

Glenholme Senior Living(Sleaford) Limited

Vera James 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Vera James House is a residential care home providing accommodation, personal care and support to up to 42 older people, some of whom may have dementia. At the time of our inspection there were 37 people using the service.

The care home accommodates up to 42 people in one purpose-built property. One of the areas in the home provides care to people living with dementia.

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

Staff used their training to safeguard people wherever possible and support people to keep them safe. If staff had any concerns about people's safety and welfare, they knew where to report this both inside and outside of the home. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. Staff encouraged people to eat healthily and drink enough.

Staff were kind, caring and knew people's individual needs, wishes and preferences well. They also knew and monitored people's assessed risks. Staff listened and respected people's concerns and suggestions. Staff gave people privacy, treated them with dignity and respect when supporting them, and helped maintain people's independence. Staff involved people and their relatives, when reviewing people's care and support requirements. Staff were responsive to people's changing care and support needs. Care plans were reviewed and updated when changes occurred.

Enough skilled and suitable staff had been safely recruited. Staff had received the required training, spot checks and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities.

Compliments about the service provided by staff had been received. Complaints were investigated and resolved wherever possible and actions were taken to reduce the risk of recurrence.

Monitoring and oversight of the service provided was effective in identifying and driving improvements. The registered manager and the staff team took on board learning when things went wrong. The registered manager led by example and had cultivated an open and honest staff team culture. Audits were undertaken and there was a home improvement plan in place. The registered manager reported to the board of directors to ensure organisational oversight was in place. The registered manager and staff team worked well with other organisations, health and social care professionals to provide people with joined up care.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service under the previous provider was Good, published 31 May 2019. This service was registered with us on 02 December 2020 and this is the first inspection.

Why we inspected

This inspection was based on the service being unrated under its current provider's registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vera James House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Vera James House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Vera James House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives. We received feedback from the local authority about the home. We spoke with six members of staff including the registered manager, senior care staff, head of housekeeping and a care assistant. We also spoke with a visiting social care professional.

We reviewed a range of records, this included six people's care records. We looked at medicines' records and three staff files in relation to recruitment. A variety of records relating to the management of the home were also reviewed, including incident records, complaints, compliments, quality assurance processes and policies.

After the inspection

We continued to seek clarity about the fire risk assessment actions and staff recruitment.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. Under the previous provided they were rated Good. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe. This included being able to identify the different types of poor care and harm, and how to report concerns in line with their safeguarding training.
- Staff said they would whistle-blow when required to help keep people safe. A staff member said, "I would report (concern) straight to senior on shift and made sure person was safe... I can report to [the registered manager] ...I would go to the (local authority) safeguarding team... I am happy to whistle blow."
- The registered manager understood their role to report safeguarding concerns to the appropriate organisation such as the local authority and the Care Quality Commission (CQC).
- A person told us about what made them feel safe. They said, "Whatever you ask for or worry about (staff) come and look after you."

Assessing risk, safety monitoring and management

- The registered manager and staff team knew the people they supported. They assessed and monitored people's known risks. Risks included being at risk of self-neglect, or falls, not taking their prescribed medicines, and where someone could become distressed.
- Staff had guidance on how to support people to reduce their assessed risks. This information was documented in people's care records and included guidance from external health and social care professionals.
- People had a personal emergency evacuation plan (PEEP) in place. This would guide staff on the assistance needed to help evacuate people safely in the event of an emergency such as a fire.
- People had the right equipment to help keep them safe. This included moving and handling equipment to help transfer people safely who needed this support. A staff member said about moving and handling training and equipment, "We get shown by the occupational therapist how to use (different types of equipment) if we haven't used it before."

Staffing and recruitment

- Potential new staff to the home had a series of checks carried out on them to help make sure they were suitable to work with people. These checks included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment checks were documented and in the main completed in full. However, we found a few gaps in the recruitment checks. These gaps were explained and known by the registered manager. We saw the homes service improvement plan had actions in place to make improvements needed. The registered

manager told us they would make the necessary improvements such as a documented risk assessment to record the missing information and the decision-making process.

