

# Methodist Homes Gledhow

## Inspection report

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Date of inspection visit: 26 February 2015  
Date of publication: 09/07/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Our inspection was unannounced and took place on 26 February 2015.

Gledhow is a purpose built property. The home is located in a residential area close to local amenities and public transport. There are gardens surrounding the home that are accessible to the people who live there. The accommodation is on two floors with a passenger lift connecting the two. There are 51 single ensuite bedrooms. There are several lounge and dining rooms located throughout the home.

The service had a registered manager. 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.

We looked at staffing levels for the service which were adequate however, through our observations and from speaking with people who used the service and their relatives we found people were being put at risk because they were being left unattended in lounges and dining rooms.

# Summary of findings

On arrival at the home we were allowed access to the building by a contractor who did not check our identity. We were then able to move freely around the building without challenge; this put people who use the service at risk.

The home was being refurbished and new windows had been fitted in some areas of the home, we found the new windows did not have window restrictors which complied with Health and Safety Executive guidance (HSE). We also found some restrictors on the old windows were unlocked and therefore unsafe.

We found most staff had checks for their suitability to work with vulnerable people. We looked at some staff records and we were unable to ascertain if staff had received supervisions or appraisals. We found the majority of staff training was up to date and they had received a comprehensive induction on commencing employment.

From records we reviewed and through our observations we found the home was not appropriately assessing people's capacity to make certain decisions.

People were very complimentary about the attitude of staff and the care we observed demonstrated this. We saw staff spoke with people respectfully and treated them with dignity; staff knocked on people's doors and waited before entering their rooms. We observed staff ensuring people's dignity was respected when they transferred moving people using hoists.

People told us there were some activities but not many.

We saw care plans were comprehensive and had been reviewed regularly. We saw where people's needs had changed these were documented. In one person's file we saw they had fallen and their mobility and dexterity plan had been updated.

The registered manager carried out audits of the home although these were not always effective as the manager had been assisting some of the providers other services which meant time spent at Gledhow was reduced. People who used the service and their relatives had filled in satisfaction surveys and we found their responses were mainly positive.

Staff who worked at the home told us the management team were approachable and they thought as a staff team they worked well together.

We found the home was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since changed to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

The service was not always safe.

Whilst staffing levels were assessed using a dependency tool people told us there were not enough staff. We observed some people being put at risk due to staff not always being present in communal lounges and dining rooms.

We found some areas of the premises did not comply with current Health and Safety guidance and were therefore a safety risk to people who used the service.

Staff had been trained in safeguarding and were able to confidently talk about how they would deal with any allegations of abuse.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

The home was not complying with Mental Capacity Act 2005 and DoLS regulations, people who may require mental capacity assessments had not been assessed.

Staff did not consistently have supervisions or annual appraisals. Staff training was up to date and staff had completed a comprehensive induction programme.

Most people told us the food was good.

**Requires Improvement**



### Is the service caring?

The service was caring.

We observed good interactions between staff and people who used the service. It was clear staff knew people well.

People's religious beliefs were encouraged as various denominations visited the home on a regular basis.

**Good**



### Is the service responsive?

The service was not always responsive.

Complaints were recorded and dealt with where possible to people's satisfaction, however they were not recorded on a complaints log to enable the manager to monitor for themes and trends.

People told us there was not always enough meaningful activity in the home; the manager said that due to the refurbishment activities had been curtailed.

Care plans were detailed and regularly reviewed.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not always well led.

Audits of the service had not been carried out consistently.

People who used the service, their relatives and staff completed annual surveys which enabled them to give their views of the service.

We were told the manager was approachable and whilst they had been asked to support other services had tried to ensure they were still visible and in regular contact with the home.

**Requires Improvement**



# Gledhow

## 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 26 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in governance and an expert-by-experience in residential care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed information we held about the service and we contacted service commissioners who had not recently visited the service.

At the time of our inspection there were 46 people living at Gledhow, during the inspection we spoke with 10 people who used the service, seven relatives of people living at Gledhow, a visiting professional, the buildings contractor, the provider's representative, the registered manager and five members of staff. We also reviewed the care records of six people along with other records about the service, for example staff recruitment files and maintenance records. We observed interactions between staff and people who used the service in the lounges and dining rooms of the home.

