Holmwood Residential Care Limited

Glenfield Woodlands Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

This inspection took place on 13 October 2015 and was unannounced.

Glenfield Woodlands is a care home that provides residential care for up to 17 people. The home specialises in caring for older people including those with people living with dementia. At the time of our inspection there were 15 people in residence.

A manager was in post; however they have not yet registered with the CQC. The home has been without a Registered Manager since January 2015. The new manager has commenced the registration process now they have received the

People were happy and told us that they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to

Summary of findings

follow up and report suspected abuse. Staff were knowledgeable about their responsibilities and trained to look after people and protect them from harm and abuse.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to be sufficient staff available to meet people's needs and worked in a co-ordinated manner.

Medicines were ordered, stored and administered safely.

Staff received an appropriate induction and on-going training for their job role. Staff had access to people's care records and were knowledgeable about people's individual needs, and those that were important to them.

People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

People were provided with a choice of meals that met their dietary needs. There were drinks and snacks available throughout the day and night. The catering staff were provided with up to date information about people's dietary needs. Staff communicated people's dietary needs appropriately, which protected them from the risk of malnutrition.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were also complimentary about the staff and the care offered to their relatives. We observed staff speak to, and assist people in a kind, caring and compassionate way. People told us that they had developed good relationships with staff.

Staff had a good understanding of people's care needs. People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff to offer people everyday choices and respect their decisions.

People told us that they were able to maintain contact with family and friends as visitors were welcome without undue restrictions.

Staff told us they had access to information about people's care and support needs and what was important to people. Care staff were supported and trained to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff knew they could make comments or raise concerns with the management team about the way the service was run, and they were confident it would be acted on.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

Staff sought appropriate medical advice and support from health care professionals. Care plans included the changes to peoples care and treatment, and people were assisted to attend routine health checks.

People who used the service and their relatives spoke positively about the open culture and communication with the staff.

People were confident to raise any issues, concerns or to make complaints. People said they felt staff listened to them and responded promptly.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. Care staff understood their roles and responsibilities and knew how to access support. Staff had access to people's care plans and received regular updates about people's care needs.

There were effective systems in place for the monitoring of the building and equipment which meant people lived in an environment which was regularly maintained. Regular internal audits and monitoring of care planning ensured these were up to date.

Staff were aware of the reporting procedure for faults and repairs and had access to external contractors for maintenance and to manage any emergency repairs.

Summary of findings

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.

People felt safe at the service as they were confident about the environment in which they lived and the staff that supported them.

Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them to ensure their views were supported.

People were supported by a sufficient number of staff which promoted their safety and met their needs.

Medicines were stored and administered safely.

Some door locks were not an appropriate type that would allow people to exit a room once locked.

Is the service effective?

Good

The service was effective.

People were supported by a trained and informed staff group.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

People received appropriate food choices that provided a well-balanced diet and met their nutritional and dietary needs.

People received the appropriate support at meal times.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring, and they were treated with kindness and compassion.

We saw positive interactions and relationships between people using the service, their visitors and staff.

Staff helped to maintain people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People using the service and where appropriate their relatives were involved in compiling and review of their care plans.

Staff were knowledgeable about the care and support people needed, and their individual preferences in the delivery of care.

Summary of findings

People said they felt able to approach the manager and staff if they had complaints.

Is the service well-led?

Good

The service was consistently well-led.

There was no registered manager in post, though they had commenced the registration process.

The home had an open and friendly culture and people told us the manager and staff were approachable and helpful.

People using the service and their relatives had opportunities to share their views on the service.

There were effective systems in place to regularly assess and monitor the quality of care and ensure a safe environment for people.

Glenfield Woodlands Care Home

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 13 October 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted commissioners for health and social care, responsible for funding some of the people that lived at the home and asked them for their views about the service.

During the inspection visit we spoke with four people who used the service. We spoke with three people who were visiting a family friend. 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 spoke with the care manager, one senior carer and three care workers.

We also looked in detail at the care and support provided to four people including their care records.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service and that staff cared for them safely. We spoke with people in the home, and asked them about their safety and wellbeing. One person told us, "I like it here the staff make me feel safe." Another person said, "It's lovely here, there aren't many fall outs [between the people living in the home] and we all get on with each other."

We spoke with three people visiting the home who felt the person they were visiting was safe and well cared for.

