

Barchester Healthcare Homes Limited

Glenroyd

Inspection report

Glenroyd Close
Whitegate Drive
Blackpool
Lancashire
FY3 9HF

Tel: 01253798008

Website: www.barchester.com

Date of inspection visit:

10 February 2016

12 February 2016

Date of publication:

04 April 2016

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 ●

Summary of findings

Overall summary

This inspection took place on 10 February 2016 and was an unannounced inspection.

Glenroyd nursing home is a purpose built home registered to provide residential and nursing care for up to 78 people. Glenroyd has three floors comprising of bedrooms, toilet and bathing facilities. All bedrooms have en-suite facilities. There are four separate units within the home for nursing, residential and people living with dementia. There is a passenger lift for ease of access and the home is fully wheelchair accessible. There are communal lounge and dining rooms, a reception area, hairdressing salon and a large conservatory. A landscaped garden area is at the rear of the home with seating. Limited parking is available at the front and side of the building. At the time of the inspection 48 people lived at the home.

At the last inspection in April 2014. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Glenroyd nursing home and liked living there. Although people said they felt safe, there had been a significant number of safeguarding alerts about people's care. Many of the alerts were substantiated and showed people had been placed at risk of harm or not protected from harm. The registered manager had reported safeguarding issues as required. This showed there were procedures in place and an open and transparent culture in the home. The management team had worked with the other professionals to improve care and reduce safeguarding concerns.

Risk assessments were in place and in most cases minimised risk. However there was some confusion with risk assessments for one person in relation to bed rails. This could have led to the person being unsafe.

We saw that two upstairs window frames were unsafe. The registered manager made arrangements for these to be made safe quickly. They were part of the rolling programme of refurbishment but were brought forward in response to the safety issue. The home was clean and hygienic when we visited. There were no unpleasant odours. The people we spoke with said they were pleased with the standard of hygiene in place. One person told us, "You cannot smell anything can you? This home is spotless."

We looked at how the home was being staffed. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels. One person said, "I think there are enough staff. Whenever I want something I just ask or press my buzzer."

Recruitment and selection was carried out safely with appropriate checks made before new staff could start

working in the home. By doing this the management team reduced the risk of employing unsuitable people.

Staff managed medicines competently. They were given as prescribed and stored and disposed of correctly. People told us they felt staff gave them their medicines correctly and when they needed them.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. A member of staff told us, "The training has been good, really helpful."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us a sample of applications she had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. People said the food was varied and tasty and they had no problems getting snacks or drinks outside of meal times.

People we spoke with told us staff were caring and helpful. They said their health needs were met and any changes in health were managed in a timely manner. Staff responded to any requests for assistance promptly. One person told us, "We are rarely kept waiting. The staff are always about when you want them." A relative said, "You don't see people left in distress in this place."

Staff knew and understood people's history, likes, dislikes, needs and wishes. We saw staff encouraged people to make decisions and choices wherever possible. People felt they could trust staff and they were polite, caring and respected their privacy.

Staff recognised the importance of social contact, companionship and activities. There was an activities programme in place. People told us they enjoyed activities in the home and going out in the minibus. One person said, "Lots of activities going on. We get out quite a bit. We go to Lytham and the local park." A relative told us, "There is a new activities co-ordinator. She is very enthusiastic. It is lovely to see some of the activities and to join in."

People's friends and relatives were encouraged to be involved in the home and activities and made welcome when they visited. One person told us, "The staff always make my family welcome."

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff listened to them if they had concerns and took action to improve things. One person said, "Things are always sorted properly if anything has gone wrong."

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately. One person told us, "We can always say what we like or don't like."

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives felt their needs and wishes were listened to and acted on. They said staff were easy to talk to and encouraged people to raise questions at any time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always consistently safe.

Although people told us they felt safe at Glenroyd there had been a significant number of safeguarding alerts about people's care. Many of the alerts were substantiated and showed people had been placed at risk of harm or not protected from harm. The management team had worked with other professionals to improve care and reduce safeguarding concerns.

