

Glendale Residential Care Home Limited

Glendale Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glendale Residential Care Home is a 'care home' which accommodates up to 20 older people who may or may not be living with dementia in one adapted building. 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. At the time of our inspection there were 12 people living at the service.

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

People received care that was well coordinated, person centred and met their varying needs. Care staff had received additional training to meet people's needs.

Staff ensured the environment was clean, inviting and safe. People had a variety of options open to them to visit and speak with loved ones.

The registered manager was constantly making improvements to the service with support from the provider. The provider had learnt lessons from the previous inspection and supported good improvement within the home.

Staff and relatives felt able to raise concerns and were confident these would be dealt with in an open and transparent manner.

The registered manager and provider had recognised staff morale was key to good care provision during the pandemic. To promote this, they had put in place excellent support for staff which had resulted in a flexible, caring and motivated staff team.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement and inadequate in the well led domain (published 23 March 2020) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment; staffing; good governance and fit and proper persons, director.. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glendale Residential care home on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

Glendale Residential Care 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. 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

The inspection team consisted of one inspector due to the small size of the service.

Service and service type

Glendale Residential Home 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.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we held evidence from external stakeholders that the service had improved, and the current rating was not reflective of the care provided. The service was struggling to gain insurance due to the poor rating, which meant they may have had to close without urgent reinspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

At the announcement of the inspection, we asked the provider to send us various documents to evidence some of the improvements they had made at the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with registered manager about the improvements made at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who regularly visit the service and contacted 10 members of staff. We received feedback from five relatives who had written to the service about the quality of care.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate infection prevention and control was safely managed, that the environment was safe for people to use and peoples risk assessments identified their needs. This resulted in a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was robust processes in place to ensure good infection control. Every area of the home was clean, with effective systems in place to ensure this good standard was maintained.
- The registered manager had locked down the service prior to government lockdown instructions and ensured all the guidance was quickly implemented. On relative wrote, "We are convinced that it is due diligence, professionalism, organisation and foresight that the home as avoided some of the tragic headline grabbing statistics in other homes."
- 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient support staff were in place to maintain the service. This resulted in a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

regulation 18.

- The service had recruited a number of new members of staff since the previous inspection. All safety checks had been completed prior to people working at the service.
- Staff received a thorough induction which included observed care and regular competency checks by the registered manager in moving and handling, medicines management and hand washing and infection prevention and control practices.
- The registered manager had contingency plans in place in event of managing staff sickness. These ensured should staff test positive for COVID-19, the service could continue to provide safe care. However, they had not had to use these contingencies as staff had worked between them to cover care shifts and mitigate the infection risk of new staff entering the service.
- Staff told us they had enough staffing to look after people's needs. One said, "We have enough staff at the home. The manager makes sure that she employs new staff when they are needed, and she supports us when we need more support."
- People's needs were met in a timely way. We observed kind, compassionate responsive care being given when people required support with personal care needs.

Assessing risk, safety monitoring and management

- People's individual risk assessments were thorough and regularly reviewed to ensure they were up to date.
- The registered manager was also a dementia train the trainer and had ensured staff knew how to respond well to people in distress and minimise risks to peoples' wellbeing.
- Records demonstrated how staff adapted to people in distress by using distraction and positive engagement. As a result, many of the medicines used to reduce distressed behaviours had been stopped. This had also resulted in reduction of falls as people were not sedated.
- The registered manager and staff had worked holistically to reduce falls and injuries to people. This included a focus on good hydration, regular reviews of medication, reduction of medication that could cause drowsiness and basic needs such as footwear and walking frame maintenance. There was always a member of staff available in communal areas, so people were not left without support.
- The registered manager gave examples of when a combination of interventions had meant people had reduced oedema in legs, resulting in reduction of medication. For one person this had resulted in them no longer requiring hoisting as their mobility had significantly improved since living at the home.
- The registered manager oversaw regular safety reviews of the environment and the provider had quickly acted following the previous inspection to update and make safe areas of concern, such as exposed hot water pipes.
- Staff had access to equipment that was well maintained in line with manufacturers guidance. This included moving and handling equipment such as hoists.

Systems and processes to safeguard people from the risk of abuse

- Staff were required to complete yearly training in protecting vulnerable adults from harm. We observed that all staff employed were up to date with this training, including support staff.
- Staff had a good understanding of what contributes abuse of vulnerable adults and how they would escalate concerns. One member of staff told us, "The registered managers office is always open to listen to any observation or complains that we have. They want to know if we have any concern about any resident."
- The registered manager investigated safeguarding concerns thoroughly and completed appropriate safeguarding notifications.
- Relatives we spoke to told us they felt their loved ones were cared for safely. One said, "It's a wonderful home, I know (loved one) is cared for safely."

Using medicines safely

- The service had previously been given an outstanding rating by the Clinical Commissioning Group for their medication's management. The registered manager had robust systems in place to ensure the clinical room was clean and organised and staff recorded medications accurately. This included when people required PRN "as required" medications.
- Staff administered medicines safely and underwent routine competency checks.
- Staff had identified the medicines trolley lock had broken and registered manager completed a risk assessment and action plan around this while waiting for a replacement. Staff managed this safely and kept the trolley in a locked room.
- People were supported to have medicines at the correct times and in line with their needs and preferences which were documented on the front of medicine administration charts for staff to read.