We saw that the provider had a safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Staff we spoke with had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. For example, one member of staff said, "I know who to go to if I felt someone was being abused." They added that this could include the area manager, as well as social care staff at the local authority and the Care Quality Commission. Staff were also able to tell us about the whistle blowing policy and were again confident to use it if their concerns were not acted on. Staff told us that they had received training in the safeguarding procedures and this was confirmed when we viewed the training matrix.

Staff also said they had undertaken Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to describe ways in which they would work with someone who was resistant to personal care.

We saw the equipment that staff used to maintain people's independence and safety, these included walking aids, hoists and wheelchairs which were stored appropriately and were easily available when required. Staff were aware of how to use this equipment safely. We observed people being hoisted in the lounge before being transferred to other areas of the home using a wheelchair. We saw staff doing this with the person's safety in mind, which was also apparent when using wheelchair footrests appropriately. That meant the staff ensured people were transferred safely.

When we looked around the home we noted that there was a special type of lock used on doors in the home. These used a special key and when locked would not allow anyone to leave from inside the room. We saw several of these locks on people's bedroom doors as well as other doors throughout the home. We spoke with the manager, who agreed to have these removed from people's bedroom doors, and for people that requested a bedroom door lock to have an appropriate type fitted.

We looked at people's care plans which showed that staff had considered the potential risks associated with their care and support needs. Plans had been put in place to manage these risks. We saw a variety of risk assessments had been undertaken and were available with care plans. For example these covered risks of falls, risk of choking, use of bed rails and moving and handling. We also saw that care plans and risk assessments were reviewed on a regular basis to ensure that care provided met people's individual needs.

Staff were able to describe how they assisted people safely. This was in line with people's individual care plans, as well as staff being able to explain safety in general terms. Records showed that advice was sought from health care professionals in relation to risks associated with people's care, and risk management plans were reviewed regularly.

The manager told us accidents and incidents were regularly reviewed and monitored. This was to identify possible trends and to prevent reoccurrences. The manager also told us accident and incident audits were undertaken to ensure the appropriate action had been taken and a referral for professional support had been made if required. The manager showed us the file which was collated on a monthly basis and the outcomes analysed for any follow up actions. The findings were also forwarded to the company head office, as part of their on-going monitoring processes.

We saw that regular fire safety checks were carried out, where fire drills were held each week. We saw each person had an evacuation plan that detailed how staff would support them in an emergency. The manager notified us of incidents and significant events that affected people's health and safety, which included the actions taken. They were also aware of other relevant authorities that required to be informed if health and safety issues arose.

Our observations confirmed that there were sufficient staff to meet people's needs. People living in the home told us that staff responded in a timely manner to people's requests for assistance. Staff told us there were enough staff and that agency staff were not required to cover shifts.

Requires improvement

Is the service safe?

We noted that there had been a recent situation where the lift had broken down regularly over a six week period. The provider had authorised repairs which did not resolve the issue, and so decided to replace the lift. The issue was resolved, though had caused some relatives of people in the home anxiety during this period of time. We saw that additional staff were brought on shift which had helped to ease the situation at the time.

People's safety was supported by the provider's recruitment practices. Staff described the recruitment process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff worked unsupervised.

People told us that they received their medicines when they should. We looked at how medicines were handled and found that the arrangements at the service were appropriate, efficient and managed safely. The provider had a medicines policy, and other medicines information was available for staff to refer to. We observed from a distance how the staff conducted a medicine round. We saw this was conducted methodically and safely, and in a competent manner. We heard the staff give people clear explanations and instructions when informing them how their medicine should be taken. We also saw staff ensure the medicines had been taken before going to the next person.

Medicines were stored safely and at the correct temperatures so that they remained effective. We saw there was a record of storage temperatures maintained on a daily basis. Staff were aware of what to do if the storage temperatures were not within those set by good practice. All medicines were administered by appropriately trained staff.

We looked at the medication administration records, these were appropriately completed with no missing signatures. Some people were prescribed 'PRN' (as required) medicines however there was no detailed information in place to ensure the medicine was given appropriately. These instructions are sometimes called protocols, and guide staff to the circumstances and regularity when these medicines should be given. Though the protocols were not in place, these medicines had not been administered excessively. We spoke with the manager who said she would ensure the guidance was put in place. That would guide staff to the circumstances the medicine was used and the number and frequency of doses administered before referring the person to the GP for a medicine review.