The home had been refurbished in many areas but two upstairs window frames were rotten and unsafe. Once aware, staff made these safe quickly.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Requires Improvement ●

Is the service effective?

The service was effective.

Procedures were in place to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good ●

Is the service caring?

Good ●

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were comfortable and looked after.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and patient way.

Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

People who lived in the home and their relatives were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and easy to talk with.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed

to providing a good standard of support for people in their care.

Glenroyd

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 10 February 2016 and was unannounced. The inspection team consisted of three adult social care inspectors and a specialist advisor. The specialist advisor was a nurse who had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spent time on each of the four units. We spoke with a range of people about the service. They included the registered manager, eighteen members of staff on duty, fifteen people who lived at the home and seven relatives. We also observed care throughout the home.

We looked at care records of eight people and the medicine records of fourteen people. We also looked at the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People told us they felt safe at Glenroyd and were satisfied with the care. One person told us, "The staff are wonderful. I always feel safe." Relatives felt confident their family members were being looked after. One relative said, "[Family member] is absolutely safe here."

There had been a significant number of safeguarding alerts raised about the care in the home in the previous twelve months. The majority of the alerts were substantiated and showed people had been placed at risk of harm or not protected from harm. However many of these were found and reported to the local authority safeguarding team by the registered manager. This showed they were open and transparent and would take steps to report abuse. Measures were put into place to ensure people's safety and support the home. Health and social care professionals increased the monitoring of the care provided. Staff co-operated with investigations and worked with the local authority and health professionals to improve care. The level of safeguarding concerns had gradually reduced.

We spoke with staff, who told us everyone had worked hard to make sure the care was safe and people were happy. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

Risk assessments were in place to reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support. Staff spoken with told us the risk assessments were clear and informative. However there was some confusion with risk assessments for one person about whether they had bed rails or not. Conflicting information was in place which could have led to the person being unsafe. This was immediately addressed.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. Where people had displayed behaviour which challenged the service, we saw assessments, guidance to staff and risk management plans were in place. Staff spoken with were familiar with this information and aware of how to support people. This meant staff had the guidance and support they needed to provide safe care. For example we observed one person shouting, "I just want that door opening" indicating exit from unit. This person was banging on doors shouting "help me, help me, help me please" and was clearly unsettled and unhappy. We observed staff providing support that was kind and caring. Distraction was used to encourage the person to move from the corridor to the lounge area. It took around ten minutes and three different staff members to achieve this. However once settled into a sofa in the lounge the person sat drinking coffee, eating chocolate biscuits and quietly enjoying music in the lounge. Staff frequently interacted with the person who was cheerful and relaxed for the remainder of our visit on that unit.

We looked around the home to check the safety of the environment. We saw the windows in one area of the home needed repair or replacement. Several checked had a hinge missing from the frame and two had

rotten window frames. The maintenance person informed us they had received a quote for replacement windows and passed this to senior management. We informed the registered manager of our concerns regarding the windows. She made sure the windows were secured quickly and repairs arranged. She later informed us plans to replace the windows in that area of the home were being urgently brought forward. Windows in other areas of the home were maintained and looked satisfactory.

People told us the home was always clean, tidy and fresh smelling. One person said, "It is superbly clean here." A relative told us, "There are no smells or odours here." We saw there had been a major refurbishment programme carried out in the home. Communal areas were furnished for the comfort of people and their relatives. The conservatory had been refurbished and was a light, pleasant area. The ground floor and first floor of the home had been redecorated and refurbished. The lounges had been fitted with new fires and fire surrounds making them look homely and welcoming. The registered manager told us the second floor was due to be refurbished soon after the inspection. The garden area at the rear of the home had been developed with the help of volunteers from The Prince's Trust. It was a colourful, sensory garden and a safe area for people to enjoy. People living with high care needs were supported to access the garden and were accompanied by a member of staff or a visitor.