- There were enough trained staff to meet people's needs. A person confirmed to us that, "(I) never have to wait for staff. Staff are good at attending to our needs."

Using medicines safely

- The registered manager had safe systems in place for the receipt, storage, administration and disposal of medicines. Staff were trained on how to manage and administer medicines safely in line with the providers policy. Their competency to do so was spot checked by senior members of staff.

- Staff had information to guide them on how much support a person needed to manage their medicines safely. This included 'as and when needed' medicines. This information to guide staff was documented in people's records. People told us staff administered their medicines safely. A person confirmed, "I get my medicines when needed."

- People had a medicine administration record (MAR) chart. We found these were completed by staff and showed people received their medicines as the prescriber intended.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the home.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager and staff encouraged people's friends and family to visit them at the home. This helped people stay in contact with their friends and family and promoted people's well-being.

Learning lessons when things go wrong

- The registered manager had a system in place to record any accidents, incidents, safeguarding and medication errors. Learning from these were routinely shared with staff at handovers, daily flash meetings and staff team meetings.

- A staff member talked us through learning following an incident of choking. The said, "(We) now always observe them when swallowing."

- A staff member told us the steps taken following a medication error, "(We) inform the GP if it's a medication error and make sure there is no harm. But it is our duty of candour to inform relatives and families trust us more."

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. Under the previous provided they were rated Good. This key question has been rated Good. 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

- Staff assessed people's care and support needs using the 'prospective new resident assessment' form prior to them moving into the home. This would help make sure staff were skilled enough to meet their needs. People and where appropriate their relatives and or advocates were involved in the assessment process.
- People's care records detailed their wishes and choices on how they wanted to be supported by staff, what their known risks were and how they would like to be addressed.
- The registered manager ensured senior staff at the home had the most up to date guidance and legislation information. Senior staff then created a quick reference guide sheet for all staff to familiarise themselves with and use.

Staff support: induction, training, skills and experience

- New staff were supported with an induction when they first started working at the home. This included training and shadowing a more experienced staff member. A staff member told us, "I shadowed (a more experienced staff member) for two weeks but it was extended to make sure I was not unprepared."
- Staff told us about the training they had completed. Staff were directed to undertake further training to develop their skills. They told us how they were supported through supervisions and a yearly appraisal. A staff member said, "My appraisal was a two-way conversation, we can talk openly."
- People and relatives were confident that staff had the skills and knowledge to meet their, their family member's needs. A person said, "Staff definitely appear knowledgeable, they do their job well."

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

- Staff encouraged people to have enough to eat and drink. Meals were pre delivered meals that were then heated by the cook and kitchen staff. Whilst people had a choice between two pre prepared main meals, if people wanted a salad, sandwiches or jacket potato instead, this could be catered for. We observed people enjoying these meals and their mealtime experience. A relative confirmed, "[Family member] loves her food. She looks well on it."
- Staff supported people to eat and drink in line with any dietician or speech and language therapist guidelines. This included fortified foods with supplements or softer food options to reduce the risk of poor swallowing or choking.
- As part of the registered manager's governance systems, people's weight loss or gain was recorded. This was to help ensure that any patterns or trends needing action were identified.

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

- Staff worked together as a team to help ensure people received consistent, coordinated care and support. There were effective communication systems in place. A person told us that staff were, "Very good at contacting the GP and district nurses."
- Staff had guidance within people's care records as these documents showed where any communication with health and social care professionals had occurred. Any guidance received from these professionals were included in people's care records.
- A social care professional told us how staff had liaised with the district nurses' team when they had some concerns. The social care professional said, "Staff were prompt to respond."
- Staff knew people's health history, conditions or past illnesses they had experienced that could affect people's well-being. People would be supported to access health services by staff, when needed.

