

Leong E N T Limited

Glyn Thomas House

Inspection report

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Date of inspection visit:
10 May 2022

Date of publication:
30 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Glyn Thomas House is a residential care home providing personal care to up to 37 people, some of whom may be living with dementia. The service was supporting 26 people at the time of the inspection.

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

The provider had not always informed the Care Quality Commission (CQC) of incidents that they are required to by law. The registered manager lacked knowledge in this area.

The provider had systems in place for oversight and monitoring and generally this resulted in action plans and drove forward improvement within the service. Some minor areas of improvement were identified during the inspection including records in relation to risks, and medications. The registered manager took some actions during the inspection to address these.

People and their relatives were happy with the care being provided and told us they felt safe. People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People's medicines were managed safely. Safe recruitment and selection processes were in place.

People and relatives knew the registered manager well and felt they were approachable and would immediately address any concerns they may have.

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

For more details, please see the full report which is on CQC's website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection, and an Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service.

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

During the inspection

We spoke with the registered manager, deputy manager, a senior care worker and two care workers. The nominated individual was also on site during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two people who used the service about their experience of the care provided. We spoke with eight relatives via telephone. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were generally assessed and were reviewed on a regular basis. Staff had knowledge of people's needs and associated risks however, this had not always been recorded. Action was taken during the inspection to address this.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment had regular checks, and these were recorded.
- Accidents and incidents were analysed by the provider to look for themes and trends. Learning had been captured and actions taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- People and their relatives felt the service was safe. A relative told us, "Yes, it is absolutely safe. The staff give me confidence. I do feel [Name of person] is safe."

Staffing and recruitment

- There were enough staff available to support people's needs. A relative told us, "There are always plenty of staff knocking about when I have been there." Some relatives felt there was less staff around the service on a weekend but that this hadn't impacted on their loved one's care.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. However, records in relation to starting one-person's induction early, without all checks being in place, was not in place.

Using medicines safely

- People received their medicines as prescribed. Medicines were safely received, stored, administered and returned to pharmacy when they were no longer required.
- People who had 'as and when required' medication and medicines given covertly would benefit from clearer records to document when and how to administer the medicine. The registered manager said this would be addressed straight away.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. 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; Continuous learning and improving care

- The provider had not always submitted notifications about incidents as they are required to do by law.

Failure to notify CQC as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This is being followed up outside of the inspection process and we will report on any action once it is complete.

- There were systems in place to provide oversight of the running of the service and drive forward improvements. Action plans were in place and monitored. However, not all gaps were identified by the registered manager or provider including notifications required to CQC, care plans in relation to health risks, risk assessments for equipment and recruitment and covert medication plans. There was no impact to people as a result of these gaps.
- People were treated with respect and in a professional manner. A relative told us, "There is a homely atmosphere at the service. Everyone is spoken to with dignity."
- Regular checks ensured people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people receiving care, their relatives and staff.
- Relative's knew the registered manager well and felt they were approachable. One relative told us, "Yes, the home is well managed. I know the manager. They are approachable and helpful. I rang yesterday and spoke to the registered manager. I was told I could ring at any time."
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was a positive culture within the service.
- Staff told us they felt listened to and the manager was approachable.
- The manager understood their responsibility in relation to duty of candour.

