

# Glenholme Senior Living Limited

# Bispham Gardens

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bispham Gardens is a residential care home providing personal and nursing care to 27 people at the time of the inspection. The service is registered to support up to 28 people.

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

Staff were recruited safely, however, not all applications showed evidence a full employment history had been discussed. We have made a recommendation about collecting full employment information. People told us enough staff were available to meet people's needs. Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Medicines were managed and administered safely. Infection control systems and audits continued to ensure a clean environment people.

The registered manager ensured staff received training that met people's needs. People were happy with meals and quantity of food provided throughout the day. One person said, "When I came here, I had no appetite at all, but with encouragement and lots of tempting treats I have got my love of food back." People received support with their healthcare needs promptly. 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.

People told us how staff were kind, caring and treated them well. One person said, "They [staff] couldn't be more caring towards me. Nothing is too much trouble." One relative commented, "The staff always show great patience with mum and she is never rushed." We observed people were treated with respect and they were involved with family members in their care planning.

People's communication needs had been assessed. People had access to activities daily within the home and in the local community. People knew how they could raise concerns about the service and a complaints procedure was in place. The registered manager was passionate about ensuring they provided empathetic, compassionate person-centred end of life care.

The owner and registered manager were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager and owner used a variety of methods to assess and monitor the quality of the service. This ensured the service continued to be monitored and improve.

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

### Rating at last inspection

The last rating for this service was good (published 19 September 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and

decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection due to the change of provider.

#### 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 safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bispham Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and one Expert by Experience carried out the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our 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.

During the inspection-

We spoke with four people who lived at the home and five visitors about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, senior care workers, care workers, housekeeping staff, administration staff and the chef.

We had a walk around the home to make sure it was homely, suitable and safe. We spent time observing interactions between people with staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider did not consistently follow robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, not all application forms held a full employment history and there was no evidence this had been discussed with the candidate.

We recommend the provider follow best practice guidance on the recruitment of staff.

- There were enough staff on duty to meet people's needs. Staffs' skills and knowledge were reviewed when organising the duty rotas to ensure there were enough staff with appropriate experience to keep people safe.

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

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the registered manager. One person told us, "I do feel safe and well protected. The staff are wonderful." A visitor commented, "[Relative] is safe when I go home."
- The registered manager followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.

### Assessing risk, safety monitoring and management

- The registered manager assessed risks to keep people safe. Staff had up to date knowledge of risk management strategies to keep people safe.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire there was guidance on how to support people out of the building.
- The provider employed two maintenance people to maintain the environment and minimise the risk of avoidable harm.

### Using medicines safely

- People received their medicines and creams when they should. Nursing staff asked people who had 'as and when required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. People were given time to take their medicines in a calm and person-centred manner.
- Medicines administration systems were robust and well organised. The registered manager completed registration checks to ensure the nurses employed were fit to practice and ensure better safer care for

people.

#### Preventing and controlling infection

- The provider provided regular best practice guidance on how to be proactive in combating the risks related to viral infections. Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection.
- We completed a tour of the home found the environment to be clean and well maintained. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control. One person told us, "The home is clean and fresh."
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

#### Learning lessons when things go wrong

- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager had good practice guidelines and a post falls protocols that guided staff on the appropriate action to take and who to inform.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From discussions with people and their relatives we were told consent to care and treatment was routinely sought. However, some electronic records did not hold signed consent to care documents. We discussed this with the registered manager during the inspection.

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

- People had their needs assessed before they came to live at Bispham Gardens. Information gathered during assessment was then used to create people's care plans. People's needs were assessed on a regular basis or when needs changed.
- We saw the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff completed regular computer based and face to face training in subjects relevant to their work. The provider had their own on-site trainer to provide effective training in a timely manner. One staff member told

us, "[Trainer] is really good, I like to talk to someone, you learn more."

- Staff had access to supervisions (one to one meeting); these covered areas such as training, professional and personal concerns and people's needs. Staff told us supervisions were carried out regularly. One staff member said, "The supervisions are fine. I get chance to talk."

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

- People were supported to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking.
- Food, drink and snacks were available throughout the day. One person told us, "The food is excellent and if I don't want what is on offer the cook will make me something else."

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

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and community-based health professionals. We saw documented outcomes and support people required in care plans.
- Staff had a good understanding about the current medical and health conditions of people they supported.
- The registered manager promoted care at the home rather than hospital admission. Staff took action to maintain people's stable health. One carer explained how they promoted good nutrition and hydration as it maintained people's skin integrity and prevented infections.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Communal areas were provided where people could relax and spend time with others. There was signage around the building which helped support people who lived with dementia. Corridors were free from clutter which promoted people's independence.
- The provider was in the process of extending the building. They had shared their plans with people and relatives. The registered manager had ensured the building work had minimal impact on people living at the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff. One person told us, "Staff show me great kindness. Especially [carer]. She is wonderful." A second person commented, "They [staff] couldn't be more caring towards me. Nothing is too much trouble."
- We observed people were comfortable in the company of staff and actively sought them out. People were actively included within conversations taking place.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at Bispham Gardens was caring, kind and compassionate. This reflected the attitude of staff and the management team. One staff member told us, "I like the one to one with people. I make sure I get a chance to speak with them and check on them emotionally."

