

# Glenside Manor Healthcare Services Limited

# Glenside Farnborough

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 17 and 18 December 2018 and was unannounced.

During our previous inspection on 13 and 14 March 2018, we identified the provider had breached Regulations 9, 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people did not have satisfactory rehabilitation and physiotherapy programmes in place. The provider had not dealt with complaints effectively. The provider's quality assurance process had not picked up on areas that needed improving. Staff were not always supported effectively.

We asked the provider to take action to address these issues and at this inspection, we checked whether the provider had made improvements. At this inspection we found the provider had made and sustained the required improvements in relation to the breaches in Regulations 9, 16 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been some improvements in relation to the Breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however we found that further improvements were needed in this area and therefore there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we also identified new breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Glenside Farnborough provides residential accommodation and rehabilitation services for up to 22 people with people with a brain injury, neurological condition or both. At the time of the inspection 20 people were using the service.

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. The service did not have a registered manager at the time of inspection, but the provider had put in place a manager who was currently 'stepping' in to the role and planned to apply to become the registered manager.

The provider did not have effective recruitment processes in place to make sure the staff they employed were suitable to work in a care setting. Medicines were not always managed safely and staff did not all have regular competency checks. Health and safety checks were not consistently completed. Quality monitoring systems were not effective in identifying areas for improvement.

There was guidance in place to protect people from risks to their safety and welfare, this included the risks

of avoidable harm and abuse. Risk assessments were in place and actions documented to minimise risks to people.

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them internally and externally, where required. The registered manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence. Infection control measures were in place to manage the risk of infection.

People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet people's individual complex needs. People were supported to have a balanced diet that promoted healthy eating and the correct nutrition.

The manager ensured people were referred promptly to appropriate healthcare professionals whenever their needs changed. 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 supported this practice.

People reported they were treated in a kind and caring manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

The service was responsive and involved people and their families where appropriate in developing their support plans. These were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

This is the second time the service has been rated Requires Improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not always managed safely. Some health and safety checks were not carried regularly to monitor the safety of the environment.

There were enough staff to keep people safe, staff pre-employment checks were not satisfactory.

People were protected from harm and staff received training to be able to identify and report abuse.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

### Is the service effective?

Good 

The service was effective.

Staff received training and ongoing support in their role. People had access to healthcare services as required.

People were supported with a diet appropriate to their needs and preferences.

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

### Is the service caring?

Good 

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good 

The service was responsive.

People received care based on comprehensive support plans.

People's complaints and concerns were investigated and dealt with.

### **Is the service well-led?**

The service was not consistently well led.

Quality assurance processes were not always effective.

The registered manager promoted a positive culture that was open and inclusive that achieved positive outcomes for people.

Feedback was encouraged from people, relatives and staff to make positive improvements to the service.

Incidents were used as learning opportunities to drive improvements within the service.

The registered manager worked in partnership with other agencies to promote the health and wellbeing of people.

**Requires Improvement** 

# Glenside Farnborough

## **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 17 and 18 December and was unannounced. The inspection was completed by three adult social care inspectors.

Prior to the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Throughout the inspection we observed how staff interacted and cared for people, including at mealtimes, during activities and when medicines were administered. During the inspection we spoke with six people, one relative, four care staff and the manager.

We reviewed four people's care records, which included their assessments, care plans and risk assessments. We looked at five staff recruitment files, supervision logs and training plans. We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety information, medicine management audits and minutes of staff meetings. We considered how people's, relatives' and staff members' comments were used to drive improvements in the service.

# Is the service safe?

## Our findings

At our last inspection on 13 and 14 March 2018 we found that staff were not adequately supported following incidents. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the improvements required and there was no longer a breach of regulation in this area. However we found two new breaches of regulation.

The provider had processes in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any patterns or trends. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team. Staff received adequate support through supervisions and team meetings following incidents.

