

Gainford Care Homes Limited

Glenbrooke House

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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

This was an unannounced inspection which we carried out on 25 March 2015.

We last inspected Glenbrooke House on 8 August 2014. At that inspection we found the service was in breach of its legal requirements with regard to regulation 15 and regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

Glenbrooke House is registered to provide accommodation and personal care to a maximum of ten adults with learning and physical disabilities.

A registered manager was 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.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During our visit people were relaxed and staff engaged with them. People said they felt

Summary of findings

safe and they could speak to staff as they were approachable. Comments included, “The staff are kind.” And, “I feel safe living here.” We found there were enough staff on duty to provide individual care and support to people and to keep them safe.

People said staff were kind and caring. Comments included, “I think the staff are lovely, they listen to me.” A relative told us, “(Name) is more content and happy than I have seen him in years and he really feels part of a family at Glenbrooke House.” Another relative said, “Overall I am extremely happy with the care given to my relative.”

People had food and drink to meet their needs. Menus were varied and a choice was offered at each mealtime.

Glenbrooke House was making plans to ensure it meets the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA) and Best Interest Decision Making, when people were unable to make decisions themselves.

Staff were provided with training to give them some knowledge and insight into the specialist conditions of people in order to meet their care and support needs.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People told us they were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities.

People had the opportunity to give their views about the service. There was regular consultation with people and/or family members and their views were used to improve the service.

A complaints procedure was available and written in a way to help people understand if they did not read. People we spoke with said they knew how to complain but they had not needed to.

The provider undertook a range of audits to check on the quality of care provided.

We found that the provider did not always provide person centred care because of inaccurate record keeping. This was in breach of regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 9 of 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 safe.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

There were enough staff on duty to provide supervision and care to each person. Staff had guidelines to safely manage and provide consistent care to people who displayed distressed behaviour.

Staff were appropriately vetted. We found regular checks took place to make sure the building was safe and fit for purpose.

Good



Is the service effective?

The service was effective.

People's rights were protected because there was evidence of best interest decision making, when people were unable to give consent to their care and treatment.

Staff were aware of people's individual needs and asked for their consent before they provided care. Staff said they received sufficient training to carry out their roles effectively.

People were supported to eat and drink enough to help ensure their nutritional needs were met.

Health care professionals were involved if people required support regarding their health care needs.

Good



Is the service caring?

The service was caring.

People and their relatives commented the service provided good care and staff were very supportive.

People were supported to keep in contact with their relatives and friends and they could receive visitors at any time.

Staff respected people's privacy and dignity and they spent time interacting with them individually.

Good



Is the service responsive?

Aspects of the service were not responsive.

People's records did not always accurately reflect the care and support provided by staff and they did not contain all the information to meet people's care and support requirements.

Requires Improvement



Summary of findings

People were encouraged to take part in new activities and to be part of the local community supported by staff.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

The service was well-led.

Communication was effective and people and staff were listened to.

People and their relatives told us the atmosphere was always pleasant and staff said they enjoyed working at the home.

The registered manager monitored the quality of service provided and introduced improvements to ensure that people received safe care that met their needs.

Good



Glenbrooke House

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 was an unannounced inspection carried out by an inspector on 25 March 2015.

During this inspection we undertook general observations in communal areas and during a mealtime.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During the inspection we spoke with five people who lived at Glenbrooke House, the registered manager, three support workers, two relatives and a health professional. We observed care and support in communal

areas and looked in the kitchen and three people's bedrooms. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for three people, the recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the service, including any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. They told us they had concerns with regard to aspects of record keeping. We spoke with the local safeguarding teams who had no information to report.

Is the service safe?

Our findings

At the last inspection we said the provider was in breach of its legal requirements with regard to regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010 as people were not protected from the risk of unsafe or unsuitable premises. At this inspection we saw the provider had carried out the necessary action to ensure people were protected and the premises were well maintained. Decoration and maintenance had taken place in the required areas. This meant the necessary action had been taken to remedy the breach.