# Is the service safe?

## Our findings

We looked at the accident and incident records for the home and found some of the documents had not been completed fully. The registered manager said, “The nurses need to fill in the forms fully, the nurses are so busy, they’re lucky to get their lunch or a drink, there is more and more paperwork.” We were told by the registered manager they had planned to discuss the documentation at the nurses meeting on the day of the inspection, however they had needed to cancel the meeting as three people could not attend. We did not see clear improvement action plans put in place and cross-referenced with the individual risk assessments and care plans, to minimise the risk of re-occurrence. The registered manager told us they were considering introducing a new ‘accident/incident investigation form’ to address this.

We saw the home had a staffing level assessment tool. We were told by the registered manager that a ‘dependency profile’ was completed for all people who lived at the home within one month of admission and this was reviewed annually by the named nurse responsible for the person. We were told by the registered manager staffing levels were reviewed on a daily basis. The registered manager said, “I consider holidays, sickness, skill mix of staff and the physical stature of the people requiring support.” We looked at the staff rota and saw there appeared to be sufficient numbers of suitable staff to meet people’s needs and keep them safe. However, relatives of people who used the service did have some concerns about staffing levels. One person said, “I think they are short staffed. The girls have been working under pressure. Some carers are good, some not. My relative (person’s name) once had to wait for 45 minutes for the commode.” A member of staff told us that sickness and absence was having an impact on the shifts.

We spoke with one person who used the service who told us they now remained in their room as they were, “Fed up being left in the dining room for ages waiting for someone to take me back to my room.” During our inspection we heard shouting coming from a lounge area and found a person sitting on the floor. There were no staff present in the lounge at the time; our inspector located a nurse who examined the person for injuries. We were told by the nurse there were no evident injuries to the person.

During our observations of the lunch time meal we saw staff left the dining room to serve people meals in their rooms. One person eating softened food began to choke and was subsequently sick. We located a member of staff to assist the person. We concluded this was a breach of Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18(1) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

On our arrival at Gledhow we were initially unable to gain access to the home. We waited some considerable time and were then allowed entry by a contractor working on the refurbishment of the home. Our identity was not checked and we were able to walk freely around the home without being challenged by staff. This puts people who live at Gledhow at risk of harm.

We looked at the safety of the premises and found the provider was in the process of upgrading communal areas of the home which included installing new windows in some areas. We found the new windows did not have window restrictors which complied with Health and Safety Executive (HSE) guidance. We found the window restrictors on the original windows were a type which was unsuitable in a care home setting. We also found five windows where the restrictors had been left unlocked which meant the window could be opened fully therefore putting people at risk. We highlighted our concerns to the registered manager who arranged for the open restrictors to be locked and they contacted the contractor about the new restrictors. We were told all the restrictors would be changed to HSE compliant restrictors and in the meantime a risk assessment would be put in place to ascertain the level of risk to people who used the service.

We looked at the maintenance records for the home and found checks and annual servicing records were complete and up to date.

Staff we spoke with were able to confidently talk about the home’s safeguarding adults procedures and were able to identify signs of abuse and what they would do should they suspect abuse was occurring. Staff told us they would definitely use the whistleblowing policy if they had any concerns and they thought the registered manager would take any allegations seriously. We saw where appropriate, referrals had been to the local safeguarding authority and the relevant notifications had been received by the Care Quality Commission.

## Is the service safe?

Most people who used the service told us they felt safe. However one relative said, “Another resident is constantly trying to enter my relatives (person’s name) room which distressed my relative when this person tried to get into bed with my relative one night.” We were told this had been reported to staff a few days earlier, but there had not seemed to be any improvement. This caused their relative to become even more withdrawn and did not want to leave their room. We spoke with the registered manager about this who said they were aware of some of the concern; however, they were unaware of all of it. The registered manager agreed to investigate the incident.