People were not always protected from the risk of abuse because the provider did not have an effective recruiting system in place to ensure new staff were suitable to work in the service. The provider could not show that they had robust processes to explore potential staff's experience, character and suitability for the role of working with people who are vulnerable as a result of their circumstances. All five staff files we reviewed had information missing that would confirm their suitability and safety for the role. The provider did have some information such as checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. However not having all recruitment information needed such as, proof of satisfactory conduct in previous employment and full employment history meant there was a possible risk to people. No impact on people had been identified. There were enough staff to keep people safe, however we noted from looking at staff rotas that there had been times where there were shortfalls with staff. The manager recognised this and was putting processes in place to avoid this in the future.

The provider's failure to ensure that the required pre-employment checks were completed on staff was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems and processes in place to ensure medicines were managed safely. However, this was not consistently followed. Staff had received medicines training although this was not specific to the administration of medicines. We observed a medicine round and two people's medicines were being carried in one basket to be administered. This meant there was a risk of error occurring. Staff had been assessed for their competency of administering medication, however some competency checks were overdue and therefore the provider could not assure themselves that staff were administering medicines safely.

We looked at the medicines administration records (MAR) for people living at the home. We noted there were some unaccounted-for gaps in these records. Records contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. Medicines were mostly stored safely in a locked cabinet; however, one person's medicines had been left outside of the locked cabinet, they were however in a locked room which lowered the risk. Temperatures for the storage of medicines were

monitored regularly.

The provider kept records of some routine health, safety and maintenance of equipment used to support people, there were checks on fire detection and prevention equipment. One fire extinguisher had passed its safety check date and there was a fire evacuation sheet missing, the manager ordered these to be replaced while we were there. The manager could not provide us with all necessary health and safety checks for example an in date gas safety and water check but did arrange for these to be carried out while we were on inspection. Legal checks were in place for electrical equipment and vehicles.

The providers failure to ensure that medicines were managed safely and that safety checks were carried out on the premises was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that they were safe at the service. One person told us, "The staff are all lovely and I would trust them with anything." Relatives felt the service had improved but that there were still further improvements to be made. One relative told us, "There has been improvements since the new manager started, but it all takes time." Another relative told us, "It's such a relief to know I can trust the staff. That wasn't always the case".

There were systems and processes in place to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything, which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation.

People's risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Steps to manage and reduce risks were reflected in people's care plans, these included risks for example that were associated with the use of wheelchairs. We observed staff deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs. Risks were managed in ways that minimised the impact on people's freedom and independence.

Processes, procedures and staff training were in place to protect people from the risk of acquiring an infection. Staff understood their responsibilities in relation to infection control and followed the guidance provided. We noted the provider put measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment for staff, such as aprons and gloves.



# Is the service effective?

## Our findings

At our last inspection on 13 and 14 March 2018 we found that people did not have enough access to appropriate rehabilitation support such as physiotherapy. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the improvements required and there was no longer a breach of regulation in this area.

Assessments were carried out prior to people commencing care. The person's needs were identified with them and their relatives where appropriate, and a care plan created, which was reviewed and updated regularly. Care plans included information on any healthcare concerns, rehabilitation requirements and plans, medication details, weight, food and fluid charts if these were needed and risk assessments for example, for risk of falls or if people were at risk of displaying behaviour that may challenge. There was clear guidance for staff to follow to manage these risks.

Relatives told us that the service had improved and that people now received care and support that met their needs and that choices were given to them about the care they received. One relative told us, "The service has greatly improved since the last inspection. [Loved one] is now getting person centred care. Staff are more understanding about communicating with [Loved one]. Since March [Loved one] now has occupational therapy and physio."

New staff completed an induction programme. The training consisted of training and shadowing staff delivering care before directly working with people. The training was mapped to the Care Certificate standards. Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care such as for care workers.

There was a training programme for all staff and the provider kept an electronic schedule to keep track of when training was last undertaken and when refresher training was next due. This meant that people were supported by staff who were competent and therefore able to provide safe and effective care. Some specialist training was sought where appropriate such as percutaneous endoscopic gastrostomy (PEG) feed. A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. This ensured that staff had specific skills for the needs of the people they cared for. We noted that some training was overdue but the manager had booked for people to attend this.