Kitchen and domestic staff were encouraged to interact with people who lived at Glenroyd. They told us they enjoyed the opportunity to spend time with people. They valued chatting with people and their relatives and were supported to do so. They felt it was particularly beneficial for those people who were confined to their bedrooms. We spoke with staff who told us they liked working at Glenroyd. One member of staff said, "I love it; I miss it when I am not here."

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Legionella checks had been carried out and equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure was in place, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe. People had personal evacuation plans in place.

Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. We pressed a call bell when with one person in their bedroom. It was answered quickly. People told us that was usual and staff always responded quickly.

Staff told us that they discussed and reflected on any accidents or incidents, complaints, or concerns. They evaluated how well the situation had been managed and what lessons had been learnt. Any changes to care needed were made to reduce risks to people. We were told and saw from records there had been concerns over the management of a pressure sore in the home. The management team reviewed the care and treatment looking at the causes and contributing factors to the unsatisfactory management of this. Although the person did not co-operate with treatment, the management team considered that the staff involved could have encouraged the person to move more. They increased monitoring of the person's care and provided additional training to improve staff knowledge. This showed they were evaluating situations and learning from these.

People told us they felt staff supported them with medicines well. We saw medicines were usually managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored

and disposed of correctly. Staff counted tablets down as they were administered. There were some minor discrepancies in the number of tablets left for a small number of people. However these were of addition/subtraction errors, not errors in administering the tablets and quickly rectified. We spoke with people about the management of their medicines. People told us they were given medicines as prescribed and at the correct time. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected.

We observed medicines being given on all units. Medicines were given safely and recorded after each person received their medicines. There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Competency checks had been completed on each member of staff who administered medicines.

People were able to spend time in communal areas of the home and their bedrooms as they wanted. They were also supported to access the local community. They told us they could come and go and were supported to safely do things they wished.

We looked at how the home was being staffed. We did this to make sure there were enough staff on each unit to support people throughout the day and night. We talked with people who lived at Glenroyd, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels. We looked at the staffing audit tool which looked at the level of dependency of people who lived in the home. Staffing was satisfactory but staff were occupied with supporting and interacting with people. One person said, "The staffing levels are good. There are always enough staff on duty to spend time with us."

Agency staff use, which had been high in previous months, had reduced before the inspection as new staff had been appointed. This was of benefit to people who lived at Glenroyd and to the permanent staff team as regular staff were more familiar with people's needs. The registered manager told us where possible the same agency staff had been used but this was not always possible.

Staff we spoke with told us there were enough staff to look after people. They told us the team had worked hard to make improvements to care. A member of staff said, "We are working together well now, making sure we pass all the information about people's care to the next shift."

We looked at the recruitment and selection procedures for the home. We looked at four staff files. The application forms were fully completed and any gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check the criminal records of potential employees to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work.

We spoke with three members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks were repeated annually to ensure that the nurse was still registered with the NMC and therefore able to practice as a registered nurse.

Is the service effective?

Our findings

People told us they enjoyed the food and had an excellent variety of meals. One person told us, "They look after me very well. "If you don't like what they serve you, you can always get an alternative." A second person commented, "They give you plenty of choice. No-one can say they go hungry, don't like anything. The staff will offer you something else straight away."

The home used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of obesity or malnutrition. People's weights were monitored on a monthly basis. For those people who were frailer, arm measurements were taken to assist with their monitoring to help people maintain a healthy weight.

We spoke with the cook. The cook maintained records for those people who had allergies or special dietary requirements, identifying those people who required specialised diets. They told us they met with care staff to discuss people's needs when they moved into the home. Where a person enjoyed a particular food that the home did not routinely provide, the cook would order this.

The cook told us the kitchen had recently been refurbished. We found the kitchen was very clean and well organised. The stock room was well stocked with provisions. The cook was a well-established member of the team and had gained many years of experience in the role. They had been supported to undertake training to assist in catering for the dietary needs of people. We found good systems in place to provide for people who required special diets and textures in their food.

