

Barchester Healthcare Homes Limited

Glenroyd

Inspection report

Glenroyd Close
Whitegate Drive
Blackpool
Lancashire
FY3 9HF

Date of inspection visit:
24 April 2018

Date of publication:
30 May 2018

Tel: 01253798008

Website: www.barchester.com

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

Glenroyd nursing home is a purpose built home registered to provide residential and nursing care for up to 78 people. Glenroyd has three floors comprising of bedrooms, toilet and bathing facilities. All bedrooms have en-suite facilities. There are four separate units within the home for nursing, residential and people living with dementia. There is a passenger lift for ease of access and the home is fully wheelchair accessible. There are communal lounge and dining rooms, a reception area, hairdressing salon and a large conservatory. A landscaped garden area is at the rear of the home with seating. Limited parking is available at the front and side of the building. At the time of the inspection 66 people lived at the home.

The inspection visit took place on 24 April 2018 and was unannounced.

At our last inspection we rated the service overall Good. The safe domain required improvement in relation to the number of safeguarding concerns and the safety of several window frames in the home. The window frames were replaced soon after that inspection. At this inspection we found although there had been a high level of safeguarding concerns up until the current registered manager, these had significantly reduced since her arrival. The service improved to good in the safe domain and remained good in the other four domains. We found the evidence continued to support the rating of overall good and there was no evidence or information from our inspection and on-going 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.

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 we spoke with told us they felt safe and cared for by staff. One person told us, "I feel safe and well looked after. I rate the care very high." A relative said, "Glenroyd is everything we hoped for." There were procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. We saw risk assessments were in place and kept under review. These provided guidance for staff in how to safely support people and reduced potential risks to people.

Staff had been recruited safely, trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. There were sufficient staffing levels in place to provide the support people required. We saw staff showed concern for people's wellbeing and responded quickly when people called for assistance.

Medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. People told us they received their medicines when

needed. One person said, "My tablets are organised for me. I don't worry." A relative commented, "[Family member's] medication was reviewed and changed. This has made a big difference.

People told us they were supported in the way they wanted and staff provided care in a person centred way. They said staff provided care in a way that respected their dignity, privacy and independence. We saw staff were aware the importance of supporting and responding to people's diverse needs and treated people with respect and care.

People had been 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 supported this practice. Relatives told us staff were welcoming to people's families and friends. People told us they enjoyed a variety of social and leisure activities that assisted their well-being.

We saw people were able to see healthcare professionals as needed. They told us staff met their care needs promptly on a daily basis and referred them to other healthcare professionals where required.

People told us they had a choice of food at each meal. We observed a mealtime in each unit. Mealtimes were calm and relaxed and people received sufficient food and drink and the assistance they needed.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People told us the management team were approachable and willing to listen. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

The registered manager and senior managers sought people's views in a variety of ways and assessed and monitored the quality of the service through audits, resident, relative and staff meetings and surveys

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Glenroyd

Detailed findings

Background to this inspection

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

Glenroyd is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Prior to our inspection visit we contacted the commissioning department at Blackpool local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. We also contacted the National Health Service (NHS) Blackpool Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection 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.

The inspection visit took place on 24 April 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. The 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 background supporting older people and people with dementia.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included seventeen people who

lived at the home and fifteen relatives. We spoke with the registered manager and nine staff.

We looked at care records of five people and the medication records of eight people. We reviewed a variety of records, including care records, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

At the last inspection the service required improvement in relation to the safety of several window frames in the home. These were replaced soon after that inspection. We also had concerns about the number of safeguarding concerns raised about the home. This continued between inspections. However, since the current registered manager's arrival, we found safeguarding concerns significantly reduced and care and staffing stabilised.

People we spoke with told us they felt safe and cared for at Glenroyd. They told us they were comfortable and staff supported them in a considerate and understanding way. One person told us, "I feel safe. I can always ask for help." Another person said, "I am totally dependent on the staff. They have arranged my room so I am safe and know where my things are."

