

CLS Care Services Limited

# Gleavewood Residential Care Home

## 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

The inspection took place on the 2 August 2016 and was unannounced.

The service is located in the town of Weaverham and is registered to provide accommodation for up to 30 people who require personal care. The service is run by a not-for-profit organisation who also own a number of other services throughout the north-west of England.

There was a registered manager in post who had been registered with the CQC since 2010. 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.

Staff had received the training they required to carry out their role effectively, however they were not always aware of their roles and responsibilities in relation to the Mental Capacity Act 2005. We have made a recommendation around staff training in this.

There were sufficient numbers of staff to meet people's needs. The registered manager had referred to the local authority for support with finding alternative placements for people whose dependency needs had become too high for them to manage. This was because this was impacting upon the time staff had to spend with people using the service. Following the inspection we were informed that alternative placements had been found, which had impacted positively upon pressures on staff.

There were risk assessments in place which provided staff with relevant and up-to-date information around how to keep people safe. Action had been taken to refer people on to relevant health or social care professionals where required, and assistive technology was in place to support with keeping people safe. Environmental checks were completed on a regular basis to ensure the environment was safe.

People were supported to take their medication as prescribed. Medication administration records (MARs) were filled out by staff to demonstrate when medicines had been given. These were stored securely in people rooms.

Care records contained personalised information around people's likes, dislikes and their preferred daily routine. Information contained within care records was reviewed on a regular basis which ensured that staff had access to relevant and up-to-date information. This helped ensure that people were provided with care and support that was suitable to meet their needs.

People were protected from the risk of malnutrition and dehydration. People were provided with food and drink options that were suitable for them, for example soft foods, or syrup thick fluids. A choice of options was available at meal times, and where people did not like these options they could request something

different. Staff provided people with support to eat and drink where required.

People told us that staff were respectful and kind towards them. Staff maintained people's dignity by ensuring that doors were closed during personal care interventions, and told us that they were mindful of making people feel at ease whilst supporting them. This ensured that people's dignity and respect were maintained.

No complaints had been received by the service over the past 12 months however people were aware of the complaints process, and told us that they felt confident that the registered manager would respond to any concerns. The registered provider sought feedback from people on an annual basis. The results from the 2015 survey showed that people felt positive about the service being provided.

People and staff spoke positively about the registered manager and described her as "approachable". The registered manager completed audits of the service being provided, which included care records and night times checks. Information around accidents and incidents was submitted to the registered provider on a monthly basis so that they could ensure appropriate actions had been taken to keep people safe.

## 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.

There were sufficient numbers of staff in place to meet people's needs, and recruitment processes were robust enough to ensure people's safety was maintained.

Staff had undertaken training in safeguarding and were aware of how to report any concerns they may have.

Risk assessments were in place to guide staff how to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act 2005, however were not always aware of their roles and responsibilities in relation to this. We have made a recommendation around this.

Staff had completed training that was needed to undertake their role. There was an induction process in place for new members of staff to help them develop the necessary skills.

People were protected from the risk of malnutrition and dehydration. Appropriate food options were available for people with special dietary requirements. People spoke positively about the food on offer.

### Is the service caring?

Good ●

The service was caring.

People confirmed that staff treated them with dignity and respect.

Staff and people using the service had developed a good rapport which helped ensure people were comfortable.

People's privacy and confidentiality was maintained.

### Is the service responsive?

Good ●

The service was responsive.

Care records were personalised, and provided detailed information around the support that people required.

There was a complaints process in place and people told us that they would feel confident approaching the registered manager with any concerns.

People were protected from the risk of social isolation. Activities were available for people to join in should they wish to.

### Is the service well-led?

Good ●

The service was well-led.

People commented that they found the registered manager to be approachable. They also spoke positively about the service being provided.

There were systems in place to monitor the quality of the service being provided, which helped drive improvement and ensure that standards were being maintained.

The registered provider had notified the CQC of incidents that had occurred within the service, as required by law.

# Gleavewood Residential Care Home

## **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.

The inspection took place on the 2 August 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information for consideration during the inspection. Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams, who did not raise any concerns. We also looked at the most recent Healthwatch report who visited the service in November 2015, which did not highlight any concerns. Healthwatch is an independent consumer champion with powers to enter and inspect adult social care services.