Good

Is the service effective?

Our findings

People told us staff looked after their care needs, one person said, "I know how busy they are, but they always have time for a friendly word or two when they're doing their job." People were happy with the staff and thought they understood their needs and how they liked to be cared for.

We spoke with staff who confirmed that they had undertaken induction training appropriate for their job role and on-going training following this. We confirmed the training staff had undertaken with the training matrix and this showed staff had undertaken training in first aid, health and safety and moving and handling people safely.

Staff felt communication and support amongst the staff team was good. The daily handover meetings provided staff with information about people's health and wellbeing. Staff felt supported through the regular staff meetings, supervisions and appraisals. Staff found meetings were informative and were used to review their practices.

Throughout our inspection we saw that staff offered people choices and sought consent before they offered assistance. We saw that staff used moving and handling equipment and transported people appropriately by wheelchair. We saw that staff chatted with people, and kept them informed as to what they could expect when being supported.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had received training on the MCA and DoLS and entries on the staff training matrix confirmed this.

Staff were knowledgeable about how they supported people to make daily choices and decisions on a regular basis. They told us that sometimes people had fluctuating capacity due to their mood or anxiety, in which case they would give the person some time before repeating the question. This showed staff understood the need to gain people's consent and agreement which involved them in making day to day decisions about issues that directly affected their lives.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and DoLS were developed to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. At the time of our visit no one was subject to an authorised DoLS. The manager was awaiting the outcome of applications to the appropriate body, where it was felt that people's liberty had been deprived.

We spoke with people about the meals, one person told us they were happy with the meals, and said, "The food is good, they know how I need it and it always comes prepared just right." However, another person felt the meals were 'alright' and indicated the main meal on the day was not to their satisfaction, but they had been offered an alternative. People told us their views about the menus were sought individually and at meetings held for everyone who used the service. The manager said the cook had recently changed some of the meals on offer. This was an on-going practice, and the cook had the task of asking people in the home what changes were required and then assessing the success of the changes.

We saw people were offered drinks and snacks throughout the day. Most of the lunchtime meals were served in the dining room, and staff explained that some people chose to sit alone or in the lounge, as that was their personal preference. We saw that staff assisted those who required assistance to eat their meal.

The cook confirmed that the menus were to be changed so that more traditional meals were offered. The cook prepared meals to suit people's dietary needs and had information on meals that needed to be blended to suit a person's swallowing difficulties and those that required to be fortified with double cream and full fat milk.

We saw that an assessment of people's dietary needs had been undertaken, and where necessary a record of their weights were recorded. Where staff had concerns about people's food or fluid intake we saw where they had been referred to an appropriate health professional.

People told us their health and medical needs were met. They told us staff would call the GP if their health was of concern. People's care records showed that people received health care support from a range of health care professionals and attended routine medical appointments out of the home, and had visiting specialists for dental and optical appointments.

Good

Is the service effective?

Relatives we spoke with were satisfied that their family member's health needs were supported and where agreed, were kept informed about any health concerns. One relative told us that they continued to be involved in their family member's care and supported them to attend hospital appointments.

We spoke with some visiting health care professionals during our inspection told us that staff currently provided health care support to one person. They told us that staff were knowledgeable about the care needs of the people they supported, and assisted them when necessary.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person using the service said, "The staff are very nice, very good. I have a good old chat with them, and they are there if I need them."

We spent time in the lounge and observed how staff supported people. We saw that there was plenty of activity in the lounge, and the atmosphere was lively and friendly. Staff continually interacted with people and included them in the life of the home. We saw that the staff would speak with people when they were passing through the lounge, on their way to other areas in the home. We observed staff interacting with people and speaking with them in a friendly and compassionate way. For example we saw a member of staff stop what they were doing to read to someone who needed a story in the paper clarifying.

The staff we spoke with said they thought the home was a homely place to live. One staff member commented, "Yes I'd be happy for my relatives to live here."

Visiting relatives told us they thought the staff were caring and friendly, and they felt they looked after their family member well. However another relative told us that they were unhappy about the time their relative spent isolated on the first floor of the home, due to the amount of time the passenger lift was out of order. Though this had been resolved in time, the relative had needed to communicate with several staff at the home, and a director of the company before the situation had begun to be resolved.