Risks for people were reduced because staff completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. These provided instructions and guidance and were reviewed regularly. We looked at how accidents and incidents had been managed at the home. Where any incident, accident or 'near miss' occurred the registered manager and staff team reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

Procedures were in place to reduce the risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who had received training and were aware of their responsibilities to ensure people were protected from abuse.

People said staff supported them with their medicines safely. One person said, "My tablets are taken care of for me. They give me my tablets and order my prescriptions. I would not remember." A relative told us, "The nurse on this unit is very involved in pain control. She has improved [my family member's] life because she took the time to appraise [my family member's] medication."

We looked at medicines and administration records and observed staff giving medicines. There were systems to protect people. Medicines had been ordered, checked, given as prescribed and stored and disposed of correctly. They were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines.

We looked at three staff files. These they showed safe recruitment checks were carried out before staff started to work at the home. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We saw there were sufficient staff on duty during the inspection. Staff were in attendance in communal areas providing supervision and support for people who lived at the home. Most people, relatives and staff told us there were enough staff to provide prompt assistance. However a relative and a member of staff felt more staff at mealtimes would be helpful.

We looked around the home and found it continued to be was clean, tidy and maintained. We observed staff used personal protective clothing such as disposable gloves and aprons. They had received training and understood their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

People had been assessed on their nutritional needs and preferences and staff were aware of people's dietary needs and important in their lives." People said drinks and snacks were plentiful. The Food Standards Agency had awarded Glenroyd their rating of four following their last inspection. These are the regulators responsible for inspecting food services. They graded the service as good for food safety standards about cleanliness, food preparation and associated record keeping.

We observed lunch. It was relaxed and unhurried. The food looked and smelled appetising. People said they enjoyed the variety and choice of meals. One person told us, "The food is good and we are always asked what we would like." A relative said, "The food is good quality and [family member] appears to enjoy it. However I think they need more staff at lunch and tea time." Another relative commented, "I am pleased with the food. [Family member] is eating more and put on a bit of weight."

Staff continued to carefully monitor, people's health. People told us staff discussed any care needs with them and supported them to see GP's and other healthcare professionals. Care records seen confirmed this. Staff worked with other professionals and provided information and documentation on people's needs so they could give the right care and treatment. One relative told us "[Name] health has improved greatly since they have been here." One member of staff told us, "My main passion is pain control. I think that pain and aggression in dementia get confused. We try to review each person's medicines with GP's."

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People said staff checked they agreed for them to provide care and support. Care records supported this. Some people were living with dementia. We saw people's mental capacity had been considered and was reflected in their care records. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where people were restricted this was done lawfully.

We looked around the building and saw accommodation continued to be appropriate for the care and support provided. There were a range of dementia-friendly features to support people with impairments associated with dementia. Clear signs, in pictures and words assisted people to move around the building confidently. A safe, secure garden enabled people to access outdoor space.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems supported this practice.

Staff told us and records confirmed they received one to one supervision where they could discuss their performance, training and any ideas or issues with their line manager. We saw staff had training to help them support people. Records seen and staff spoken with confirmed they received training relevant to their role. This assisted them to provide care that met people's needs.

Is the service caring?

Our findings

People told us they were happy and well cared for. Comments received included, "I am happy and loved." And, "I am very content here. The staff are very kind." And, "I am very settled here. I have short term memory loss and I need help all the time. That's what I get here." And, "[Family member] has improved greatly since being here." And, "We are happy with my [family member's] care. The staff will bend over backwards for us."

Relatives told us care and staffing care had been a problem a year or so ago but things had much improved. One relative said, "[My family member] now has proper care people. They really do care about them. We leave after a visit with a happy heart." Another relative told us, "Family member has been here a long time and we have had problems in the past. The manager now is brilliant. She has turned this into a happy place for [name]."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. All staff had received training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support. The registered manager said the training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment

We observed staff interactions with people who lived at Glenroyd, visitors and other staff were polite and friendly. They treated people with respect in a sensitive and caring way. They listened to people and gave them sufficient time to ask and answer questions. We saw one person became distressed when their visitor left but a nurse went to them, gave them a hug and they went off together for a walk. The person then became calm and relaxed. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. They also made sure people's information remained confidential. People's records were safely stored in an office and staff knew not to talk about people's personal information in public areas.

