

Leong E N T Limited

# Glyn Thomas House

## 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

### About the service

Glyn Thomas House is residential care home which was providing personal for 31 people at the time of the inspection. The service can support up to 37 people. The provider has added the regulated activity of personal care to this location following the last inspection. Provision of personal care in the community was not undertaken.

### Care Homes

Glyn Thomas House accommodates up to 37 people in one adapted building across five wings called, Ivy, Bluebell, Buttercup, Lavender and Cherry Blossom. The service can provide care for people living with dementia.

### People's experience of using this service and what we found

People were safeguarded from abuse. Staff were aware of the action they must take if they suspected abuse was occurring. People had risk assessments in place to inform staff how to protect their wellbeing. Action was taken to reduce risk and maintain people's independence and choice. There were enough staff provided to meet people's needs. Incidents and accidents were monitored, and corrective action was taken to prevent re-occurrence. Recruitment was robust. Minor issues with recording of medicines were addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Training was provided for staff to develop and maintain their skills. Staff were supported through supervision and appraisal.

Staff were caring and provided encouragement and guidance to people. Information was provided in a format that met people's needs.

People's nutritional needs were assessed, monitored and reviewed. People were encouraged to maintain their independence. People's wellbeing was monitored by staff and relevant health care professionals were contacted for help and advice.

Information about how people could raise a complaint was displayed. Issues reported were investigated and discussed with the complainant. A programme of activities was provided in line with people's hobbies, preferences and interests. End of life care was provided at the service.

The management team were available for people to speak to. The views of people, staff and visitors to the service were sought through surveys and meetings. Feedback received was acted upon. Data security was

maintained.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 04 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Glyn Thomas House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector accompanied by a Contracts Officer from the North East Lincolnshire Clinical Commissioning Group.

#### Service and service type

Glyn Thomas House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we had received since the last inspection. This included notifications, which is information about important events which the service is required to send us by law. We also contacted the local authority to gain their views about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, care co-ordinator, cook, domestic and with five care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included three people's care records, and five medicine administration charts. We looked at two staff files in relation to recruitment and supervision. We inspected a variety of records about the management of the service which included policies and procedures, training records and audits.

#### After the inspection

We received an action plan from the registered manager which informed us about the action taken following the inspection.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Potential risks to people's wellbeing were identified. We found some people at risk of developing pressure damage to their skin had gaps in their paperwork on some days. This was discussed with the registered manager who addressed this immediately.
- The management team monitored safety. For example, hot water temperatures were checked, and electrical appliances were tested.
- Issues regarding fire safety were addressed. Work required following a fire safety audit undertaken by Humberside Fire and Rescue Service was being undertaken.
- People had personal evacuation plans in place for staff to follow in the event of an emergency.
- Accidents and incidents were reviewed. Information was shared with staff and relevant health care professionals to reduce the risk of re-occurrence.

### Using medicines safely

- Medicine management was monitored, and staff were provided with training. Minor issues found were addressed. For example, one person's medicine administration record (MAR) had not been signed on one day and the date a change occurred on one person's MAR was not clear. These issues were addressed by the registered manager.
- People had 'as and when required medicine' protocols in place to guide the staff and their effectiveness was monitored.
- People's prescribed topical creams were stored in a lockable cupboard in their bedroom.

### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were provided with gloves and aprons to use to prevent cross contamination and maintain infection control. Minor issues found during the inspection were addressed.

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

- People were safeguarded from harm and abuse. Staff undertook safeguarding training and were aware they must report concerns immediately.
- The provider had safeguarding policies and processes in place. The registered manager reported issues to the local authority.

### Staffing and recruitment

- People were supported by appropriate numbers of staff to meet their needs during the inspection. One

person told us, "There are enough staff."

- We received feedback that monitoring of how senior carers allocated and undertook their work was required. The management team were informed and commenced monitoring of this.
- Checks were in place to ensure staff were recruited safely and were suitable to work in the care industry.

Learning lessons when things go wrong

- Shortfalls found at the last inspection had been addressed and the management team had learnt from this.
- The registered manager understood their responsibilities to monitor the service and address issues. incidents that occurred were shared with staff to maximise learning.



# 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 requires improvement. At this inspection this key question has 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

At our last inspection the provider had allowed people's care records to be signed by relatives who did not hold the legal power to do so. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. 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.

- Peoples care records were signed by relatives only if they held power of attorney for health and welfare.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals. One person required a best interest decision to be put in place regarding their end of life wishes, this was addressed by the management team.
- Training about MCA and DoLS was provided for staff and more training dates had been requested.
- People's DoLS were monitored and reviewed, as necessary.

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

- Pictorial signage was in place to help people living with dementia find their way round.
- People were consulted about re-decoration of the service. Following this bedroom corridors had been painted different colours and were named to aid people's recognition.

- Bedrooms were personalised and arranged to promote people's independence. One person told us, "I love my room, I have all my own things."
- The garden was accessible to people. Hedges and fencing provided security and privacy.