Learning lessons when things go wrong

- The provider had learnt lessons since the last inspection and had undergone a thorough review of the environment making a number of improvements that supported people well.

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 Inadequate. At this inspection this key question has now 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.

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

At the last inspection the provider had been unable to achieve a good rating since 2017. This combined with the continued failings were a breach of regulation 5 (Fit and Proper Persons: Directors)) 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 5.

- Relatives had written the service to compliment them on the excellent standard of person-centred care. One said, "[Relative] Is so happy and contented, it's a joy visit." Another said, "We have been kept fully informed of all changes to [relatives] care and welfare. ...As Alzheimer's has developed, it's not been easy to make changes to [relatives] routine and this has been handled with such compassion and consideration."
- Relatives had recorded how involved they felt during a time of not being able to see their loved ones in person. One wrote, "Throughout this time you kept us informed via email, text or WhatsApp and where very honest about how [person] was...we took comfort that you were all looking after [person] to the highest standards of care."
- The registered manager held monthly staff meetings with a focus on person centred care for people living with dementia. This focused on understanding the illness and the individual and how to respond well. The registered manager told us, "When your staff are able to have empathy and understanding for peoples individual needs, they work in a much more person centred way."
- Staff knew people very well and adapted to people's presentation which minimised risk of distress and harm. One member of staff told us, "Sometimes there may be challenges with behaviour but how it's dealt with is caring and with love and understanding."
- All staff that shared their experiences of the service told us how much they enjoyed working with people at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

At our last inspection we found quality assurance and audit processes had not always been effective in identifying and addressing areas for improvement at the service. This resulted in a breach of regulation 17 of the Health and Social care act 2008 (Regulated Activities) Regulation 2014.

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

- The registered manager had robust audits in place to ensure that previous failings did not reoccur. We saw these had been effective in identifying changes needed and the provider had acted quickly when the registered manager highlighted areas of concern.
- The registered manager held regular meetings to ensure staff were adhering to government guidance around social distancing and lock down rules for COVID-19. Staff were given access to PPE to take home. There were clear expectations of staff to adhere to the rules to keep residents safe.
- The registered manager had welcomed external quality reviews and had taken action when improvements were identified. They had recently accepted an infection prevention control assessment from a company commissioned by the local authority. They had scored a good 85% compliance and had taken actions recommended by the specialist company to continue to make improvements, including updating the laundry room.
- The registered manager was an active part of the local managers forums with the local authority, contributing to learning when able and raising concerns about the care home needs during the pandemic. This resulted in an actively transparent service and proactive service.
- The registered manager with the providers support had clear plans to continue to improve the quality of care provided to people. They had already implemented a number of dementia friendly measures to improve the environment, which had positively impacted on people's lives. This included a dementia friendly village corridor with shops, post office and bus stop which had improved engagement with people who walked with purpose.

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 and provider understood the legal requirements of duty of candour.
- Whilst the service had very little in the way of incidents and accidents and safeguarding concerns, when these had occurred, we saw robust investigation and immediate action to mitigate the risks to people.
- When there had been incidents relatives had been informed and kept up to date with investigations and outcomes.
- The registered manager worked transparently with other stakeholders such as the local authority, commissioners and safeguarding team.
- The provider had with support from the registered manager learnt lessons from the previous inspection and had made good all environmental concerns, including having robust processes going forward to maintain improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us their philosophy was, if you looked after your staff, doing a difficult job then they will care for people well. "It's very important to me that our staff feel valued for everything they do. The provider is really on board with this and always listens to suggestions."
- Staff told us, "The registered manager has been very supportive during the pandemic we have daily chats to talk about how the residents are doing;" "We also have regular supervisions so we can discuss anything and talk about improvements that need to be made;" "We have regular team meetings each month so we

can all get together as a team which really helps moral."

- Staff told us they felt supported and valued by the provider. One said, "Our provider gave us a bonus when the pandemic was really bad which was lovely and made me feel like we were appreciated and valued." Others said, "Our provider and manager have really been wonderful to us during the pandemic time. Our manager was always concerned about us. During Christmas the provider gave us voucher to thank us for working during this pandemic time."
- People at the service had regular resident meetings throughout the pandemic that focused on what they liked to do, what improvements they wanted, updates to visiting and other aspects of running the home. These were minuted and whilst some people lacked capacity, all people were included.
- The provider and registered manager had following governance guidance around visiting the service. When visits had been paused, they implemented window visits for those relatives that were local. People also had access to virtual visits. Once restrictions had been lifted, in person visits were restored in line with government guidance in accordance with peoples individual needs.

Continuous learning and improving care

- The registered manager had ensured all relatives, staff and people using the service had access to information about vaccines so that informed decisions could be made. They had worked with relatives and health care professionals to ensure those making decisions about receiving the vaccine were well informed.
- Relatives received regular updates about the most recent guidance, visiting and expectations of the home to keep people safe. Whilst the care home did not have strict visiting hours, families were made aware that mealtimes were protected to give people the best support and experience.
- The provider and registered manager had ensured there were a variety of different visiting or contact options available to meet individuals and their families, individual needs.
- The registered manager told us that they were resuming their work towards a Silver award with PROSPER [Promoting safer provision of care for elderly residents], following a pause due to the pandemic. They told us, "We are constantly striving to improve because we want our residents to have outstanding care. We have more that we want to do, but this is our aim."