We saw there was information for people about advocacy services available to people. This ensured people's interests would be represented by independent services to act on their behalf where people needed support with decision making.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. People told us staff were responsive to their care needs and available when they needed them. They said they were encouraged to tell staff how they wanted their care and support provided. We saw staff provided personalised care and support that focused on people's needs and preferences. One person told us, "I don't get up until 12 O'clock for my lunch. Then I have a shower and get dressed. I am allowed to just please myself. I go to bed very late, after I have had my glass of sherry. A relative told us, "Family member is allowed to please themselves. Sometimes they are up but can stay in bed if they are tired." Another relative told us that staff made changes to their family members care so they were settled and their mood had changed completely. They added, "This nurse made a big difference to [my family member's] quality of life.

There were social and leisure opportunities. An activities coordinator had been employed to provide group and one to one social activities. They told us, "I like the job I do and I work really hard to give the service users a good time. We have an activity every day and lots of parties." They involved people in various board games and hand eye coordination activities, throwing balls and gentle exercises as well as short trips out. One person told us, "I join in activities when I can and I go to the lounge to be with others'.

We saw care plans were personalise, reviewed regularly and involved people and where appropriate their relatives. One relative said, "We have meetings about family members care." Another relative commented, "I have regular meetings about [family member's] care and on-going plans." We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate for themselves.

The complaints procedure was made available to people and their relatives. It was also on display in the reception area of the home. People said they were encouraged to raise any concerns and knew how to make a complaint. They told us staff listened and responded quickly if they had a complaint. One relative said, "All my problems have been addressed and resolved where possible."

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff were aware of these. We saw people had been supported to remain in the home as they headed towards end of life care. This allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them. Surveys and written compliments showed staff provided caring and compassionate end of life care. Comments included, 'I am grateful you made [family member's] last days as comfortable as you did.' And, 'Can't thank you enough for your support and for making a tough time easier.'

Is the service well-led?

Our findings

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.

There had been three registered managers employed since our last inspection and a period of instability. The current registered manager had been employed at Glenroyd for around six months when we inspected. People told us the registered manager was visible and active in the home and was approachable and organised. People told us the home had improved under their leadership. One relative said, "We were going to move [family member] they were unhappy and so was the family. They didn't smile anymore. The new manager arrived and things changed. Now [Registered manager] has turned things around [Family member] laughs all the time and enjoys life to the best of their ability." Another relative told us, "[Family member] has been here for years and we have had problems in the past. The manager now is brilliant. She has turned this into a happy place for us."

People said the management team were available whenever they had questions or concerns. Information was displayed on notice boards around the home. People told us this was informative and interesting. There were regular meetings where they could raise any issues or ideas and people, their relatives and staff were given the opportunity to complete satisfaction surveys.

There was a clear management structure in place. The registered manager and staff team were, knowledgeable and familiar with people's needs. They understood legal obligations, including conditions of CQC registration and those of other organisations. They confirmed they were clear about their role and provided a well-run and consistent service. Staff were praising of the registered manager and said, "[The registered manager] is the best manager we have had. The service has improved considerably under her." And, "We have never had the guidance and leadership we have now."

The management team completed frequent audits to govern, assess and monitor the quality of the service and staff. These included reviewing, medicines, care plans, infection control, equipment and the environment. Actions had been taken as a result of omissions or shortcomings found. Staff said they could contribute to the way the home ran through supervisions, daily handovers and staff meetings. They told us they felt supported by the registered manager. One member of staff said, "I am happy to work here." Another staff member told us, "Things are lots better here. We enjoy our job now."

The staff team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They told us they sought information, advice and guidance from other agencies. These included social services, GP's and other healthcare professionals. They learnt from incidents that had occurred and made changes to care plans in response to these.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.