We observed that when one person became anxious a member of staff was quick to recognise this and stepped in and reassured them. We saw that staff then distracted the person and took them to a quieter area of the home, only for them to return a short while later in a calmer state.

Prior to our inspection visit we contacted a range of social and health care professionals and they told us that they had no concerns about the care provided.

Staff we spoke with understood the need of providing people with choice on how they lived their lives. One member of staff said, "We give people lots of choice." They went on to explain they ask people which lounge they would like to sit in, or what they wanted for lunch, and provide alternatives if they didn't like the planned choices on the menu.

Staff were also aware of the importance of keeping people's information confidentially. Staff were able to explain situations when they would not discuss or divulge information, but instead would refer people to the manager.

Staff said they were kept up to date with any changes via the communication book and information handed over from senior staff and managers. They felt that this information was detailed enough for them to be able to meet people's needs appropriately.

One person who we spoke with confirmed they were involved in decisions about their care and we saw that they had signed their care plan and risk assessments. Other people told us that they had been involved in the assessment of their needs and in the development of their plans of care.

Staff told us they undertake care plan reviews on a monthly basis or more often when necessary. They also said that if anyone did not want to be involved, they would involve their relatives but only if permission was given first.

The staff we spoke with were able to describe how they promoted people's privacy and dignity. They described the process they undertook whilst assisting people with various forms of personal care. We saw one person being assisted from the lounge to another area of the home. We saw one member of staff prompt and guide the person, where a second assisted but slightly out of the person's sight. We later spoke with the staff concerned and they said they assisted the person in this way so they could concentrate on speaking with one member of staff. This then lessened the possibility of them being distracted by the second member of staff and so increasing the potential of the falling.

Good

Is the service responsive?

Our findings

During our inspection we saw staff responded to people's needs throughout our visit. Where people required assistance we saw that the staff provided this. We observed people being supported to put their feet up on stools, and had their glasses brought into the lounge. People told us they received the care and support they needed to maintain their daily lives.

One person who spoke with us confirmed they were involved in decisions about their care and we saw that they had signed their care plan and risk assessments. Throughout our visit we saw that people looked relaxed and some had visitors who told us they were able to visit without restrictions, but tended to avoid mealtimes.

We looked at a number of care plans which had been recently reviewed and updated. We saw in one person's notes, that staff had recorded an injury to a person who used the service. There was an ongoing record of follow-up actions taken by staff which included a conversation with a health professional. That meant the staff had recorded the ongoing development of the wound, how it was progressing and any updates from the health professional involved.

We saw that up to date emergency grab sheets were in place in peoples care plans, these were used to communicate people's health needs, for example in the event of an admission to hospital.

We looked at a care plan for a person who had been provided with equipment to ensure the integrity of their skin. This had been arranged by a health professional and the equipment was specific to the person's needs. The equipment was required to be set for their particular weight and staff we spoke with were able to confirm the equipment was checked by them on a weekly basis to ensure the setting remained the same**.** However when we spoke with staff, they were not clear on how to re-set the equipment, and confirmed they did not have any instructions to ensure it was re-set correctly. We also noted there was no written advice for staff to follow about how the equipment should be used. We spoke to the manager about the lack of written guidance, and she agreed to obtain the appropriate guidance and share this with the staff. The manager also agreed to continue to do regular checks on the equipment until such time the written guidance was in place for staff, and after that on a periodic basis.

We looked at two people's care plans and noted there were detailed and specific instructions about each person's personal care. There were also detailed records on the amount the person ate and drank, and information about how their meals should be prepared. These had been updated to reflect the person's change in needs. We spoke with the cook who was also aware of people's individual needs, and had information about people that required a special diet.

Staff told us they had additional responsibilities as a keyworker for named people who used the service. They met with people regularly to discuss their care plans and involved families in those discussions when appropriate. We saw where the manager had developed a 'resident of the day' form. This was being used by senior staff to review the care provided to people and to re-evaluate their care plan. This was used in conjunction with the key worker where they would complete a questionnaire on any changes to the person's abilities and wellbeing.

Care records showed that people's plans of care were reviewed regularly and relatives were involved in review meetings. We also saw specialist advice was obtained from health care professionals.