The daily menu was on display in the reception area of the home and on each unit. For those people who had risks identified, there was good guidance in their rooms, for staff to follow. There was information about each person's likes and dislikes and any allergies. This information was placed in the main kitchen, each unit and in care records. This assisted staff to providing the correct meals to meet people's needs and preferences.

In the dining areas we found staff had compiled a list to identify those people who required specialised diets and drinks and those with food allergies. We spoke with a new staff member who was able to demonstrate they had a full understanding regarding supporting people with identified needs. Staff recorded people's food and fluid intake where there were concerns over their diet.

We observed mealtimes in each unit. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people were having a balanced and varied diet. At lunchtime there was a choice of hot meals available; white fish or homemade sausage rolls. Both were served with an accompaniment of vegetables and potatoes. We found meals were freshly cooked and presented to a good standard. In addition to the hot meal available there was a supply of fresh fruit and yogurts available in the kitchen / dining area of the home. Where people said they didn't want either option, alternatives were suggested which were quickly provided.

Lunchtime was a social occasion where possible, with people encouraged to eat together. However particularly in the nursing unit a number of people were too ill to go to and eat in the dining room. Staff went to people's rooms and sensitively assisted them with their meals where needed. We saw people were well supported in all units and staff interacted with people throughout the meal. Assistance was discretely provided to people who needed support on each of the units. One person told us, "I usually have my meals in the dining room but now and again I don't feel up to it and eat in my room. That is never a problem."

We saw snacks and drinks were available in the home and people regularly received these. We observed staff assisting people who needed help or supervision when eating or drinking. Where needed, thickeners were added to drinks to help people with swallowing difficulties. Staff were aware of the correct consistency for each person they supported.

Relatives were encouraged to make drinks for themselves and their family member during their visits. This helped to create a homely atmosphere. Some relatives spent long periods when they visited and this helped to make people feel comfortable. We found there were good systems in place to support people. One person told us, "Any time I want a snack or drink, I can have one. There are no restrictions about that."

Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us their healthcare needs were well met by staff. They told us they had regular health checks. They said staff quickly acted on any health issues and monitored these. People told us they were referred to relevant health professionals where needed. Care records seen confirmed this. One person said, "I only have to let the staff know I am not feeling too good and they are here checking me over and getting the doctor if needed." The management team had appointed champions within the staff team including dementia and infection control. The champions sought out information and actively supported other staff to make sure people experienced good healthcare outcomes.

We spoke with health and social care professionals who told us there had been concerns about the care in the home in the last year. However the management team had worked in partnership with health and social care professionals to make changes and improvements. They had no current concerns with the care being provided.

Relatives said staff quickly responded to any changing needs and informed them of any concerns at the earliest opportunity. One relative said, "They always keep me up to date with things and discuss any issues with me in relation to [my family member]." Another relative told us, "Staff are amazing, everyone's really helpful and kind. Nothing is too much trouble. If there are any health concerns they are straight onto it and I am kept informed."

People told us their needs were being met by the staff team. They said they were able to say how they wanted their care to be provided and when they wanted particular care provided. One person said of the staff team, "The staff know what we like and how to look after us. They know my routines." A relative said, "We've been more than happy. We wouldn't want [our family member] moved for the world."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

The management team had policies in place in relation to the MCA and DoLS. We spoke with the staff to check their understanding of these. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

We looked at records to see that people had consented to their care where they had mental capacity. People we spoke with told us they had the freedom they wanted to make decisions and choices. They told us staff gave them sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do. One person told us, "We go through what I need in terms of care and support every month or so. I sign an agreement with it." We saw that staff asked people for their consent to care. We overheard a member of staff talking to one person as they were walking along corridor. "Are you ok? Do you need to use the bathroom? Can I help you?" The person said "Oh yes please, I think I will". This demonstrated that staff asked for consent. We also looked at the care and support provided to people who may not have had the mental capacity to make decisions.