Arrangements were in place for the on-going maintenance of the building and routine safety checks were carried out, such as the fire-fighting equipment, fire alarm and emergency lights. Checks were also carried out on the moving equipment in the home, such as hoists and wheelchairs. External contractors carried out regular inspections and servicing, for example, on gas and electrical appliances.

People appeared calm and relaxed as they were supported by staff. One person said, "I feel safe living here, I like the staff." Another person said, "The staff are kind, they don't shout." And, "I like living here." A relative said, "I know (name) is safe here and well looked after." And, "Glenbrooke House is a fantastic place (name) is very safe." Another person commented, "I'd talk to staff if I was worried."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. No safeguarding referrals to the local authority safeguarding adults team had been necessary since the last inspection.

Risk assessments were in place to protect people's health and well-being. Risks to people's safety had been assessed by staff and records of these assessments had been made. They were personalised depending upon each individual's needs and included areas such as; bathing/showering, eating and drinking, moving and assisting, mobility and skin damage.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. We viewed the most recent medicines administration records (MARs) for two people and found there were no gaps in staff signatures and all medicines were signed for after administrations. Staff were trained in the safe handling of medicines and a process had been put in place to make sure each worker's competency was assessed to ensure they were sufficiently skilled to help people safely with their medicines.

The registered manager told us staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. A roster was then produced that detailed how many staff were needed to provide care. The staff we spoke with told us there were enough staff to meet people's needs and we observed this on the day of inspection. One staff member commented, "Yes, we have enough staff and staff are available to go out with people in the evening, if they want to go out. People tend to want to go out more at weekends." There were sufficient staff on duty so they had time to engage with people and support them to attend activities in the community.

On the day of inspection there was a registered manager and three support workers on duty to care for the nine people who lived at the home. The registered manager told us that overnight there were two waking night staff on duty.

We looked at three staff files and there was written evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service (DBS) checks, to help ensure people were suitable to work with vulnerable adults.

Is the service safe?

The application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Is the service effective?

Our findings

Staff told us they received appropriate training to carry out their role. Comments included, “I get plenty of training.” And, “We get training to help us understand about people’s care and support needs.” Another staff member said, “I’m doing a health and safety course at the moment.”

There were opportunities for training and the registered manager was pro-active in pursuing and accessing training for the staff team. The training records showed staff had undergone training in safe working practices. The registered manager kept a training matrix to ensure training was updated when necessary. The records showed that staff had also completed training to meet people’s individual needs, for example, autism, dementia awareness, nutrition and Makaton (sign language). The registered manager told us two senior staff members had received management training as they were team leaders. Eight staff members had a National Vocational Qualification (NVQ) at level 3 in health and social care.

Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. They told us they were well supported to carry out their caring role. They said they had supervision every three months with the registered manager and could approach them at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. This was important to ensure staff were supported to deliver care safely and to an appropriate standard.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is to make sure that people are looked after in a way that does not inappropriately restrict their freedom and they are involved in making their own decisions, wherever possible. Staff were aware of and had an understanding of the MCA and best interest decision making, when people were unable to make decisions themselves.

Staff had received MCA 2005 and DoLS training. The registered manager said she was planning to receive refresher training to make sure she was fully aware of a supreme court judgement that had clarified the meaning of deprivation of liberty, so that staff would be aware of what

processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. The registered manager told us they were in the process of completing DoLS applications. She had arranged for the local authority assessor to visit the home in April 2015 to give her more advice about the process so she could complete the necessary applications.

People’s care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking or malnutrition. We noted that the appropriate action was taken if any concerns were highlighted and the relevant professionals became involved to give specialist advice.