During the inspection we spoke with four people using the service and their relatives. We also spoke with five members of staff, as well as the registered manager. 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 looked at the care records for four people using the service, and the recruitment records for three members of staff. We also looked at other documentation relating to the day-to-day management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe. Their comments included, "I never feel unsafe here" and "Of course it's safe here". One person's relative also commented, "People here aren't unsafe".

During the inspection we observed sufficient numbers of staff to meet people's needs, and rotas showed that consistent numbers of staff were in place for each shift. However some people and staff commented that at times they felt staff were too busy to respond promptly. The registered manager and other members of the staff team commented that some people's health needs had recently increased which had impacted upon staff time. Care records showed that these people had been referred to the local authority in a timely manner, and that more suitable placements were being sourced. Following the inspection we contacted the local authority with this information so that they could take appropriate action. The registered manager later confirmed that people had been supported to move to more appropriate placements following the inspection.

A record of accidents and incidents was maintained by the registered manager. These showed a higher than usual number of incidents in July, which the registered manager attributed to staff having to spend additional time with people with increased levels of need. Following the inspection the registered manager confirmed that accidents and incidents had significantly reduced in August, after more suitable placements had been found for people with higher needs.

Staff completed incident forms after each incident which was then uploaded electronically and shared with the registered provider, so that they could ensure appropriate action had been taken. Prompt and appropriate action had been taken to minimise the risk of incidents occurring again in the future. For example referrals had been made to the GP and other professionals as required, and assistive technology was used to minimise the risk of falls. Assistive technology works by alerting staff when people attempt to stand or walk without the required support. This helped ensure people's safety was maintained.

Staff had completed training in safeguarding vulnerable people, and were aware of how to report any concerns they may have. The registered provider had a safeguarding policy in place, and the registered manager liaised with the local authority on a monthly basis to highlight any concerns that may have arisen. This ensured that people were protected from the risk of abuse.

Risk assessments were in place which meant that staff had access to relevant and up-to-date information on how to keep people safe. These included details around people's risk of falls, the risk of developing pressure ulcers and information around any health needs. Appropriate action had been taken to minimise the risk of these incidents happening, for example through the use of assistive technology, or referring people to relevant health professionals.

Checks had been completed to ensure that the environment was safe. Fire alarms and emergency lighting had been tested by an external contractor, and fire drills were completed monthly with records containing comments on how well staff responded to the drills. Water temperatures were monitored to ensure they

were not too hot or too cold, and the water system had been tested to monitor for signs of harmful bacteria in the water supply. The passenger lift had been serviced, and electrical equipment had been tested to ensure it was safe for use. The environment was clean and well maintained, and we observed examples where staff used personal protective equipment (PPE) appropriately, to help control the risk of infection.

Recruitment processes were robust and ensured people's safety. New staff had been required to provide two forms of identification, along with two references, one of which was from their most recent employer. They had also been subject to a check by the disclosure and barring service (DBS). The DBS informs employers of any previous criminal convictions staff may have, and helps them to decide whether staff are suitable for the role.

People were supported to take their medicines as prescribed. Medicines were stored securely in people's own room, and staff had received training in the safe administration of medicines. A medicines audit had been carried out by the pharmacy which had highlighted that fridge temperatures (used for storing medicines) needed to be recorded. We followed up on this and found six days in July where this had not been done, which we raised with the registered manager. We looked at the medication administration records (MARs) for four people and found that these were being filled out appropriately. We looked at a sample of three people's medicines and found that the correct quantity was being held for each person.



## Is the service effective?

### Our findings

People told us that staff were skilled and good at their job. Their comments included, "Staff are marvellous, they really are" and "Yes staff seem good at what they do".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met, and found that they were. Those people who required DoLS had these in place as required.

Staff had recently received training in the MCA, however not all staff were familiar with their roles and responsibilities in relation to the act. Despite this we saw examples where staff offered people choice and control during day-to-day care, and did not observe people being restricted in ways that were not necessary to maintain their safety. It is important that staff have a formal knowledge of the requirements imposed by the MCA, to prevent people from being restricted in ways that are not lawful.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the Mental Capacity Act 2005.