We saw evidence that staff had ensured best interest decisions were carried out where people lacked mental capacity to make a particular decision. These involved all interested parties in the process to protect the rights of people who lived at the home. People who could communicate verbally told us they had the freedom they wanted to make choices and decisions. They said staff did not restrict the things they were able, and wanted, to do.

Relevant staff had been trained to understand when an application should be made. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. The management team showed us DoLS applications in place. The registered manager maintained a separate record of DoLS authorisations and dates when they needed to be re applied for. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People told us they were confident staff were well trained and knew what they were doing. Staff told us they were provided with induction training when they started working for the organisation and were then supernumerary for a period of time to enable them to develop basic skills and knowledge of the home. Several nurses were from overseas. They were working as senior care assistants while waiting for their application to be admitted to the NMC register to be assessed. We saw evidence of an induction checklist for agency staff which was completed on their first shift or if they had not worked in the home for some time. This assisted them in gaining basic information about the home.

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; Mental Capacity Act and Deprivation of Liberty training, pressure relief, wound care, duty of candour, safeguarding vulnerable adults, training in managing behaviour that challenged, infection control and dementia training. The training matrix system alerted the registered manager if staff needed to complete new training or to renew their training. This enabled the management team to monitor staff had completed required training. People who lived at Glenroyd and their relatives told us they felt the staff were well trained. One person said, "Staff are definitely well trained, good or really good. They are patient and understanding of us."

A member of staff told us, "We have just completed wound care training in January. I was happy with the

training. I also attended dementia training; we did person centred care and dementia awareness. It was good and interesting. I feel more confident now." Another member of staff said, "We have done dignity and respect training and how to defend ourselves in tricky situations. Personally I would like more dementia training though, I think some more is planned."

There was a mix of e-learning and group face to face training. Where some staff lacked confidence with computers, assistance was provided. This showed us staff were supported to keep up to date with their training and had or were developing the skills and experience to care for people. It was positive to see that relatives had been invited to some of the dementia training. They felt it had given them a much better understanding of the illness and their family member's needs.

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and regular staff meetings. They said this was one of the ways the management team supported and encouraged them.

Is the service caring?

Our findings

People we spoke with told us staff were supportive and helpful. They told us they were happy and satisfied living at Glenroyd. One person said, "All the staff are kind, caring and respectful. I don't have any problems with any of them." A relative told us, "We couldn't get better care anywhere. The staff are so nice and kind. They speak so nicely to residents." Another relative said, "We went into 15 homes over two days and this was head and shoulders above the others."

We observed staff to be caring and attentive in the ways they supported people. We saw one member of staff kneel down to talk with one person, gently holding their hands. Questions or requests from people were handled appropriately and in a kindly way by staff. They responded to any requests for assistance promptly. We saw staff explaining what they were going to do before attempting any tasks or assisting with eating and drinking. They involved people in decisions about activities and the time the individual received personal care.

We saw staff interacted frequently with the people in their care. One person told us, "The staff are good. They always make time to talk to you when they pop in and out to check you are OK." Another person said, "This place is lovely. Just look around, the staff are great." A relative said, "I am delighted to have the opportunity to speak with you. This home is excellent. It is warm and welcoming and the staff here are wonderful, so caring. This is where I want [family member] to be." Another relative told us, [Our family member] was at another home but their illness has progressed, so they needed to move. They are really happy here, so it has been a good move. It is really good."

People looked cared for, dressed appropriately and well groomed. Staff knew and understood people's history, likes, dislikes, needs and wishes. We saw one person go up to a member of staff and hugged them saying, 'I'm right filled with it', showing her newly painted nails. The member of staff told us the person loved having her nails painted and it improved her well-being.

Staff knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. They were knowledgeable about people, knowing their likes, dislikes and preferences in care. People felt they could trust staff and they were friendly and respectful. One person commented, "Very polite staff. They always knock on the door before coming in." Another person said, "They treat everyone with respect and dignity. That's what I find anyway." A relative told us, "I visit frequently. I would notice if things were not good. They are wonderful staff and treat people with respect."