We looked at the recruitment records for seven members of staff. We saw staff members had completed an application form, had job descriptions, employment contracts, medical questionnaires and photographic identity documents (passport, driving licence). However, we did not see evidence of up to date Disclosure and Barring Service (DBS) checks for some people and for one person we could not see a check had been carried out before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. Recruitment records also included appropriate references and some interview records, although we found some interview records were missing. The registered manager told us some of the checks could be in a ‘pile of filing’ and they were in the process of obtaining up to date DBS checks for everyone employed at the home. We were shown risk assessments for staff who did not have up to date DBS checks and the person without a DBS was not working with people on their own.

We reviewed how the home administered medication and we found medication was administered safely by staff who were appropriately trained. We found there were robust policies and procedures in place to support staff when administering medication. We looked at the medication administration records of four people who used the service and found they were fully completed and signed appropriately by staff. We looked at the storage and documentation for controlled drugs which we found were accurate and had been given to people as prescribed. We saw where medication had been prescribed to be taken as required (PRN) there were PRN protocols in place. The protocols described when and why the medications should be administered and for people who were unable to tell staff when they needed their PRN medications there was guidance for what symptoms to look out for. We looked at medication stored in the fridge for example eye drops and found they were appropriately stored and dated when the eye drops had been opened. This ensured people received medication which had been stored within the guidelines set by the manufacturer.

We found people had personal emergency evacuation plans in place which ensured should the home need to be evacuated people who lived at Gledhow could be evacuated safely. The plans gave information about people’s mobility and how they should be evacuated.

People’s care plans we reviewed contained various risk assessments for example; moving and handling, falls and in one person’s care plan we saw a risk assessment for the use of a wheelchair. We saw risk levels were updated when the needs of people changed.

# Is the service effective?

## Our findings

We spoke with staff about the Mental Capacity Act 2005 (MCA), one person said, “I haven’t had training in the Mental Capacity Act, we don’t have that type of person here.” The registered manager also told us they did not have anyone living at Gledhow that would require capacity assessments under the MCA. We reviewed the care plans of five people who were living with dementia at Gledhow which said the person did not have capacity to make decisions about certain aspects of their care. It is essential that where it is suspected that a person lacks capacity to make decisions a mental capacity assessment is completed and if necessary decisions that are made on behalf of the person are recorded as being made in their best interests. Without this, the provider is not able to provide assurances they are acting lawfully when supporting people who lack capacity to make decisions regarding their care and treatment.

People’s care plans we reviewed contained consent documentation, which included consent to photographs being taken, consent to go on outings and consent for the use of bed rails.

We asked the registered manager and staff if there was anyone living at Gledhow who had a Deprivation of Liberty Safeguards authorisation in place. The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Care home providers must make an application to the local authority when it is in a person’s best interests to deprive them of their liberty in order to keep them safe from harm. Again we were told this was not applicable to people living at Gledhow. However, we found one person had a sensor mattress in place which alerted staff when the person got out of bed, this meant the person’s movements were under constant supervision. We spoke with the registered manager about this who agreed to assess the person’s capacity and if appropriate they would submit an application. We concluded this was a breach of Regulation 18 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

We were unable to see supervision or appraisal records for staff, the registered manager said, “The records may be amongst the documentation on top of the filing cabinets in my office, I have not had the opportunity to check.” We spoke with one member of staff who said, the registered manager would, “Have a word monthly and hold annual appraisals.” Another member of staff said, they had never had an appraisal. We concluded this was a breach of Regulation 23 (Supporting Workers) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home had a comprehensive induction programme, which included initial training to support staff within their role, shadowing experienced staff to ensure they were competent, confident and safe to deliver appropriate care to people’s needs. We saw there was a system in place to ensure staff’s mandatory training was kept up to date. We also saw there was an electronic ‘core training matrix’, which was colour coded to show when training was due; this avoided any training becoming overdue.

We observed lunch and with the exception of one person everyone said the food was ‘okay’. We saw the food looked appetising and nutritious. We saw people had been given a choice; however, people were not always given what they had ordered. One person said, “Mine’s very nice although it’s not what I ordered.”