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name they were polite, very friendly and cheerful when supporting people. One person said, "I am given constant help and encouragement."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service had a strong person-centred culture. The registered manager and staff team worked in partnership with people to ensure they had an enhanced sense of wellbeing. One person told us, "I can have a life living here. My quality of life is as good as it can be." A second person commented, "I couldn't be happier given all the challenges I have. The girls [staff] constantly encourage me to get up and help me keep myself looking my best."
- The registered manager empowered people in ensuring people's needs and cultural preferences were met. They supported people to follow personal beliefs, make unwise choices they valued, and enhanced their wellbeing. One person told us, "I was in a very bad place when I moved here. This home has given me hope for the future."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs. One person had short term memory loss and difficulty communicating. The nurse sat with them on a regular basis and wrote in their diary when they are due to have additional medicines. This empowered them to monitor and have knowledge of scheduled medicines administration and gave them a communication tool to initiate conversation.
- One person had communication cards to promote positive interactions with staff. Community based professionals visited on a regular basis to manage people visual and hearing loss.
- Staff retention was good, and staff were knowledgeable on how to communicate with people effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives praised the variety of activities available to participate in. One person commented, "I get taken out to the pictures and I go shopping on a regular basis. I do shopping on line and if I can't manage the girls [staff] help me. This is what is normal life, not life in a home. We go to a social club once a month which is great fun." A second person told us, "The staff here enable me to go out, have special times and enjoy doing things that build memories."
- People valued the reminiscence training delivered by a visiting entertainer. The entertainer ran workshops so staff could understand the value of supporting people to reminisce. The registered manager had enrolled

staff on the training to build on their interpersonal skill and develop their reminiscence activities.

- Relatives were valued and embraced as part of the service delivered. One person told us, "My parents are in their 80's. The staff are so very kind to them. If I was to sum up my care here it would be that I am given 110% attention and kindness." Several relatives had daily tasks within the home. One relative oversaw the bird tables and another with their family member changed the calendars throughout the home. One relative said, "I treat here like my second home."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints and systems were in place to manage complaints or concerns received, and to take learning from these. One relative told us, "If we have a problem [registered manager] is very responsive and always follows up."

End of life care and support

- People were supported with their end of life needs. The registered manager had a diploma in palliative care. She told us, "We do palliative care very well. All staff are encouraged to treat people like Nanna. I won't have anyone have a bad death."
- The provider had bought end of life equipment that is usually borrowed from community services, to ensure they had facilities on site to meet people's end of life needs in a timely manner.
- The registered manager, nurses and care staff accessed training at the local hospice. This supported positive communication and promoted people's dignity. One carer said, "I am more aware of signs and symptoms and it has given me confidence to talk to staff and people about the subject."
- Feedback on the palliative care people received was overwhelmingly positive. One daughter wrote, 'You will never know how much you helped us, from feeding us, hugging us and your kind words. All of these things meant so much to us we will never forget your kindness. Thank you so much to those who attended her funeral, she thought the world of each and every one of you and she would have been over the moon you were there.'

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager planned and delivered effective, safe and person-centred care. Current legislation and best practice guidelines had been followed. This was to ensure the diverse needs of everyone were met.
- The registered manager had created an open and transparent culture which contributed to staff morale and staff retention being high and enabled them to deliver good care for people. One staff member said, "[Registered manager] is the nicest boss I've had. If I've got a problem, I know I can go to [registered manager] and talk. She is like a friend, but my boss and I don't feel embarrassed talking to her." A second staff member commented, "Everyone gets on here, so all residents are happy. Every time I have had a problem, [registered manager] has helped."

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

- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding concerns and serious incidents as required by law.
- The provider and registered manager monitored the quality of care and risks at the service. The registered manager and senior staff checked people received their medicines as prescribed, how staff interacted with people, staff skills, and if people received good outcomes.
- Staff knew how they were expected to care for people through daily, one-to-one and group meetings. Staff told us the guidance they received helped them to provide good care. One staff member told us, "If [registered manager] can see we need a bit of help, she will help, and the nurses are helpful."
- The registered manager encouraged candour through openness. They understood their responsibilities to be open in the event of something going wrong with people's care. We saw evidence of constructive communication between the registered manager and families.

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

- People and relatives were regularly consulted about the care and support delivered.
- The registered manager worked in partnership with other organisations to ensure they followed current practice. They had developed strong positive relationships with health professionals. These included

healthcare professionals such as GPs and district nurses. This partnership to deliver co-ordinated care ensured positive outcomes for people.

#### Continuous learning and improving care

- The registered manager continuously reflected on their knowledge and participated in training to enhance their personal development and improve the care delivered. Their training included, management and leadership and end of life care.
- The registered manager attended local authority forums to ensure they had the opportunity to learn from and share good practice.
- The registered manager regularly assessed and monitored the service through formal and informal methods such as internal and external audits, and meetings with people. We saw evidence they had acted upon any findings from the audits and feedback from people.