Staff supervisions had improved since our last inspection and were regular. Staff could also approach the manager should they require support between supervisions. However effective spot checks had not been embedded into the service, we discussed this with the manager and they agreed that these would be carried out from now on to monitor the quality of care provided effectively.

Some people required support with eating and drinking. Staff were trained in food health and hygiene, promoted a balanced diet and encouraged people to drink fluids. People who required it, had a food and

fluid chart to monitor their intake. If staff had concerns regarding a person's diet or hydration needs this was discussed with management who then liaised with the GP, dietician and relatives.

The service involved and worked closely with a range of internal and external health and social care professionals, such as: occupational therapists, physiotherapists, pharmacists, hospitals, and GPs. Staff ensured people's healthcare needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care. Staff would support people to attend healthcare appointments if this was needed.

People's individual needs were met by the adaptation, design and decoration of premises. For example, adequate space for walking aids or wheelchairs. People's rooms were personalised and contained personal belongings and photos that were important to them. There was a large space in a room adapted with equipment for physiotherapy and other rehabilitation therapies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

# Is the service caring?

## Our findings

People and relatives gave us positive feedback about the quality of care at the home. People were supported by staff who demonstrated kindness, compassion and a genuine interest in the people they supported. One person told us, "I'm always kept informed of what's going on. Nobody would do anything with me without asking first." One relative told us, "I really can't praise the staff enough, every single one of them. They are so caring and kind and do everything to make [Loved ones] life worthwhile. My quality of life has improved too."

Throughout our visit we observed positive interactions between people and staff who consistently took care to ask permission before intervening or assisting. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident staff knew all people well; for example, staff knew people's food preferences without referring to documentation. People at risk of choking were monitored closely when eating but in a discreet manner so they could maintain their independence as much as possible.

Records showed how staff involved people and their families in their care as much as possible. Care plans and risk assessments were in place and we found evidence of regular, formal care reviews attended by people, relatives and representatives. In addition, the people and relatives we spoke with told us staff and management were approachable and did keep them informed of developments or changes in their family members' circumstances. One person told us, "I'm always kept informed of what's going on. Nobody would do anything with me without asking first." One relative told us, "That's something (communication) that really has improved. The new manager is always around and involves me and my [Loved one] in the decision making. That's as it should be."

We observed staff interacting with people throughout the day. We noted staff were respectful and kind to people living at the home. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety. One person told us, "The carers are great. They treat me with respect and involve me in everything." The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident most staff saw people as individuals. One staff member told us, "This is their home and we need to respect that." Another staff member told us, "I think it's important to treat people as you would want to be treated or your relative should be. I think we do that here."

The provider demonstrated an understanding about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. This demonstrated the provider was committed to promoting equality and diversity within the service.

People were provided with information in their preferred way. One person liked to receive information by being read to, this person had sight loss. The manager told us that if a person had wanted information in an alternative way that this would be catered for. Therefore, meeting the requirements for the accessible

information standard.

# Is the service responsive?

## Our findings

At our last inspection on 13 and 14 March 2018 we found that people did not have enough support to access activities inside the home or externally. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider did not effectively handle complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the improvements required and there was no longer a breach of these regulations.

People were supported to take part in a wide range of activities both within the home and externally. People were supported to go out to lunch, for coffee, shopping and to the pub to socialise. Trips out were available to places such as the zoo, the cinema, a day out to London. Within the home people could get involved in baking, quizzes, playing board games, arts and crafts, there was a newspaper and a relaxation group. The provider had also created a sensory room. Individual activities were also offered to people in their rooms should they wish to have this.

The provider supported people to meet their cultural and religious needs. One example was the provider took into account a person's cultural needs to eat certain food and attend their chosen place of worship. This respected people's cultural and religious diversity.

Relatives and staff told us that the service was responsive to people's individual needs. One relative told us, "if there are any issues they are promptly dealt with." Staff told us about how each person was treated as an individual to meet their specific needs.

