'as and when medicine' (PRN). MARs also included guidance around their medicine administration. For example, one person required their medicines to be in liquid form and we saw that this was administered. Body maps were used for creamed medicines so that staff knew which part of the body they should be applied to. Medicines with stored securely in a lockable trolley, and we found that

medicine that required storage in a fridge was being done correctly. The pharmacy used by the service carried out annual medicine training for staff as well as completing annual audits.

People were cared for by staff who undertook safe infection control practices. One person said, "The staff wear gloves when they take someone to the loo." One relative said, "The environment is very clean. The staff are on top of the cleanliness and wear gloves and aprons." The registered manager said, "I do spot checks in the morning to check that staff are wearing [gloves and aprons] for personal care." Staff were observed wearing aprons and gloves for tasks such as assisting people with lunch. The premises were clean, tidy and free from any malodours.

The service learned lessons and improved where things had gone wrong. Accidents and incidents were recorded and monitored for trends. A staff member told us that in the event of an accident or incident, "I would use the alarm bell and we may have to call an ambulance. Afterwards I would complete the necessary paperwork."

Is the service effective?

Our findings

Staff had received appropriate training and support that was relevant to their role. One person said, "The staff definitely understand what I need." Another person told us, "They certainly understand me." A relative said, "Most of the carers are good, but the majority are exceptional." One staff member said, "We have very good training. It's good for everyone to be aware of what they are doing as things change." Staff received regular supervision where topics such as any changes with residents and their own personal development were discussed.

People's nutritional and hydrational needs and preferences were met. One person said, "The kitchen staff do anything I ask for. I haven't got any bottom teeth at the moment, so I can only really eat scrambled egg, which they do for me." Another person said, "I have a lovely breakfast every morning and have a quick natter to the staff." Fruit, snacks and drinks were readily available throughout the day. Staff were aware of people's food preferences and nutritional needs. For example, one person had recently been recommended to be put on a pureed diet by the Speech and Language Therapist. Staff were aware of this and had reminded the person's family that they should not bring in snacks for them as this was against guidance. The lunchtime experience for people was relaxed and enjoyable.

Referrals were made to healthcare professionals where required. One person told us, "If I need to go to see the GP or go to hospital, they take me in an ambulance and make me appointments if I need anything." We saw evidence of this happening within care plans such as people having flu jabs and visiting the dentist. A staff member said, "I think we have a good relationship with the healthcare professionals. The district nurses are very good and here when we need them. We get the same nurses so we have built a rapport." This led to effective communication between organisations. District Nurses and Speech and Language Therapists regularly updated staff on the progress of people's health needs and action that should be taken. Communication amongst staff was also effective. The registered manager said, "We have handover meetings at least once a day now but if we can then twice a day. There's also a written handover book." A staff member also told us, "I believe in good team work and we have that here. We plan things so know everything is covered."

Pre-assessments were thorough to ensure that people's needs could be met. A staff member said, "We try to have a day assessment where possible." Pre-assessments included information around people's cognition, nutritional needs and mobility, which had been used to complete people's care plans. The environment was adapted to meet the needs of people. There were areas in the home designed to stimulate people who were living with dementia. The registered manager had personalised these to relate to people's interests. For example, there was an area which contained a bridal dress which appealed to one person who used to be a bridal seamstress.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the principles of the Act. A staff member told us, "You must assume they have capacity. If you doubt their capacity then you must report this to the team leader and we have to assess their capacity and decide what may be in their best interest." People's rights and liberty were protected. Decision specific mental capacity assessments had been recorded and best interest meetings had included all people involved in a person's care such as staff, relatives and the GP. DoLS applications included details of the restrictions placed on people such as keypads on doors, and there was a tracker in place to monitor the status of DoLS applications.

Is the service caring?

Our findings

People said that staff treated them with kindness. One person said, "There is a good balance between friendliness and what they should be doing and they get on with it." Another person said, "I am absolutely 100% happy here. All the staff are absolutely marvellous. I'm so well looked after." A staff member said, "I smile. They always connect with that. It makes them happy. They like the kindness." Staff made people feel important. We observed staff taking time to sit and talk to people and asking them individually how they were, as well as asking after their family. Where people were anxious, staff were patient and reassuring. Staff never corrected people but allowed them to explain how they were feeling and validated their anxiety but offered a listening ear and comfort.

People were supported to express their views. The registered manager said, "We ask them their opinion all the time. We do a lot of reviews where we ask them if they're happy and what they want to see. They have reviews monthly." People were involved in monthly reviews of their care plans, as were other people involved in their care on a regular basis where required. Care plans reflected people's views. A staff member said, "I help all the team leaders do the reviews with residents. We check to see if they are happy. We involve the family so they know what's going on." Another staff member told us, "We get to know people by talking with them first, and seeing the care plans." For example, one person's care plan confirmed they like to dress smartly and wear jewellery. We observed that they were dressed well and had been supported to put on jewellery and make up.

People's independence was encouraged where possible. A staff member told us, "I include people. I try to get them to do things like they would have at home. This is their home. It stimulates their brain. It helps them to maintain the skills they used at home." The registered manager said, "We want them to stay as independent as possible. They've been going out buying Christmas cards for their loved ones." We observed one person helping to wash up cups in one of the unit's kitchens, and another staff member supporting people to independently play a game of cards together.

