

Glenhomes Care Home Limited

# Glenhomes Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Glenhomes Care Home is a residential care home providing personal and nursing care for 19 older people at the time of the inspection. The service can support up to 21 people.

The home is a large house in the Heaton area of Bolton. There are 21 single rooms within the property.

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

Medicines were not always safely managed and staff administering medicines did not have competency checks of their ability to do so. Risks in relation to legionella had not been assessed. There was a delay in the lifting equipment receiving a required service. Improvements to individual risk assessments were needed. Further work was required to ensure staff were recruited safely.

The registered manager was aware of their responsibilities under their registration. Staff felt well supported and received regular supervision and attended staff meetings. Quality audits were in place, but we could not be certain of how they improved the service. Staff, people and relatives were complimentary about the registered manager.

People were supported to eat and drink and receive a healthy and nutritious diet. People had access to a range of health professionals. The home was well designed and maintained. People has access to equipment to keep them safe. Staff received an induction into the service and training appropriate for their job role.

People and relatives felt the staff team were caring and kind. We observed kind interactions from staff to people living at the home. The staff team were aware of people's needs and responded to people in a timely manner.

People were confident any complaints would be listened to and responded to. Care plans required further work to become personalised. People could be supported to remain at the home, should they be at the end of their life. Activities were varied, and people enjoyed attending them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection

The last rating for this service was good (published 28 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Glenhomes Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Glenhomes Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### What we did before the inspection

Prior to our 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with the registered manager, the deputy manager, a senior care worker and

a care worker. We spoke with 4 people who used the service, two relative's and a visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four peoples care plans and associated documents. We reviewed eight people's medication records and boxed medicines. We looked at three staff recruitment files, training and supervision records. We reviewed the quality monitoring of the service and health and safety documentation

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Staff members who administered medicines did not have a thorough competency check of their ability to do so. The NICE guidance states, providers should ensure that all care home staff have an annual review of their knowledge relating to the management and administering medicines.
- Two handwritten medication administration records (MAR) charts had been incorrectly completed, with one MAR chart wrongly recording the amount of medicines needing to be administered. We checked the stocks for this medicine and found them to be correct and the recording issue was immediately rectified.
- Where people required time specific controlled drugs, the time of administration had not been recorded.
- For one person who required fluid thickener to be used to prevent choking, this was only being recorded four times daily on the MAR chart, when the person was receiving fluid up to eight times a day. A further recording chart was in place by the second day of inspection which clearly showed when fluid thickener was being used.

We found no evidence that people had been harmed however, competency checks of staff to administer medicines needed improving. Further improvements were needed to ensure people received controlled drugs and fluid thickener safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We checked eight boxed medicines and found stock levels were correct.
- Topical cream charts were used to identify the locations for creams to be applied.
- Stocks of controlled drugs were correctly recorded.
- Staff received training from the local authority in the safe administration of medicines.

### Assessing risk, safety monitoring and management

- The provider did not have an adequate legionella risk assessment in place. Legionella can cause a potentially fatal form of pneumonia and health and social care providers should carry out a full risk assessment of their hot and cold-water systems and ensure adequate measures are in place to control the risks. Health and Safety Executive guidance states, Health and social care providers should carry out a full risk assessment of their hot and cold-water systems and ensure adequate measures are in place to control the risks.
- Staff told us, they completed fire drills, however, these were not recorded.
- People had the risks they presented assessed but further work was required to ensure the risk was fully

managed. For example, one person who was at high risk of falls and whom took a blood thinning medicine, did not have strategies recorded of what action staff should take in the event of a fall and head injury. Staff said in the event of a fall, they would always call an ambulance.

We found no evidence that people had been harmed however, we could not be assured people were safe from risks within the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A fire risk assessment was in place to alert the fire brigade to how many people were needed to support each individual to leave the building in an emergency.
- Where people required support with the monitoring of malnutrition, one person who had regularly lost weight did not have a recognised assessment of their malnutrition in place and the nutrition chart in use, scored them at average weight rather than underweight. We did see the person had been appropriately referred to health professionals for further support.

We recommend the provider consider using a recognised malnutrition tool to assist in the management of people at risk of malnutrition.

- Servicing of fire fighting equipment, emergency lighting, nurse alarm and gas and electrical safety were up to date. We found the maintenance of the passenger lift and hoists were overdue by three days. We raised this with the registered manager who arranged for it to be completed.