The manager told us it was very important that people were listened to and that their concerns were dealt with. Complaints and concerns were followed up and used by the service to develop their practice and improve the care and support people received. There had only been two complaints since our last inspection but these had been dealt with in line with the providers policy. Relatives told us that if they were unhappy they would speak to a member of staff or the manager and were confident any issues would be dealt with effectively.

People's choices and preferences were documented in their care plans. However, personal and social histories were almost completely absent; it was not possible to 'see the person' in any of these support plans. We spoke with the manager who agreed this needed to be added and that this would be done.

The care plans we looked at contained relevant and up to date information concerning the care people required. For example, one person was diabetic. Their support plan contained clear guidance for staff which included protocols for the management of emergency situations, such as hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose). There was also guidance for staff concerning possible

complications of diabetes, such as poor skin integrity and visual problems. Another example was of a person who displayed behaviours that may challenge. We looked at this person's care plan. There was a positive behaviour support plan in place. This gave detailed information for staff, including an analysis of possible triggers to behaviours that may challenge. There were appropriate 'de-escalation' techniques documented that were to be used and a list of post-crisis interventions staff should make. The person also lived with epilepsy. There was clear guidance for staff in support plans concerning day to day and emergency management of this.

## Is the service well-led?

### Our findings

At our last inspection on 13 and 14 March 2018 we found that the provider's quality monitoring systems were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements in this area but not enough to meet required standards.

We reviewed the providers quality and monitoring systems. Some audits were being carried out to monitor health and safety, staff training and supervision, safeguarding and management of incidents. However, these were not working effectively or bringing about improvement as necessary in all areas. Quality systems had failed to pick up, or address the issues we have raised concerns about in this report. This includes concerns about medication, staff recruitment files and some health and safety checks. Further improvements were needed in this area to ensure quality monitoring systems were effective and robust.

This was therefore a continued breach of Regulation 17.

We received positive feedback regarding the improvements that have been made since the manager started earlier this year. People, relatives and staff felt the service was well led. One person told us, "I like it better here now. It's better organised and things happen when they should." One relative told us, "The change since the new manager came has been amazing. I know that things will get done if they need to be. The manager is on top of everything. I only hope they stay." One staff member told us, "Things were a bit of a mess sometimes here before the new manager. It's so much better now."

There was a vision to provide a good standard of care and support based on the provider's values, some of which were; Ensuring each service user is treated as an individual, ensuring that the wellbeing of service users is at the heart of all decisions, Monitoring quality and safety and making improvements when necessary. We observed staff members following these aims in their day-to-day work.

The manager, who planned to register with us following the inspection, had worked hard to make improvements in their short time at Glenside Farnborough. They were supported by the provider but did not have adequate support at all times. The provider recognised this when things going wrong, for example; when the manager was on leave and staff had called in sick. There was no one with the responsibility to know how to cover this shortfall. The manager was in the process of creating a deputy role to ensure this did not happen again.

Resident/family feedback forms had been recently sent out so we could not review the results. These were to allow people and their families to express their views as to any changes that could be made to the service. The manager also had an open-door policy for people to give feedback as they wished. One relative told us, "The manager's door is always open and she will listen to [Loved one] and usually resolves any issues raised."

Staff meetings and supervisions allowed staff members to raise ideas or concerns. This meant they could express their views on the service and to be informed of updates. Staff were aware of the whistle blowing procedure and understood how to report any concerns.

The home worked in partnership with multiple agencies. These included local authority, physiotherapists, occupational therapists, neurologists, GPs and epilepsy specialists. There was evidence in people's support plans outlining professionals involved and the roles they held in a person's care.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users. The registered person did not ensure that premises and equipment were safe and used in a safe way. The registered person did not ensure the safe and proper management of medicines.</p> <p>Regulation 12 (1) and (2) (d) (e) and (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to assess, monitor and improve the quality of the service provided were not operated effectively.</p> <p>Regulation 17 (1) and (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures to ensure that persons employed were of good character, and had the qualifications, competence, skills and experience necessary were not operated effectively. Information required in respect of persons employed was not available.</p> <p>Regulation 19 (2) (a) and (3) (a)</p>