Staff were aware of people's individual needs around privacy and dignity. We saw staff talking to people in a respectful, polite manner. They knocked on bedroom and bathroom doors to check if they could enter. They made sure the blinds in the bedroom doors were closed so people's privacy was assured when providing personal care.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support

from independent advocates so people had a 'voice' where there was no family involved.

Staff were able to support people and their relatives with end of life care. We read an advanced care plan, where a family had been supported to make decisions regarding their loved ones final wishes. The person's wishes were clear and staff were aware of these. Staff worked in partnership with the local hospice for advice and guidance and this helped them provide the right care.

We met the family of one person who had recently died in the home. They told us the end of life care they received was excellent. They informed us, "The standard of care given to [family member] and the care and compassion for us was outstanding. Nothing was too much trouble to make sure they were comfortable." They said they would always be grateful that the 'end' was peaceful. Adding, "This is a marvellous home. Staff stayed with [family member] all the time we weren't able to be here."

We met two people who had been admitted to the home on end of life care. We saw they had since improved. One person, despite remaining frail, had started to eat and drink again. Staff explained that they had equipment, medicine and support in place in case the person's health began to deteriorate again. Although very frail, this person had caught our attention as we walked by their room and we spent some time together. They smiled at us and gave us lots of eye contact. It gave us the opportunity to observe how this person was being cared for. Monitoring records were completed in their room. There were drinks available and staff assisted them with these. We spoke with one of the staff regarding this person`s care who was very knowledgeable. The member of staff was able to explain how often they should offer repositioning. They had a good understanding of the person's food and nutritional intake requirements. We also looked at their care records. These were informative and up to date and had all the information needed for the end of life care to be provided.

A relative told us their family member had been admitted to Glenroyd on end of life care but was now up and about and had started doing some of their leisure activities again. The relative told us, "The staff are excellent and now the manager is back it is even better. It was still OK when she was off but now she is back you can feel the improvement. It is so welcoming and we have the feeling of belonging."

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. One person told us, "I am quite happy here. The staff are very good. They do everything they can to make you comfortable." A relative told us, "Since the manager took the reins there has been tremendous improvements. The care is great."

Staff offered choices and encouraged people to retain their independence wherever possible. People were treated as individuals and assisted to follow the routines they chose. People told us they got up and went to bed when they liked. One person said, "I am not an early riser. I like to 'come to' first. The staff know this and leave me for a while."

The atmosphere in the home was relaxed and friendly during the inspection. Staff recognised the importance of social contact, companionship and activities. They regularly interacted with people. An activity board was on display in the conservatory showing the activities offered each day. Information was also displayed on each unit. There was a new, enthusiastic activities coordinator who worked throughout the home. They told us, "I enjoy working here. All the staff are friendly and the residents are lovely." People told us the activities provided included a range of stimulating group activities. These included board games, reminiscence, armchair exercises and singalongs. The member of staff told us of plans to provide one to one support with people in their rooms. The member of staff said they were being supported to spend a week with an activity co-ordinator in another home for guidance and support and this would assist them to provide a wide range of activities to interest and involve people.

People told us they found the activities coordinator keen to develop new ideas and they looked forward to these. It was positive to see the activities co-ordinator included relatives in the planning and organising of activities. This encouraged families to spend time together in activities they mutually enjoyed. A relative told us, "They recently had a guy in who brought along little creatures like tarantulas, snails and snakes, everyone was smiling and alert, they loved it. The home seemed to come alive."

We received positive feedback from relatives regarding about the activities co-ordinator supporting people to attend church services in their local church. One relative told us, "On Sunday staff took [family member] to church. Church was a big part of their lives in later years. During the service they brought the wine to take communion. They had a real moment of lucidity and tears were streaming down their face and they were smiling. They knew all the words to the hymns and responses. It was wonderful." Another relative said, "It was important for us to go to church on Christmas Day as a family and have lunch together [at Glenroyd] and it wasn't an issue."