Staff had received the training required to carry out their role effectively, for example records indicated that staff had completed training in areas such as health and safety, fire training and moving and handling. Staff had also been supported to complete further qualifications in health and social care. A training plan was in place so that the registered manager was aware when staff training was up for renewal. There was an induction process in place for new staff which included a period of shadowing experienced members of staff, and completing training in areas such as those outlined above.

Records showed that staff received supervision and appraisal from the registered manager. This allowed them the opportunity to discuss any concerns, or areas of further development and enabled the manager to raise any performance related issues. This showed that there were processes in place to support staff.

People commented positively on the food that was available. Their comments included, "The food here is lovely, there's plenty of choice and options", "The food is smashing. I really like it here" and "The food is very good. There's plenty of choice". During meal times people were offered two options, and second helpings were available to those people who wanted them. Where a person did not like the choices available, they

were able to request a different option. There were menus available on the dining room tables so that people could see what was on offer. People appeared happy and content during their lunch time meal, and some people were singing and laughing together. The registered manager completed an audit of people's meal time experience every two months, the results of which reflected a positive experience overall.

Care records contained details around people's dietary requirements. For example, one person's care record stated that they required a 'soft diet' and fluids that were of a 'syrup consistency', due to the risk of choking. Where people were at risk of malnutrition and weight-loss, a referral had been made to the dietician for advice and support. People's care records also contained details of their preferred food options, and those foods that they did not like. This meant that people's preferred options could be considered planning meals.

Care records showed that people had been supported to access support from health and social care professionals where required. For example referrals were made to people's GP and/or social worker where there were concerns about their wellbeing. This helped ensure that people's health and social wellbeing were maintained.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. Their comments included, "I'm happy. The staff are nice", "Staff are wonderful. They're a good bunch" and "The carers are very helpful. I've been quite poorly but they looked after me". Another person commented "This is a wonderful place to live. It is like home".

Staff spoke kindly to people, and it was apparent that good relationships had been developed between themselves and the people they supported. There were examples where people were laughing with staff, and speaking in a familiar manner. One person's relative commented, "The staff here are lovely". People's relatives told us that they were made to feel welcome when they visited the service, and we observed staff speaking in a respectful and friendly manner to visiting relatives.

Staff spoke respectfully towards people, and where people presented as confused they acted to give them the support they needed whilst maintaining their dignity. For example during lunch time staff anticipated one person's need to use the toilet, and discreetly supported them to do so. Staff told us that they were mindful that people's needs were different, and that a 'one size fits all' approach was not appropriate. Staff adapted their interactions to suit the person they were supporting.

People told us that staff were respectful during personal care interventions, and maintained their dignity and privacy. Staff gave appropriate examples of how they would ensure people's dignity was maintained, for example by making sure people are covered, or where appropriate allowing people time to use the toilet in privacy. Staff ensured that doors were kept closed whilst supporting people. One person told us that staff spoke to them when they were supporting them with personal care, which helped to put them at ease. This helped maintain people's dignity.

People's confidentiality was maintained. People's personal information was kept securely stored and there was a data protection policy in place which was followed. Staff were aware of how to maintain people's confidentiality, for example not speaking about people's needs in front of others, or outside of work.

At the time of the inspection there was no one accessing support from the local advocacy service, however the registered manager was aware of when it would be appropriate to support people to make use of an advocate. Information around this was available to people using the service. An advocate is an independent source of support, who helps ensure that people are listened to when making decisions. This increased the likelihood that people would retain choice and control over their care and support.

Care records contained details around people's religious and spiritual needs, and services were held by a local church for those who wished to attend. Care records also showed that people had been given the opportunity to discuss their wishes in the event of their death. Those people who did not wish to be resuscitated in the event of their death had a 'do not attempt resuscitation' (DNACPR) form clearly displayed at the front of their care file, so that this could be easily accessed in an emergency. These had been authorised by the person's GP as required.

## Is the service responsive?

### Our findings

People commented that they received the care and support that was required to meet their needs. Their comments included, "It took me a while to get used to, but I couldn't do without the support" and, "Staff always come if you press the buzzer". One relative commented, "We're really pleased overall and [my relative] is really happy. Health-wise they've improved since moving here".

