

# The Glynn Residential Home Limited

# The Glynn Residential Home

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: The Glynn Residential Home provides accommodation and personal care for up to 38 older people, some who are living with dementia. There were 31 people using the service when we visited.

People's experience of using this service: People told us they felt well cared for by staff who were kind. Relatives said they were always made to feel welcome when visiting their family member.

The environment was not clean, we saw carpets were stained and worn, and two radiators were very hot to touch on day one. We saw one window restrictor had broken in the bathroom. This was replaced the same day. On day two, radiator covers had been ordered for the home. The registered manager told us they would look at the redecoration and carpets in the home. An action plan was sent to us after the inspection to support the plan to complete this.

Records relating to people's care were not always fully completed in line with their needs. This was addressed immediately by the registered manager by the second day of inspection.

Further guidance was needed to ensure people received their 'as required' medicines when they needed them.

We did not always see staff engagement with people on day one. For example, staff did not always engage in conversation with people when they entered the room. We did not see much interaction around activities on either day of the inspection. On day two we saw staff engagement had improved.

Systems were in place to monitor the quality of care provided and improve the service. However, we found these systems were ineffective and failed to highlight the shortfalls we identified during the inspection. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Staffing numbers were sufficient to keep people safe, however we felt deployment of staff should be looked at by the registered manager.

The provider followed safe recruitment procedures to ensure staff employed were suitable for their role. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

Staff completed an initial induction. Staff felt supported and received supervision and appraisals of their performance.

Care was delivered by staff who were trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were mostly complimentary about the quality and choice of food offered.

People and their relatives felt involved and supported in decision making. People's privacy was respected,

and their dignity maintained.

People's views and concerns were listened to and action was taken to improve the service as a result.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published May 2018).

Enforcement: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and documentation. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Glynn Residential Home

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** On the first day of the inspection, two inspectors, an assistant inspector and an expert by experience were present. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for older people. On the second day, two inspectors completed the inspection.

**Service and service type:** The Glynn Residential Home 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.

It is a condition of the provider's registration that they have a manager registered with CQC. There was a registered manager at the time of our inspection.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection, we liaised with the local authority safeguarding team and commissioners of the service. We asked the service to complete a Provider Information Return before this inspection. 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 reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with nine people and four relatives. We also spoke with three visiting professionals, six care staff and the registered manager. We reviewed four staff recruitment files, eight people's care records and medication administration records (MARs). We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found medicine protocols lacked information for staff to follow. For example; no recent reviews had been carried out and there was a lack of detail for staff to know when to give or what to do before administering as required medicines.
- Cream charts needed to include more detail to show what was in a spray or tube. This was not always recorded on the Medicine Administration Records (MARs).
- Medicines were given by trained staff who had their competency to give medicines assessed.
- We spoke to the registered manager about the importance of staff knowledge around the end to end process for medicines ensuring safe management of these when completing the audits as these did not highlight the areas for improvement.

### Preventing and controlling infection

- A tour of the home showed the environment was not always clean. However, the home had an environmental audit in November 2018 which was 93%.
- We saw a few areas which required attention, stained carpets, small holes in walls and also paintwork which needed addressing as well as new radiator covers. We discussed the areas for immediate attention and those for improvement with the registered manager. These were completed the same day. An action plan for re-decoration and new carpets were sent to us after the inspection.

### Staffing and recruitment

- The provider continued to recruit safely. This included obtaining pre-employment checks prior to people commencing employment.
- Our observations and discussions with people who used the service, relatives and staff indicated there were enough staff on duty to make sure people's needs were met. However, we felt the deployment of staff could be looked into to ensure a member of staff was in specific rooms at each time of the day. We spoke to the registered manager who told us they would look into this.
- People spoke positively about staff. A relative told us they felt the staffing levels were 'fine'. They added, "The staff do what they can, I feel there is enough staff when I need them." Another relative said, "Sometimes we might have to wait till we have found someone."

### Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from the risk of abuse because the provider had robust policies in place and staff had a good understanding of safeguarding processes.
- People told us they felt safe living at the home. One person said, "Yes I am, they [staff] look after me." One relative told us, "Yes I know [name of person] is safe here. I am here most days to see [name of person] so I would know if not."

#### Assessing risk, safety monitoring and management

- Overall the premises were safely managed. Key safety checks were undertaken on the building and fire evacuation procedures were in place.
- The registered manager had re-assessed risks to people's health and safety and implemented risk assessment and care plan documents.
- Staff had a good understanding of the people they supported, giving us assurance safe plans of care were followed.

#### Learning lessons when things go wrong

- Incidents were logged, investigated and actions put in place to reduce the likelihood of re-occurrences.
- Incidents were audited every month to look for any trends and to ensure appropriate lessons were learnt.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Care plans demonstrated people's consent to care was sought. Where people lacked capacity best interest processes were followed. We identified one care record which needed updating with details of a recent best interest decision. Documentation did not clearly show how the service had come to decisions during these meetings. The registered manager said they would take immediate action to address.
- The service was acting within the legal framework of the MCA and DoLS. Appropriate DoLS authorisations were in place for people who lacked capacity and the home had ensured these were reviewed within the required timeframes.