#### Staffing and recruitment

- Of the three staff recruitment files we reviewed, one did not have a completed application form. The registered manager told us, the form had been mislaid and a further application form was available for us to view on the second day of inspection.
- Staff members had disclosure and barring check (DBS) in place prior to commencing employment. A DBS assists employers in making safer recruitment decisions.
- The provider had sought two references for people being employed by the service, however, for two staff members, one reference was from a friend and for all the employment references, dates of previous employment had not been confirmed as there was not a space to record the information.

We recommend the provider reviews the recruitment of staff. The provider has a duty to ensure an applicant is of good character. Providers must have robust processes and make every effort to gather all available information to confirm that the person is of good character. Where providers cannot obtain an appropriate reference, a risk assessment must be undertaken.

- People and relatives told us, there was enough staff on duty and rotas reflected this. We observed staff were visible throughout the inspection.

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

- People told us they felt safe living at the home, one person said, "Oh yes, I am safe here, because of him [registered manager], he makes me feel safe." A relative told us, "Yes, [Name] is safe, it's the best place for her."
- Staff attended regular training in safeguarding vulnerable people from abuse. All the staff we spoke with knew how to raise any concerns and were confident they would be acted upon.
- Any safeguarding concerns has been raised to the local authority in a timely manner.

#### Preventing and controlling infection



- The home was clean and well maintained.
- There was personal protective equipment available for staff to use such as gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored.
- Where there were themes and patterns emerging from accidents and incidents, for example regular falls, equipment such as movements sensors were put into place to help reduce recurrent falls.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a full assessment of their needs prior to moving into the home. The assessment captured current needs, likes, dislikes and personal preferences.

Staff support: induction, training, skills and experience

- New staff members were given an induction to the home and were able to shadow more experienced staff members. Staff had a range of personal and paid experience to bring to the role.
- Staff received training to enable them to carry out their job role. Staff told us the training was good and they had the opportunity to complete vocational qualifications in health and social care.

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

- People ate a healthy and nutritious diet. Food was home cooked and there was a choice of menus. One person told us, "The food is great, I really enjoy it."
- People were supported to eat and drink in an unrushed manner. A relative told us, "[Name] is supported to eat and drink, they are good with her."
- Meals were served with juice or tea and coffee. Tables were nicely set with condiments available.
- Where there were concerns with people's food or fluid intake, this was reported to the appropriate health professional.
- At the time of inspection, there was no one being supported with an alternative or cultural diet. The registered manager told us, this could be catered for and they would purchase the food from the appropriate supplier.

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

- People received regular support from health and social care professionals. GP's regularly visited the home to review people. The district nurses visited to tend to dressings and we spoke with a visiting mental health worker who told us, "The staff are very responsive and supportive of our team. They will accept help and have information ready for us."
- The registered manager had ensured each person living at the home had been registered with a dentist. On our second day of inspection, one person visited the dentist with staff support and records showed this was a regular occurrence.
- Where people's care needs were changing, the registered manager reported this to the placing authority in a timely manner, to give time to facilitate a move to more appropriate placement if required.

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

- People's bedrooms were nicely decorated and furnished with personal belongings.
- Where people needed specific types of equipment such as a specialised bed or hoist, this was available.
- The home had two accessible communal living areas and a dining room. There were large accessible gardens to the front of the home with sheltered areas.

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.

- Where people lacked capacity, an assessment had taken place and a referral made to the local authority to deprive people of their liberty.
- DoLS authorisations were in place and where there were conditions attached, they had been acted upon.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us, their relative was well cared for. One relative told us, "[Name] doesn't recognise me but recognises [staff members] voice.
- One person said, "It's smashing here, he [registered manager] took me for some new shoes, he is amazing, he even arranged for me to have some swimming lessons." They also told us, "Sometimes I worry and [registered manager] takes me for a drive past my old house and we talk about the memories."
- People were treated as individuals and were given support to be who they wanted to be. The provider recognised and supported people's and staff's diversity.
- Care plans captured, likes, dislikes and any religious or cultural needs.

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

- People chose when to get up, where to sit and what to eat and drink. People were given the opportunity to attend activities and supported to attend appointments away from the home.
- Relatives told us, they were kept informed of any changes or decisions to be made regarding care and support.
- One relative told us, "The staff are super here, I knew as soon as I walked in, this was the place, [registered manager] cares. It's a lovely atmosphere, the staff cope well with [name]."