We saw the dining room was set out nicely with drinks of juice on the table and food was served by the cook and distributed by care staff, who wore tabards and hairnets but no gloves. Care staff offered to assist cutting up food and one nurse was assisting a person with their food. However, there was a shortage of equipment for example spoons which care staff had to wash up and reuse for dessert.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people’s healthcare needs which required visits from healthcare professionals, for example, chiropodists, opticians and dieticians. In one person’s care plan we saw they had returned from hospital with pressure area damage, the home had referred the person for assessment



## Is the service effective?

by the tissue viability team. Another person had been referred to the dietician due to recent weight loss, we saw the guidance recommended by the dietician was documented and followed.

# Is the service caring?

## Our findings

We found there was extensive building work being carried out at Gledhow. We were told that prior to the work commencing, people who used the service and their relatives had been given the opportunity to ask questions about the work and people had been advised what the improvements were going to be. We saw the work was still ongoing, one person's relative told us the noise of the work upset their relative. Everyone else we spoke with told us the work had not caused them any concerns.

We found some people spent their day in the lounge areas of the home; however the majority of people chose to stay in their rooms. The interactions we observed were very positive. Staff seemed to know people well and people who used the service appeared to be at ease with staff members.

People we spoke with said the staff were caring and kind but said staff did not always have the time to sit and speak with them. We saw on people's bedroom doors there were details of the person's allocated worker; however people we spoke with did not know who the member of staff was. Someone who used the service said, "We are looked after properly, they are very helpful."

People were very complimentary about the attitude of the staff and the care we observed demonstrated this. We saw staff spoke with people respectfully and treated them with dignity; staff knocked on people's doors and waited before entering their rooms. We observed staff moving people using hoists during which they ensured people were covered so as not to expose parts of their body.

We found people who lived at Gledhow were able to take part in various religious activities. We were told that whilst Gledhow is a Methodist home, a Church of England vicar visited three times a week. The Salvation Army came every other Sunday and played for people. Holy Communion was offered every Monday and Eucharistic Ministers from the Catholic Church came every week. We observed the Bible Study Group and we were told the home also had special services, for example there had been a memorial service for the first world war which people had enjoyed.

People were encouraged to be as independent as they wanted to be. One person told us staff encouraged them to do as much for themselves as possible, but staff were always available if they needed any support. This had helped maintained the person's independence. Although a relative we spoke with had concerns that staff did not always ensure their family member's ability to mobilise independently was encouraged.

# Is the service responsive?

## Our findings

We looked at the care plans of six people who used the service. At our previous inspection in June 2014 we were told by the registered manager they were in the process of upgrading people's care plans, during this inspection we found the care plans we reviewed had been upgraded. We saw they were comprehensive and had been reviewed regularly, we saw there was a care plan review chart on the wall in the nurse's office which included the details of the person's keyworker and when they were due for review. There were sections in each care plan which covered for example, medication, skin integrity, nutrition, mobility and dexterity and a falls. We saw where people's needs had changed these were documented. In one person's file we saw they had fallen and their mobility and dexterity plan had been changed to reflect the person required 'full assistance' and advised staff to use a 'slide sheet and hoist'. We saw a section of people's care plan titled 'Spiritual Wellbeing' and another section titled 'Living, Working, Recreation', both of these sections helped staff understand how the person would like to spend their day and what was important to them.

One relative we spoke with said, "My relative was losing weight when they came in here but it has been carefully monitored and is okay now. My relative (person's name) has a new care plan." Another relative told us their relative had also been underweight on admission but was now putting weight on.

Most people told us they had not been involved in care plan reviews and relatives said they had not been involved in the care planning. Where possible people who use the service and their family members should be involved with care plan reviews. This ensures care is person centred, people feel involved in their care and that their opinion matters. However, we did see a full assessment of people's needs was carried out before people were admitted to Gledhow.

People told us there were some activities but not many. One person said, "There are dominoes in the lounge and a piano but nobody plays. On Wednesdays we go to the shops and then to a pub for lunch." Another person said, "I feel hemmed in, I like to go out but there aren't enough staff to take me out." A relative said, "It's okay, reasonable and there is some entertainment." A member of staff told us that when the home was short staffed the activity co-ordinator covered shifts therefore during those times there was no activity provision within the home. We spoke with the registered manager about activities and entertainment and we were told "A lot of activity has been curtailed due to the refurbishment work." This meant people had been engaged in little meaningful activity for several months.

