

# Community Integrated Care Glenwood 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

Glenwood Care Home is purpose built and provides nursing care, support and accommodation for up to 12 people with a learning disability who may also have a physical disability or mental health need. The home comprises two six bedded bungalows with a connecting link corridor and conservatory. At the time of the inspection there were nine permanent residents. One person stayed in the home for respite care four days a week and another stayed for four days every other week. There was one vacancy.

At the last inspection the overall rating of the service was rated good, but the safe domain was rated as requires improvement because there were some issues relating the safety and suitability of the premises. At this inspection we found that these matters had been addressed.

The people living in the home were unable to converse with us, but we observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care. We saw that people who lived at the home were clean and well dressed and they looked relaxed and comfortable in the care of staff supporting them.

The local authority who commissioned care for people who lived at Glenwood told us that they thought it was a good service.

We found staff had been recruited safely and were appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were sufficient to meet the needs of people who lived at the home and enable them to play an active part in the local community.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The home was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People's nutritional needs were met. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

The service had a complaints procedure which was made available to people and their relatives. We saw the registered provider had listened and responded to issues of concern raised by the family of one person and these were being addressed when we undertook our inspection visit.

The registered provider used a variety of methods to assess and monitor the quality of the service. These included seeking the views of people who used the service and their families or representatives, seeking the views of staff and a regular programme of audits carried out by the registered manager, the regional manager and their Quality Excellence team.

## 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.

Issues identified at the previous inspection relating to the safety and suitability of the premises had been addressed.

There were effective systems in place to make sure people were protected from abuse. Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Glenwood Care Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 30 May 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and a specialist adviser who was a nurse specialising in the care of people with learning disabilities.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority commissioning team and local medicines management team to seek their views. The provider had also 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.

It was not possible to verbally seek the views of the people who used the service because of the nature of their disabilities but during our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day.

We looked at care records of two people, the staff rota and records of staff training, recruitment records of three staff, supervision records of two other staff, records relating to the management of the home and the medication records of two people.

We spoke with the registered manager, the regional manager, the clinical nurse lead, another nurse and two support workers. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

At our previous inspection in December 2015 we found that the service was not safe because some fire doors were wedged open and the garden was not accessible to the people who used the service because the perimeter wall at the back of the property (belonging to the Council) was not secure. Also there were several broken garden ornaments lying around and the paths were in need of some repair. We also saw that the home was in need of some refurbishment. Some of the lounge furniture was sagging and there were rips in the covering, which staff had covered with throws. In some areas the paintwork was chipped, some flooring was worn and there was an iron burn on the lounge carpet. There was a wire fence that separated the garden from the main road, which afforded no privacy for the people who lived in the home. Following the inspection the registered provider contacted us to say that these matters had been addressed and at this inspection we found that refurbishment had been carried out and the premises were safe.

The service had procedures in place to minimise the risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may have and knew what procedures needed to be followed and who they should contact. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Care plans seen had completed risk assessments which identified the risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering support to people. Where potential risks had been identified the action taken by the service had been recorded. For example, staff had identified that a number of people who used the service were at risk of choking because of swallowing difficulties. These people had been referred to healthcare professionals for assessment and advice on the type of diet they required. The health professionals' instructions had been put on small laminated documents clipped together, which staff carried with them so that they could easily refer to them when serving food and drink. This minimised the risks to people from choking.

Any alerts, such as drugs and medical devices alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were kept in a file and staff signed to say they had read them.

We found staff had been recruited safely. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection we observed that there were sufficient staff to meet the needs of people who lived at the home and to enable them to participate in activities in their local community. On the day there were seven staff on duty including one on induction. Rotas showed that staffing levels were set depending on the current needs of the people using the service and what activities they were taking part in. The minimum staffing level provided (at night) was one registered nurse and two support workers.