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

- The building had adaptations to meet people's needs, such as handrails and signage. This also helped people's orientation around the home and to know where their rooms, the bathrooms and toilets were.
- The registered manager told us they were due a refurbishment of the home's interiors. Plans were in place as this work had been agreed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff encouraged and promoted people to make their own choices wherever possible. For example, what they wanted to do, what they wanted to wear and what they wanted to eat. A staff member said, "(You) assume people have (mental) capacity. You have to explain each way, in a way people understand as much as possible and the benefits of the decision or disadvantages. (You) make sure people know what the decision is they are making."
- Staff had been trained in how to support people and when it was appropriate to make decisions in a person's best interest. A person told us, "Staff ask my permission. If I suggest something they listen."
- People's mental capacity to make certain decisions were documented within their care records to guide staff. This information was recorded in detail and was person centred. However, it was not always recorded by staff under the specific 'best interest' sections of people's care records. The registered manager told us they would make this improvement to reduce the risk of any confusion.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. Under the previous provided they were rated Good. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff recorded people's diverse requirements such as religion, culture and disabilities in their care record. This information would help guide staff on how a person wished to be supported.
- People and their relatives had positive opinions on the quality of care and support provided by staff. A person said, "The care is perfect." A relative told us, "The care here is good...staff keep [family member] safe. I'm pleased she is being looked after."
- Staff had a good relationship with the people they supported and knew them well. During our lunchtime observations we saw how people shared jokes with staff which resulted in smiles and laughter. This helped create a positive and social mealtime experience for all.

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

- Staff supported people and where appropriate their relatives and advocates to be involved in their, their family members care decisions. A relative confirmed to us, "I was involved in the care needs assessment and did this using a virtual video conference meeting."
- The registered manager and staff team understood the importance of involving people in decision making. A social care professional told us regarding reviews of people's care needs, "It is never too much trouble if you ask for information. (Staff) can communicate in a detailed way to visitors. You get a good background (information) from staff about people."
- People and their relatives told us staff listened and responded to their request. A person told us, "If I ask the staff to change (any of my care) they change this for me, and they are understanding." However, records of people being involved in reviews of their care was not always clearly recorded. The registered manager told us they would make this improvement.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people, who may be sensory impaired by speaking with them at eye level, clearly and succinctly, repeating where necessary. Interactions between people and staff showed that people were treated with kindness, patience and understanding whilst giving the person they were supporting words of encouragement.
- Staff promoted and maintained people's privacy and dignity by knocking on their room door, before announcing themselves as they entered. Personal care support was delivered by staff behind closed doors to maintain people's dignity. Observations showed people looked cared for and were dressed nicely.
- Staff encouraged people to personalise their rooms to make them feel more comfortable and at home. A relative said, "We packed all the things [family member] likes, put all the pictures on the wall and used her

own bedding."

- Staff supported people to retain, or gain further, independence. People told us how staff encouraged them to do whatever they could safely, for themselves. A person told us, "Staff let me do as much as I can myself. Staff help us live, but in our way and not their way. It is like being at home."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. Under the previous provided they were rated Good. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff carried out personalised care and support that met people's individual needs. People and their relatives were positive about the support staff provided. A relative said, "I was glad [family member] was in a place like this during COVID-19. The family wouldn't have managed. Staff are keeping [family member] safe."
- People's care plans included appropriate information to guide staff. Staff were knowledgeable about the people they supported, including people's personal preferences, likes and dislikes. A relative told us, "[Family member] wasn't eating or dressing properly. (Now they have) put on weight...such a better quality of life. Because of the care [they] get, [they] are very happy."
- A social care professional praised staff for their knowledge of the people they supported. They said, "(I have found) staff really welcoming. They're always happy to provide documentation. (I've) met with family members for a (care) review. I had positive feedback from residents and family." They then went on to give an example of how staff had met a person's needs positively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff team made sure people received information in a way, such as pictures or large type, that helped promote their understanding.
- Information in different formats included the date and time on the notice board, picture menus and a picture board to help someone with limited verbal communication describe the pain they were in. Guidance on how best to communicate with people were documented in people's care records to inform staff.