We looked at how the provider responded to complaints about the service. We were shown two complaints which had been received in the previous six months and saw both had been resolved in a timely manner. However, these were not recorded on a complaints log this meant the provider would be unable to monitor for any trends or themes occurring. We saw some thank you cards, one card said, 'many thanks for what you do for my relative (person's name) and for the support you give us'. People who used the service told us if they had any complaints they would speak with staff and one relative said they would have no hesitation in speaking to the registered manager.

A relative we spoke with told us they were unhappy about the number of baths their relative had. Another relative said, "On the whole it is good but I don't know how often they get baths." We looked at people's 'personal hygiene charts' which were located within the nurses office: these highlighted numerous gaps where it would appear people had not received either a bath or shower for a number of weeks; it was evident from these charts that people were given a wash daily rather than bathed or showered. We spoke with the registered manager and a nurse about this who said, "People are definitely having a bath or shower but staff forget to write it down." Without documentary evidence we were unable to corroborate this comment.

# Is the service well-led?

## Our findings

We were told by the registered manager that they monitored the quality of the service by, resident and staff satisfaction surveys and audits. The registered manager said they operated an 'open door' policy and that their team would ring them if they had any concerns.

The registered manager was confident everyone knew the vision and values of the service, the registered manager said "We practice individuality, we are privileged to be in someone else's home; through meetings, 1:1s, socialising, we are like a family and residents are part of our family."

We saw the provider's service development plan /action plan from December 2014 which was in progress. This covered various areas, for example, nurse competencies, supervision plan and matrix, hand washing training, accident reporting and review sheet. We were unable to evidence that all areas of the development plan were effective, for example we were not supplied with copies of staff supervisions.

The registered manager showed us the staff survey from July 2014 which showed staff were clear about their job roles and they were able to make full use of their knowledge, skills and abilities. Areas staff were less satisfied with were: resources to do their job, recognition from the registered manager, opportunity to contribute views before changes were made which affected their job.

We saw a copy of the 2014 survey which sought the overall views of people living at the home and their satisfaction with the standard of the care home (97% satisfied) and the likelihood to recommend the care home (59%).

We saw a schedule of meetings planned for 2015 for people who used the service and their relatives which were to take place every two months. We saw a notice in the reception area of the home giving the dates of the meetings all of which were planned for 2pm which would mean working relatives may not be able to attend. The registered

manager showed us the minutes from the January 2015 'people/relatives' meeting, which showed the following areas had been discussed: activity board, volunteers wanted, staff changes, bedroom doors/lounge windows had been replaced, and an explanation about the delay with the refurbishment of the home. The minutes of the previous meeting October 2014 covered new starters/leavers, nurses and care, activities (regular Chinese take away night, pre-Christmas dinner, sensory memorial garden started), domestic, maintenance, laundry, chaplain and volunteer co-ordinator.

There were some quality assurance systems in place to assess and monitor the quality of service people received, which included care plan audits, medication, infection control and health and safety audits. However, some audits identified on the 'annual audit schedule' had not been completed since November 2014. We found where audits had identified actions were required we could not always see these had been completed.

We saw the health and safety external audit which we were told was normally undertaken by a senior manager every three months had not been completed since October 2014.

We were provided with documents which showed the maintenance of the home had been carried out regularly and effectively. We saw for example up to date records of portable appliance testing, Legionella checks, property inspections, nurse call checks, fire systems and emergency lighting checks.

Staff we spoke with said the team of staff worked well together and were stable. They said the management team were approachable and supportive and operated an 'open door' policy. They had no concerns regarding the home.

Relatives we spoke with said they would have no problem approaching the registered manager and those that had raised concerns felt the registered manager had acted appropriately.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Diagnostic and screening procedures	<b>We found where people were unable to give consent because they lacked capacity to do so, the registered person did not act in accordance with the 2005 Mental Capacity Act.</b>
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	<b>We found staff did not receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in such a way which maintained the safety of people who used the service.</b>
Treatment of disease, disorder or injury	