People told us they had enough to eat and they enjoyed the food. Four weekly menus were in place and alternatives were available. People’s likes and dislikes were noted and the staff were aware of these. The registered manager told us the food budget was adequate to meet everyone’s needs. We looked around the kitchen and saw it was well-stocked with fresh, frozen and tinned produce. Regular drinks were available and some people also made their own drinks. Staff knew about people’s dietary and nutritional preferences, for example, high fibre and diabetic options.

People’s healthcare needs were met as records showed staff received advice and guidance when needed from specialists such as; physiotherapists, speech and language therapists, dieticians, specialist nurses and occupational therapists. A health care professional said, “Referrals are made promptly if an assessment and specialist advice is needed,” and “The staff are very good at doing what I ask and carrying out the instructions. I’ve worked with (name) for some years and have seen great progress being made since (name) came to the home.”

People’s needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was to ensure staff were aware of risks and the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people’s individual records. Staff commented, “Communication is good.” A relative said, “I phone and leave a message and check and know it’s been dealt with, staff tell me they write it in a communication book.”

Is the service effective?

The premises were clean and well maintained. The registered manager told us new equipment had been purchased for the laundry, some lounge furniture had been replaced and all areas of the home had been decorated. Three people showed us their bedrooms and one person

could tell us they had chosen the colour for their room. We saw bedrooms were decorated according to their preferences and contained personal items to reflect their interests and personalities.

Is the service caring?

Our findings

People we spoke with were complimentary about the care and support provided by staff. Their comments included, “The staff are kind.” And, “Staff do listen to me, they help me if I need it.” Another person commented, “I’ve lived here a long time and I like it here.” A relative commented, “The staff are first class, they go the extra mile and I’d give them a thousand out of a thousand for how they help (name).” Another relative said, “The staff are fantastic, (name) is well looked after.”

During the inspection there was a happy, relaxed and calm atmosphere in the home. Staff interacted well with people, joking with them and spending time with them. People were supported by staff who were warm, kind, caring and respectful. Staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication.

Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the person to make choices and express their views. We saw information was available in pictorial format to help the person make a choice with regard to activities, outings and

food. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well.

Family members told us they were kept informed about their relative’s progress and any change in their condition. One relative said, “I keep in touch regularly but staff will telephone me if (name) isn’t well.”

People’s privacy and dignity was respected. Staff knocked on people’s bedroom doors before they entered and could give us examples of how they respected people’s dignity. One person said, “Staff will knock on my door before they come in.” People’s care plans referred to the need to respect people’s dignity as staff delivered their care.

There was information available in the home’s brochure, and each person’s contract with the home, contained details about advocacy services and how to contact them. Advocates can represent the views for people who are not able to express their wishes. No one had an independent advocate at the current time as people had relatives involved. The registered manager told us an advocate had become involved when a person needed to have additional support when they were moving out to live more independently.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Care plans were developed that outlined how these needs were to be met.

Records did not contain information about the best interest decision making process, as required by the MCA. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. For example, assessments were not in place with regard to mental capacity to show if people had capacity to make decisions and to document people's level of comprehension. Staff, because they knew people well could tell us people's levels of understanding, but care plans were not in place that detailed to new staff and people who did not know the person, the person's ability to make decisions. For example, a care plan was not in place for a person who may refuse to take their medicines that detailed the action to be taken if they continued to refuse.

Care plans that were in place were regularly updated as people's needs changed. They described the intervention required by staff to help them provide the necessary care and support to people. However, they were difficult to follow in some areas and to find the information to check if some people's needs had been identified. For example, instructions to help with a person's moving and assisting needs were detailed within a care plan for the use of their wheelchair. There was limited information with regard to the person's moving and assisting needs when personal care was being carried out. The same person, who had pressure area care needs, did not have a care plan in place to make staff aware of how to support this area of need.

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information however, was not always transferred to people's care plans. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences. The service consulted with healthcare professionals about any changes in

people's health care needs and staff were aware of the support necessary. However, all care plans did not document the advice and guidance that may have been obtained from other professionals.