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

- We saw people take part in activities and saw photographs of external entertainers who had visited. A relative said, "[Family member] recently enjoyed the musical entertainment." Another told us, "[Family member] likes lots of hobbies and interests. We get a newsletter and they share photos of [family member] taking part in activities."
- The registered manager had taken action to make the improvements needed around activities. They were recruiting an activities co-ordinator to work at the home. The registered manager told us they had identified

that people needed more meaningful stimulation that occupied their time.

Improving care quality in response to complaints or concerns

- The registered manager dealt with any complaints about the service provided. Complaints were recorded, investigated and resolved where possible. Meetings were held when required, with complainants to try to resolve concerns.
- People and relatives told us that the registered manager was approachable. A person told us, "(I have) nothing to complain about."
- Compliments about the service provided had also been received.

End of life care and support

- Staff had training in end of life. Staff would support people at the end of their life alongside external health professionals such as the GP and district nurses. This would help people to have as dignified a death as possible in line with their wishes.
- Staff had end of life wishes talks with people and these were recorded to guide staff should people choose to have this conversation. This included people's wish to be resuscitated or not.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. Under the previous provided they were rated Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team were enthusiastic about supporting people to have as meaningful a life as possible. A staff member confirmed that the culture and values of the home was, "Welcoming and a safe place for our residents. This is their home."
- People and relatives spoke about the caring attitude of the registered manager and staff team. They confirmed that the registered manager and staff team's communication was good. Feedback on the service provided was sought through contact with the registered manager and senior staff.
- The registered manager and staff team were approachable. A relative said, "[The registered manager] always stops for a chat and offers (us a) drink." A person confirmed, "[The registered manager] is a very assessible manager. I feel listened to, when I speak to them."
- Staff felt well supported and had the opportunity to feed back about the service provided in supervisions, appraisals and staff meetings. Staff told us they felt listened to and that their feedback or suggestions were taken on board. A staff member said, "We have a flash meeting with the (registered) manager and senior staff to discuss the previous night (any concerns) every morning."

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

- The registered manager understood when to notify the CQC about incidents that occurred and when to report incidents to the local safeguarding team. Incidents, accidents, safeguarding and medicine errors formed part of the information the registered manager had to report on to the board of directors. This helped ensure organisational oversight.
- The registered manager was responsible for the day to day running of the home. The registered manager provided oversight of the service provided by reviewing various records for patterns and trends as well as observing staff. This was to ensure staff were upholding the provider's values.
- The registered manager acted promptly about improvements when needed following an audit. Areas of improvement identified were added to the home's improvement plan.
- We found that the computerised care records didn't always have information recorded in the area you would expect. For example, best interests' decisions were documented but not under the best interest section of the care record. This increased the risk of confusion. The registered manager told us they would

ensure an audit of people's care records was undertaken.

- The registered manager understood the need to be open and honest when things went wrong. People and their named relative were informed, and actions were taken to try to reduce the risk of recurrence. A relative told us, "They inform me what action they have taken after (family members) fall."
- Staff were clear about their roles and explained these to us in detail.

Continuous learning and improving care

- The registered manager took action to improve the home based on the findings of their monitoring processes. For example, they had an action plan of what improvements were needed. They told us of their goals for the home. They said, "I want Vera James House to continue to be a safe place for residents. I want to create a friendly environment for residents and staff...the staffing here is phenomenal."

Working in partnership with others

- The registered manager and staff team worked well with health and social care professionals and other organisations such as GP's, social workers, district nurses and dieticians. This helped promote and maintain people's well-being.
- A social care professional had praised the registered manager and staff team for meeting a person's needs when admitted from hospital. They told us how staff were working with a physio to help build up a person's confidence in their mobility.
- One relative told us the involvement of a health professional and occupational therapist had enabled their family member to regain lost independence and have the right equipment to continue with this.