Supporting people to eat and drink enough to maintain a balanced diet

- On day one we did not find the mealtime experience always positive. We observed one member of staff stood up while supporting a person who was sat in their chair in the lounge with their meal. We observed the registered manager walk into the lounge. This was not picked up as poor practice. We spoke to the registered manager about this. On day two we saw a much-improved experience for people.
- Most people told us the food was nice and they had a good choice. One person said, "Foods lovely, we have a choice." Menus showed a variety of food was served on a daily basis.

- People's weights were monitored, and action was taken to address any weight loss; for example, referral to the dietician.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed, and care plans were put in place to assist staff. These were based on recognised standards and guidance for example, moving and handling assessments were based on good practice examples. The registered manager had records to inform care practices. For example, the Malnutritional Universal Screening Tool (MUST) was used to provide a more structured approach to nutritional management.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the service. Staff demonstrated a good understanding of the people and topics we asked them about. Staff turnover was low which helped staff to build up detailed knowledge about the people they supported.
- Staff received supervision and appraisals. Staff told us they found this beneficial. One staff member said, "Yes I have regular meetings with my manager."
- We found staff had received appropriate training to support them to do their job. However, the registered manager did not have full oversight of this. We spoke to the registered manager to ensure they discussed and actioned this with the nominated individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We spoke to three visiting professionals at the home. Everyone told us they felt people's needs were met. One health professional said, "They are really good here at letting us know straight away."
- People said their healthcare needs were met by the service.
- There was not always clear information on some people's medical history and health needs which were within care plans to aid staff to deliver person centred care". This was rectified on day two of inspection.
- People were supported to attend regular appointments to maintain their general, oral health, eyesight and hearing.

Adapting service, design, decoration to meet people's needs

- Since the last inspection the home had made some changes to the building in relation to people's rooms and also a new 'quiet lounge' which we saw been used by one person. We spoke to one relative who told us, "It's nice to come in here for a bit of privacy without having to sit in [name of person] bedroom."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us care was provided by staff who kind were and caring. One person said, "Yes they are nice."
- We observed staff being kind and patient but sometimes they did not acknowledge people and just got on with tasks in the home. We spoke to the registered manager about this.
- The provider recognised people's diversity and promoted this in their policies and training.
- Staff demonstrated a good awareness of treating people with equality and meeting their diverse needs.
- Care records showed people's rights were considered when their care was being planned.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "I am going out now on the bus to go shopping."
- People, where appropriate had been involved in decision making in relation to their care and support.
- Relatives said when people could not speak for themselves they had been involved in making sure their care was planned as they preferred. One relative commented, "They are good with [name of person]."

Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people effectively, and when necessary spoke with them by bending down to their eye level.
- People's privacy and dignity was respected. This was confirmed by people's comments and our observations. People told us staff knocked on bedroom doors before entering and spoke with people discreetly to maintain confidentiality.
- Relatives also commented positively about people's dignity being maintained.
- Care records were kept securely, so confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and people's records did not always contain information about their current care needs. We saw little evidence of wound monitoring/medical attention being sought. For example, there was no reference to antibiotics for one person's wound. This was rectified on day two of inspection.
- Daily care records had not always been fully completed by staff. One example of this was repositioning charts were not always recorded, however we saw improvements to these on day two.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We did not always observe activities in the home for people. We saw little stimulation for people on both days of inspection.
- We observed people sat in their chairs in the lounge for periods of time with no stimulation.
- We saw a paper was handed out daily to people in relation to what had happened in history. However, staff did not sit with people to look or discuss these. These were mostly left on people's tables.
- We observed one person helping set the table in the dining room.
- Staff understood people's needs. One person told us they attended resident meetings when they occurred.
- Relatives said they would feel confident religious needs would be met if they required this.
- We spoke to the registered manager to look into the activities for people in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the Accessible Information Standard.
- People's communication needs were assessed when they began using the service.
- Care plans provided staff with guidance on how to meet people's communication needs. The registered manager told us they were always looking to improve these.

Improving care quality in response to complaints or concerns

- People said they were satisfied with the service and had no cause to complain.
- A system was in place to log, investigate and learn from any complaints. Compliments were also recorded by the service.

#### End of life care and support

- People's end of life needs was assessed, and the service worked with a range of health professionals to meet needs in this area.
- EoL care plan we looked at lacked relevant information We spoke to the registered manager about this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance arrangements were not always robust, which showed some shortfalls throughout the inspection. The registered manager had not identified these shortfalls in the auditing tool. We did however see some improvements to these on day two of inspection. We discussed with the registered manager what improvements were needed in moving the home forward to ensure the audits picked up on the issues which had been raised. For example; window restrictors, hot radiators, elements of information in people's care plans and medicine management.

- There was a registered manager in place. Some information which we asked for on inspection was not available to them and they had to request this from the nominated individual. We discussed the importance in respect of the registered manager having oversight of these.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their responsibilities and the leadership structure.
- The provider had policies and procedures in place which considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions.
- Staff we spoke with said the registered manager was approachable. One staff member said, "Everybody works hard as a team and they all look out for each other. Our manager is great they go above and beyond for us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people who used the service, relatives, health care professionals and staff were obtained using satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

- Meetings for people and relatives were held. These were not always attended. The registered manager was looking at ways to improve these.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with us during the inspection to put things right and improve the service moving forward.
- The provider worked in partnership with people, relatives and health professionals.
- Links with outside services were maintained. Some of these included, engagements and events with the local school.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had shortfalls in relation to the overall governance of the home.