Respecting and promoting people's privacy, dignity and independence

- We observed kind interactions between people who lived at the home and staff. One person who was struggling to hear what meals choices were being served, was physically shown the food on the plates to enable them to make their choice.
- One person told us, "They look after me here, everyone introduces each other." A relative told us, "Everyone is made to feel very welcome."
- We observed staff calling people by their preferred name. Protective equipment was used to ensure people's dignity when eating and drinking. Staff knocked on doors and gained permission to enter.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People had care plans in place to support with their needs, however care plans were pre-populated and lack personalisation. For one person, the health needs and medication care plan did not identify, they were prescribed blood thinning medicine. For another person, the nutrition care plan, did not describe how to support a person who was underweight.
- Staff were able to describe how people were supported.
- Relative's told us, they had been involved in contributing to the care plan.
- Care plans were regularly reviewed.

End of life care and support

- People were supported to remain at the home should they be at the end of their life.
- People had end of life care plans in place which had involved the person, the family and health professionals. The care plans recorded if a person was to be resuscitated in the event of a cardiac arrest and if not, a do not attempt cardio-pulmonary resuscitation (DNACPR) was in place. A relative told us, "We have made plans for end of life care, we know [name] is going downhill"
- One care plan we viewed had a DNACPR in place, however, the plan recorded the person wished to be resuscitated. We raised this with the registered manager and saw conversations were held and the plan was reworded with the persons wishes.
- Staff received training to support people at the end of their life and had good links with health professionals to be able to facilitate, pain free, end of life care.
- There was no one receiving end of life support at the time of our inspection.

Improving care quality in response to complaints or concerns

- There had been no complaints made to the service in the last 12 months
- The registered manager told us, complaints were generally about misplaced items of clothing and the concern was quickly rectified. We advised the registered manager to record any concerns which may help them to analyse themes and patterns of complaints and may help reduce further complaints in the future.
- People and relatives, said they knew how to raise a complaint and felt it would be fully responded to.

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 had access to various information in large print or braille. Should a person require information to be recorded in another language, the registered manager was confident they could facilitate this.
- There was signage used around the home to alert people to particular rooms or bathrooms.

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 were supported to attend a range of activities in and away from the home. We observed an exercise session which was well attended by people living at the home.
- There were regular arts and crafts, baking sessions, pampering and hairdressing and church services. A singer regularly attended the home and there were trips out locally and further away to the seaside.
- There was a projector known as a Tovertafel which projected images onto a table. This was used for people with dementia to play games such as passing a ball around or sweeping the leaves away. The Tovertafel was popular with people living at the home.
- One person who enjoyed looking at and being in a car told us the registered manager regularly took them out for a drive to places they recognised.
- People were encouraged to maintain relationships with relatives and friends and visitors were welcomed into the home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their role, but we found there was a lack of competency checks for staff to be competent to administer medicines. Competency checks were completed on staff's ability to use moving and handling equipment correctly, however the assessor did not have the correct skills and qualification to do so. The registered manager told us they would ensure the correct qualification was attained.

- There were some quality checks in place, but they didn't always highlight the concerns found with medicines, risk assessments and health and safety of the home. Care plan audits were in place but didn't identify the lack of information for some people.

- Relatives told us, they were always contacted if there were any concerns about their relative.

- The registered manager understood the requirements of their registration and submitted notifications to the Care Quality Commission about certain events that affected the service.

We recommend the provider reviews the systems in place to monitor and improve as the current system did not ensure risks were thoroughly and robustly assessed and managed.

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

- People, relatives, the staff team and professionals regularly popped in the office to speak with the registered manager. It was clear there was a good relationship with each other and any questions and concerns could be raised.

- A relative told us the registered manager knew all the people in the home and would offer to collect her to ensure she was able to spend time with her relative in the home.

- Staff received regular supervision.

- People, relatives and the staff were able to attend regular meetings to share information.

Continuous learning and improving care

- Some feedback had been sought from people living at home. A survey was completed every three months on laundry, food and meals and activities. It was not clear how the information formed any changes for the home.

- There were champions in place at the home to monitor and share information on infection control, dementia and stroke. However, the registered manager told us, the roles needed to be reviewed and promoted.

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

- The staff team were well established and the majority of them had worked at the home for some time. Staff told us, "I enjoy working here" and "We are well supported."
- It was clear the team knew people well and staff were able to hold conversations with people and we saw people were listened to and comforted.

Working in partnership with others

- The home had close working relationships with GP's, district nurses and the mental health team.
- The provider regularly raised money for a local hospice and had good links with the hospice.
- The provider was part of the Care Home Excellence programme to improve the quality of care in care homes.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Competency checks of staff to administer medicines needed improving. Further improvements were needed to ensure people received controlled drugs and fluid thickener safely. This placed people at risk of harm.</p> <p>and</p> <p>We could not be assured people were safe from risks within the home. Risk assessments were in place but did not identify all risks. A legionella risk assessment was not in place. Fire drills were not recorded.</p>