We observed staff worked well together in a calm and methodical way. Staff communicated well with each other, and with people using the service. We saw where they spoke clearly and gave specific information about the care being offered.

We spoke with staff who told us they asked what activities people wanted to do during the day. They gave us examples where some people chose to play dominoes, others liked to sing and some who just enjoyed watching and listening to what was going on.

We saw there was an activities plan in place, which offered a range of activities for people to be involved with. Staff we spoke with said they had time to involve people in activities, and we saw a game of skittles whilst we were in the home. One member of staff said that on some occasions they would change from the planned activity and do what people chose to do at the time.

Good

Is the service responsive?

We saw that later in the day when a member of staff had a spontaneous conversation with someone that was sitting alone in a lounge reading a daily paper. That led to the member of staff sitting down and explaining the article in the paper to the person.

People who used the service told us that they would talk with the manager or staff if they had any concerns.

Relatives told us they knew how to raise concerns and had been given a copy of the complaints procedure. One relative said, "I have spoken to the manager and made a complaint, I will talk to the provider next as I am not happy at the outcome."

People told us they found the manager and staff were approachable. We saw the provider ensured people had access to the complaints policy and procedure if required.

The provider had systems in place to record complaints. Records showed the service had received four written complaints in the last 12 months. Outcomes had been provided for each, and changes made to the service.

There were regular meetings for the people in the home and, if they wished, their relatives. These had minutes recorded and were available for people to refer to.

We spoke with a visiting health professional, they were happy at the way the staff carried out their instructions in order to keep the person's care continuing in between their visits.

Good

Is the service well-led?

Our findings

Most of the people we spoke with said they thought the home was well-led and provided a homely atmosphere. However one relative made us aware they were not happy with the delays in repairing the passenger lift, and had taken this up with the director of the company.

People who used the service and their visiting relatives spoke positively about the open culture and communication at the service. Relatives told us the staff contacted them when their family member became unwell or if the doctor had been called.

Staff had high praise for the manager. One person said they were encouraged to suggest how the service was developed. They confirmed there were regular team meetings and said they felt the practices in the home were being progressed by all the staff.

The service had a manager in post who started to develop a management structure within the home. The manager was in the process of registering with CQC at the time of our visit.

The manager understood their responsibilities and displayed a commitment to providing quality care in line with the provider's vision and values. The manager worked alongside staff on the floor to develop their understanding of their roles and see where change was needed.

Staff were aware of their accountability and responsibilities to care and protect people and knew how to access managerial support if required.

Staff had access to people's plans of care and received updates about people's care needs through the daily staff handover meetings. There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles, training needs and could discuss how the service was changing.

Staff told us there was staff supervision in place, but this was early in the programme as the manager was developing her role and the roles of the staff group. The manager confirmed that she had commenced staff supervisions, and was continuing to with more sessions planned through the year.

Staff told us that their knowledge, skills and practice were kept up to date. We viewed the staff training matrix, which showed that staff had updated refresher training for their job role and also had training on conditions that affected people using the service, such as dementia awareness and behaviours that challenge.

We saw where the manager was attending a course on the new care certificate. This is a qualification that is the successor to the national vocational qualification (NVQ). This will enable her to further develop the staff groups experience and qualifications.

We saw the system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. The handyperson who was responsible for some of these repairs was in the building on the day of our visit. They also had the task of testing the fire alarm and evacuation system as part of their weekly checks. We were part of the test and saw how intricate the tests were and how members of the staff group were involved in the process.

Staff were aware of the procedure for recording and reporting faults and repairs. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained. The management team also had access to external contractors for maintenance and any emergency repairs.

We looked at the quality assurance processes, and found that these were being developed in line with the managers' role. We discussed the checks and audits the manager and staff conducted in order to ensure people received both appropriate support and care. The manager told us, and records confirmed that they conducted regular audits in order to ensure health and safety in the home was maintained.

Audits included checks on the medicines system, care plans, accidents and incidents, catering, and people's weight loss or gain and their nutritional input. We noted other checks called 'walk about audits' were conducted by the manager. Records confirmed these were undertaken on a weekly basis and included environmental areas within the home.

There were regular meetings held for the people who used the service and their family or friends where they were also

Good

Is the service well-led?

enabled to share their views about the service. These were also used to inform people of changes to the service. That meant people could be involved and influence how the service could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.