People had a 'This is Me' profile which gave details about the person's preferences, interests and previous lifestyle. Staff knew people's interests and minutes of meetings showed they were discussed, however the information had not been transferred into a care plan for people that accurately detailed how staff should be meeting people's social care needs.

We found that records did not accurately reflect the care provided by staff. This was in breach of regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager talked of her plans to make sure care plans were detailed enough for staff to capture all this information. She also talked of her plans to help people learn new skills and become more independent in aspects of daily living, whatever their need. She told us she was auditing records to ensure they contained all the required information to make sure they reflected the care provided by staff and that they detailed how people wanted their care to be provided.

People commented there were activities and entertainment. They told us they were supported to access the community and try out new activities as well as continue with previous interests. For example, we were told one person liked horse riding and hydrotherapy for relaxation. Other comments included, "I like going to concerts." And, "I like shopping." Another person commented, "We go for picnics." And, "I go to the pub for a drink."

People told us they enjoyed following their interests and hobbies. Some activities helped maximize their independence, whilst maintaining their safety and well-being. For example, a person was learning to make a hot drink, some people helped with their laundry and tidying their bedroom. One person said, "I like helping." Another person showed us magazines they went to buy at the shop each week. Another person said, "I like going out for meals."

Is the service responsive?

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example; when to get up and go to bed, what to eat, what to wear and what they might like to do. One person said; "I can get up when I want and I have a long lie at weekends." Another person said, "I can choose something else to eat if I don't like my meal."

People told us they were supported to keep in touch and in some cases helped to visit and spend time with family members and friends. One person commented, "I'm going to my Nan's." A relative commented, "Particular care is taken to keep me informed and to have birthday cards and presents organised and arranged."

People said they knew how to complain. They said they would talk to staff and could raise any issues. One person said, "The staff will help me." Another said, "I'd see the staff if I had a complaint." A relative said, "I have no complaints but when I did have one it was dealt with straight away."

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

A registered manager was in place and they had registered with the Care Quality Commission in 2012.

At the last inspection we said the provider was in breach of its legal requirements with regard to regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010 as the provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. At this inspection we saw the provider had carried out the all necessary action to remedy the breach. Various audits were carried out to check the quality of the service provided. Records showed audits were carried out monthly and updated as required. They included checks on; documentation, staff training, medicines management, risk assessments and accidents and incidents. Daily and monthly audits were also carried out for health and safety, medicines and maintenance of the environment. The registered manager told us the registered provider had created a senior management structure to support the home managers and a quality assurance manager had been employed to check audits carried out within the homes. The registered manager told us they expected a visit from the quality assurance manager to check on her audits.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out to people and their relatives. We talked about the poor return as only three surveys had been returned, they were very complimentary about the care provided by staff at Glenbrooke House. Comments included, "I'm extremely happy with the care given to

(name). The management and staff are so helpful and caring." Another relative commented, "I have been absolutely delighted with the care and attention my relative receives." The registered manager said she was keen to capture feedback to improve the quality of service so planned to distribute surveys to relevant people at people's care review meetings.

People told us there was a calm, friendly atmosphere in the home and this was reflected in the good interaction between people and staff.

Staff spoke positively about the approachability and support of the registered manager and senior staff. There was evidence from observation and talking to staff that they knew the people they supported well and they were keen to encourage them to retain some control in their life and be involved in daily decision making. Staff said they felt well-supported and there was good communication in the home to help make sure they were kept up to date. One staff member said, "The manager is approachable." Another said, "I feel supported to do my job." A health professional told us, "(Name), registered manager is really pro-active, she will chase up and sort out anything to help the people at Glenbrooke."

Staff meetings were held regularly to keep staff updated with any changes within the home and to discuss any issues. The manager attended meetings with other managers in the organisation, to discuss any changes to be implemented to enhance the running of the homes and consistency within the organisation. Monthly meetings also took place with people who used the service and meeting minutes showed agenda items included activities and menus.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Person centred care was not always provided because of inaccurate record keeping.