Staff respected people's privacy and dignity. One person said, "They respect me and everything is absolutely perfect." Another person said, "I am treated with dignity and respect." A staff member told us, "When we are washing people we cover them up." During our inspection, one person approached a staff member with a pack of continence aids they had found in their room. They were confused as to why they were as they had forgotten that they required them. There were other people present. The member of staff was discreet and took them from the person to protect their dignity and told the person they would put them back where they belonged and apologised to them.

People were supported to practice their religion. One person told us, "When it was raining last week, the carer walked me over the road to the church because it was raining and she wanted to make sure I was safe." One person's care plan stated, "[This person] believes in God and used to attend church regularly but now chooses not to attend services. They would like staff to inform them of services and give choice." Any information gathered was used to form people's care plans so staff were aware of how their needs could be met. For example, the local Roman Catholic church held services at the home for the people who wished to

attend.

Is the service responsive?

Our findings

Staff were knowledgeable about people's likes, dislikes and needs. One person told us, "They certainly understand me." One person's care plan said they liked to have their nails painted or hair styled as this helped them feel good about themselves. We saw that this had occurred on the day of our inspection. Another person's care plan confirmed the name that they preferred to be called by, which staff used throughout the day. People's rooms were also personalised to their own individual taste and made to feel homely. This included furniture from home and decorations such as photographs.

People and relatives were aware of how to raise a complaint. One person told us, "I haven't had any problems here." The registered manager said, "People are given the complaints policy when they first move in. We're looking to implement a welcome pack." Complaints had been dealt with in line with the complaints policy, and complainants had been happy with the resolutions. The service has also received a number of compliments which were recorded. One read, "It's so important for our family to know that both my grandparents needs are being catered for and I believe all the team at Glendale are doing this."

At the time of our inspection, no one was receiving end of life care. However, people who had felt comfortable to discuss the subject had detailed end of life care plans. This included details of who they wished to see and if they wanted a priest to visit them. A registered manager told us, "We would support people to die here if we can so that they do not have to move elsewhere for care."

There were mixed reviews from people, relatives and staff about activities. One person said, "If I need to go into town, I have to have a carer with me. I enjoy Ludo and snakes & ladders." Another person told us, "I like doing the quizzes." However, a relative said, "They need to think about their hobbies or their old job and base activities around that. There needs to be more one to one or small group activities. There are not always meaningful activities." We observed people taking part in an arts and crafts and skittles activity. They were all engaged and participating and staff were encouraging and praising people. There had also been a recent residents meeting to find out what other activities they would like to do. Therefore, the provider was actively seeking people's opinions on this subject to improve the activity timetable. The registered manager told us, "There's a lot of outdoor activities now. They've done a sponsored walk, gone to a pub, Christmas shopping. We have one person who was in the army so we have a corner for that. We know someone was a gardener so we get them involved with that. It has to be personal to them and meaningful rather than just for the sake of it."

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.

People, staff and relatives felt the registered manager was approachable. One person said, "There have been marked improvements since the new manager arrived. She is good as a care home manager." A relative told us, "She listens carefully and follows up on what she needs to do and she does respond accordingly." A staff member said, "The manager is brilliant. She is a good all-rounder. She speaks to everyone. She comes in at handover. I can go to her and I know she will listen." A visiting healthcare professional told us, "The manager is very proactive when I raise things. They respond really well to me". Although the registered manager had only been in post for one month, they were knowledgeable on people's health and care needs.

There was a warm and positive culture in the home. One person told us, "This is my home and I feel secure and content here." Another person told us, "It's very pleasant and peaceful here." A relative said, "As a family we can come and go as we please, and we are always treated with respect and we are made to feel welcome." A staff member said, "I love working here. It's different every day. The organisation wants a good standard and everyone is encouraged to do their best."

People, relatives and staff were involved in the running of the service. There were annual surveys for people, relatives and staff. 2018's survey had shown that 91% of relatives felt satisfied with the care at Glendale. Feedback gathered from people and relatives was acted upon. A 'You said, we did' board highlighted the actions that had been taken. For example, people had asked for less spicy food on the menu. The action taken from this was that a new menu was created after people being given tasters to try following suggestions in resident's meetings. The service was looking to continuously improve and innovate. A recent resident's activity questionnaire had identified that people would like more books. The registered manager told us, "I can see from the results people want more books so we're going to create a library. We'll discuss where to put it at the next team meeting and discuss who will do what in terms of the project."

Staff felt valued and the morale was good which impacted on the delivery of care. A staff member said, "We have staff meetings, they are useful. We can all say how we feel. We can discuss anything." The registered manager said, "You've got to understand your staff's strengths. I have one staff member who is good at painting so she led a session. Another is good at decorating so she helped residents do this." This made staff members feel valued. One staff member said, "I feel valued now. If I leave at the end of my shift and the residents are happy then that's good. I get told thanks by my team leader. It gives me a boost. Makes me feel important."

A robust quality assurance framework identified where areas required improvement. Audits around medicines, infection control, health and safety, care plans and safeguarding were completed regularly.

Issues that were identified were rectified in a timely manner. For example, an audit completed in October identified that one person required a falls prevention, tissue viability and equipment plan in their folder. These were all available on the day of the inspection. Another audit had identified that emergency lights needed repairing and a tap was not working on one of the units. These has also been addressed by the day of our inspection.

There were strong working partnerships with outside agencies. The registered manager told us, "We have the air cadets coming in tonight to switch on the Christmas lights. We have a good relationship with the local day centre." A local toddler group visited the service regularly, where the residents and children could communicate and take part in activities together. We also saw evidence of regular communication with relevant stakeholders, such as the local authority and healthcare professionals.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on their website.