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

- People's needs were met by staff and their preferences were known. Care was provided in line with best practice guidance.
- A full assessment of people's needs was carried out before a place was offered at the service. People could visit to see if this was the right place for them.
- Information was shared with people's consent, when the support of other services was required.

Staff support: induction, training, skills and experience

- The provider ensured staff undertook supervision and had a yearly appraisal to allow reflection and identify training or development needs.
- People were supported by staff who received training. The care certificate, a nationally recognised course was offered to staff to develop their skills.
- Staff were supported to fulfil their role. New staff undertook a period of induction to learn how to care for people in line with the providers policies and procedures.

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

- People's nutritional needs were assessed and monitored. People's special dietary needs were catered for and a balanced diet was provided. One person told us, "The food is good."
- People were encouraged and supported by staff to eat and drink. Concerns about people's dietary intake were reported to health care professionals so corrective action could be taken.
- Mealtimes were social events. People chose where they wished to eat.

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

- People's care and support was reviewed by staff and relevant health care professionals to maintain their wellbeing.
- Referrals were made to other healthcare services to promote people's health. Information about people's needs was shared with people's consent if they were transferred to another service to make sure their needs could be met.

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

Respecting and promoting people's privacy, dignity and independence

- The provider had a dignity policy in place, along with a dignity champion to promote this. During the inspection aprons to protect people's clothing were used by staff in a way that did not promote their dignity. This was immediately addressed by the registered manager.
- People's privacy was respected. Personal care was provided to people in their bedrooms or bathrooms. If health care professionals to see people who wished to stay in a communal area mobile screens were used to maintain confidentiality.
- People were addressed by their preferred name and dressed according to their wishes.
- People were encouraged to maintain their independence with support from staff, if necessary.
- Care records were stored securely to maintain people's confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness by the staff. One person told us, "The staff are very good."
- People's diversity was respected by staff. The provider had an equality and diversity policy for staff to follow.
- People's needs were known. People told us staff provided the help they needed in a timely way. One person told us, "The staff are all very good and they are efficient."
- People were encouraged to raise their views and make decisions about their care.
- Advocates were available to help people raise their views.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's needs and preferences were assessed, recorded and reviewed. Information from people's pre-admission assessment was used to develop person-centred care plans and risk assessments for staff to follow.
- Care plans contained information and guidance for staff to follow, where people displayed behaviours that challenge others and the service. Advice was sought from health care professionals. Relatives were asked to attend if people remained anxious so support could be provided.
- People made choices about the care they wished to receive. They signed their care records to state they agreed with the care being provided.
- Health care professionals provided advice to promote people's wellbeing. One told us, "Staff report issues timely and they take my advice."

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.

- People's communication needs were described in their care records. Staff were aware of this information.
- Information was provided to people in a format that met their needs for example, large print. Pictorial menus were being developed.
- Staff listened to and acted upon what people said. They rephrased questions and gave people time to think and respond.

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

- People's hobbies and interests were encouraged. Activities such as arts and crafts took place and outings occurred. One person told us, "I like the knit and natter."
- A range of activities and social events were provided. Reminiscence items were available to people to stimulate their memories.
- People were encouraged to socialise with family and friends and guests were able to stay for a meal.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was displayed. Complaints received were investigated and people were informed of the outcome. One person told us, "I have no complaints."

- Staff supported and encourage people to raise issues. A comments and compliments box was available to people in reception. People were reminded about this at residents' meetings.

#### End of life care and support

- End of life care was provided with support from relevant health care professionals.
- Some people's end of life wishes were not recorded. New documentation was being introduced and a further review of people's wishes was being undertaken.
- People's relatives were supported during end of life care. Staff took pride in offering this support.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to undertake effective quality monitoring of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had policies and procedures in place for staff to follow, these were personalised to the service and were reviewed.
- The provider had improved their auditing and monitoring of the service.
- People benefitted from the introduction of a dementia friendly environment.
- People's wellbeing was protected by health and safety checks that were undertaken. For example, infection control, water temperatures and fire safety checks. If issues were found corrective action was taken.
- The provider and higher management team visited and monitored the quality of service provided to people.
- The management team understood their legal responsibilities to ensure regulations were met. Relevant information was submitted to the Care Quality Commission (CQC) as required by law.

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

- The registered manager dealt with issues or concerns with transparency. Apologies were provided to people when things went wrong. The provider and staff learnt from issues that occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's views were asked for through meetings and surveys. Surveys had been sent out to people, staff and health care professionals to gain their views.
- The registered manager was available to speak with people at any time. Relatives and visitors were

encouraged to provide their views about the service.

- Staff meetings were held to gain the staff's input about the service.
- People's care records reflected their current needs.
- The diversity of people living at the service, staff and visitors was respected.

Working in partnership with others

- The registered manager and staff liaised with the local authority and worked with them to improve the service.
- The registered manager and staff continued to develop links with local health care professionals and community organisations.