Care records contained detailed information around people's care needs, which enabled staff to provide the correct level of support. This included information around personal care, mobility and any physical or mental health needs that the person may need support with. For example one person was at high risk of developing pressure sores, so staff supported them to alter their position on a two hourly basis to relieve pressure areas. Charts were in place and being filled out appropriately by staff which demonstrated that this was being done.

Care records contained information around people's likes, dislikes and their personal preferences. For example one person's care record outlined that they enjoyed a cup of Horlicks before bed. Staff had a good understanding of people's needs, which reflected the information contained within their care records. This helped ensure that people received care that was in line with their preferences.

Information contained within care records was reviewed on a regular basis to ensure that it was up-to-date, and reflected people's needs. Staff also maintained comprehensive daily notes which detailed what support had been provided through the day and night, so that this information was available to other members of staff should there be any important developments.

People's independence was maintained as much as possible. People walked throughout the service independently, and where appropriate were able to come and go as they pleased. There were examples where people went outside for a cigarette, whilst other people went out with family for days out. During meal times staff gave people space to enjoy their meal, and only offered their support where it was apparent that people were struggling.

A weekly timetable was on display which outlined the activities for the day and week ahead. This included activities such as pamper days, keep fit, bingo and reminiscence groups. There was an activities co-ordinator in place who organised fundraising events for future activities. Plans were being made for a local academy to perform Romeo and Juliet in spring 2017, and people told us that entertainers and singers sometimes performed for them. People commented that they enjoyed the activities that were available, however some people commented that they would like to be able to do more outings. We raised this with the registered manager.

The registered provider had a complaints policy in place which was given to people when they first moved into the service. This was also on display in the reception area for people's information. People and their relatives commented that they knew how to make a complaint and felt that their concerns would be listened to and dealt with appropriately. One person commented, "I would feel confident raising concerns if

I had to". At the time of the inspection no complaints had been received by the service.

## Is the service well-led?

### Our findings

There was a manager in post who had been registered with the CQC since 2010. People commented positively on the service, describing it as "wonderful" and "homely". People also spoke positively of the registered manager, describing her as "approachable". One person's relative told us "[The manager] is very responsive and communicative".

Staff told us that they felt supported by the registered manager, and that they felt able to go to her with any issues they may have. Staff meetings were held every two months where any updates and information could be shared. Staff also received regular supervision which also gave staff the opportunity to raise any concerns. Staff commented that aside from using these to formally raise issues, they felt confident that they could approach the registered manager on an informal basis.

The registered provider had up-to-date policies and procedures in place for staff to access. This included a whistleblowing policy which outlined the procedure for staff on raising concerns, either inside or outside the organisation without fear of any reprisals. Staff were aware of this policy and where it was located, so that they could access the information if needed. This helped ensure that poor practice could be raised, responded to and addressed.

The registered provider had a disciplinary policy and procedure in place which had been used appropriately to address poor practice and drive improvement. The registered manager had notified us of two incidents prior to the inspection where the staff had been placed on disciplinary, and supported to complete additional training to ensure issues did not arise again in the future.

The registered provider is required by law to notify the CQC of certain incidents or events that occur within the service. Prior to our inspection we checked to see that these notifications were being sent through as required, and found that they were.

There were processes in place to monitor the quality of the service being provided. Night-time visits were completed every six months by the registered manager to ensure that staff were awake and alert. A call bell analysis was completed as part of this process to ensure that staff were responding to calls bells in a timely manner. Care plan audits were also completed each month to ensure that these were up to date.

The registered provider also completed a quarterly work place inspection which looked at the environment to ensure this was being suitably maintained. Information around falls was sent to the registered provider each month, who then followed up to ensure that appropriate action had been taken in response to incidents. This helped ensure that standards of the care being provided were maintained.

The registered provider sought feedback from people and their relatives through an annual survey. The results of this survey for 2015 had been made available and showed that overall people felt very positively about the service. The results of the 2016 survey were not yet available at the time of the inspection. This meant that people were able to express their views and opinions on the service.