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed soon after admission with the person and their relative, if appropriate. We looked at the care records of eight people we chose following our discussions and observations. Each person had a care plan and risk assessments in place that gave details of their care needs, likes and dislikes. We saw these were regularly reviewed. There was an

assessment of people`s needs undertaken. This included a medical history, the use of body maps to identify any physical impairments and risk factors.

Care plans were developed showing how people should be supported in areas of daily living. There was a range of risk assessments undertaken to identify and manage risks posed to people. The registered manager informed us they had introduced a new system of reviewing care plans on a monthly basis. She explained they made the monthly review date a special day for the individual person concerned with a positive focus on them. This meant the person`s review was centred around the individual person. The registered manager was confident this would minimise the risk of any lapse when reviewing records. Over each month there was the flexibility to ensure every person would have their care plan reviewed. In the care plans we viewed it was evident the staff team regularly monitored and reviewed the needs of people. Staff were positive regarding these changes because they felt it reduced the risk of any lapses in reviewing records.

There was photo of the person in the care plan. For some people who had lived at Glenroyd for a long time, we found previous photographs were dated and maintained in their records. This helped staff to monitor the changes in people. From the care records and talking with people it was evident they and their relatives were involved in care planning.

Care plans were personalised and staff were knowledgeable about people's needs and preferences. We found good information available in people`s rooms and care plan records. This included people`s television programmes preferences and what magazines people liked to read. Some people had a daily paper delivered. Where people had limited communication, care plans explained what type of clothes or make up they would like to wear.

People told us their relatives were encouraged to visit and made welcome when they came. One person said; "The staff are so welcoming to my family. They will always make them a drink." A relative said, "I am here regularly and the staff are always the same, cheery and welcoming."

We looked at the complaints policy and saw people had been given information on how to complain. People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. One person said, "Never had to complain. I know to speak with [the registered manager] if I have a problem. Honestly never had to. The place is lovely." Another person told us, "We haven't had any problems so we've not needed to complain." A relative told us, "We are perfectly satisfied. We have never had a problem." The registered manager showed us there had been three complaints over the last year. Two had been quickly dealt with and appropriate action taken to the satisfaction of the complainants. One was recent and was still being resolved. This was being actioned within agreed timescales.

Is the service well-led?

Our findings

People told us the registered manager and staff team were friendly, approachable and willing to listen to people. They said staff encouraged people to ask questions or raise any concerns. One person told us, "The staff are always around to listen if you want anything."

The registered manager sought people's views in a variety of ways. People felt that their needs and wishes were met and they could easily talk with the staff team. Staff had frequent informal chats with people about their views of the home. There were also formal 'residents and relatives' meetings. People and their relatives felt their needs and wishes were listened to and acted on and they were well supported. The registered manager told us she had an 'open door' policy and relatives could talk with her whenever they wanted. People who lived at Glenroyd and their relatives confirmed this. A relative said, "I can talk to [the registered manager] anytime. She always has time for you. This is a fantastic place." People and their relatives were encouraged to complete surveys about the care provided and any improvements they would like. There was also a monthly newsletter for people and their relatives giving news and information about the home.

The home had a clear management structure in place. The registered manager was passionate about improving care and the environment, with a clear vision of where she needed to be. She had been away from the home for a while, but had returned shortly before the inspection. Staff we spoke with told us the manager was supportive and approachable and clear about the standards expected. Staff were motivated to support people well. We found staff had a pride in their work and enjoyed being part of the team at Glenroyd.

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered manager and senior managers in the organisation. They also carried out unannounced visits during the day and night to monitor the care provided. Audits included monitoring the home's environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local hospice who helped them make sure they were following current practice. They also shared information and good practice between the homes in the organisation.

There were frequent staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One member of staff said, "I feel I can ask anything anytime. The manager is good. She gives support and encouragement."