The local medicines management team told us, 'There were many areas of good practice which resulted in us feeling assured that medicines were being managed at Glenwood to a satisfactory level'. However, when looking at medication administration records (MARs) we noted that these were kept loose in a polypocket in each person's care file and page numbers did not correlate, for example one person's MARs had five pages which were numbered '1 of 3; 2 of 3; 3 of 3; 1 of 1; one not numbered'. This would make it impossible to tell if a page was missing. We also noted that there were a few gaps on the MARs where staff had omitted to sign when a medicine had been administered. Also, protocols for 'when required' medications were not detailed enough about the circumstances in which they should be given. We recommend that these matters are addressed to ensure the safe management of medicines.

The home was clean and tidy and we observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff and people who used the service were protected from potential infection when delivering personal care and undertaking cleaning duties. We also found the service had appropriate arrangements in place for the removal of clinical waste.

There was an emergency response file kept near the front door with guidance and contact numbers for staff in the event of various emergencies such as fire, gas escape, water leak etc. This file contained personal emergency evacuation plans (PEEPs) for all people who used the service and there were packs of any equipment that would be needed in the event of an evacuation kept under the stairs near the front door.

## Is the service effective?

### Our findings

People received effective care because they were supported by an established, experienced and trained staff team who had a good understanding of their needs. The local authority commissioning team had recently carried out a monitoring visit and told us that the home was providing a good service.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

The staff working in this service made sure that people had as much choice and control over their lives as possible and supported them in the least restrictive way possible; staff knowledge of the MCA and the policies and systems in the service supported this practice. When we undertook our inspection visit all the people who lived at the home had been assessed as lacking capacity to consent to living in the home and DoLS were in place. Any conditions relating to the DoLS were recorded in people's care plans. 'Best interests' decisions were also recorded.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals and a variety of alternative meals were available for people with special dietary needs. People's weights were monitored to ensure they were getting adequate nutrition.

People's healthcare needs were carefully monitored and discussed with the person, their family members and health care professionals as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had taken place. The records were informative and had documented the reason for the visit and what the outcome had been. Health action plans were in place.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the garden, which was enclosed and safe for people to use. The design of the building provided sufficient space to enable people to get around safely. The building was well lit and made as much use of natural light as possible.

Staff were appropriately trained and supported. Staff received regular supervision and clinical supervision for the lead nurse was provided by a member of the Quality Excellence Team employed by the provider. They had the skills, knowledge and experience required to support people with their care and social needs.



## Is the service caring?

### Our findings

People who used the service were unable to converse with us, and a number of them were out in the community on the day of the visit. We observed staff engaging with people that were in the home in activities such as doing puzzles, preparing lunch and listening to music of their choice. We observed staff speaking with people in a respectful way, giving people time to understand and respond. We saw they demonstrated empathy towards people in their care and had an appreciation of people's individual needs around privacy and dignity.

We also saw that people who lived at the home were clean and well dressed and they looked relaxed and comfortable in the care of staff supporting them.

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for a local service user led advocacy group called Speak Out, which ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.. A person who had used the service until just before the inspection had been a founding member of this group.

Staff had a good understanding of protecting and respecting people's human rights, underpinned by awareness of the Equality Act 2010 and the Mental Capacity Act 2005. We discussed this with staff, who described the importance of promoting each individual's uniqueness. Training had been provided by the service for guidance in equality and diversity.

People's end of life wishes had been recorded so staff were aware of these. We saw people who had previously used the service had been supported to remain in the home towards the end of their lives. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff and their friends and family. Since the previous inspection a room had been provided for families to use.

# Is the service responsive?

## Our findings

We saw that people who lived at the home received a personalised care service which was responsive to their care needs. The care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Their families' opinions were also sought.

The care plans we looked at were detailed and were clear about the support needs of people and how they wanted their care delivered.

We saw that people's activity schedules were based on their individual preferences and promoted their inclusion in the local community. An activity coordinator was employed four days a week. During our visit some people went out to catch a train into Liverpool, some had gone out in the minibus for a picnic and another went out to a local café for lunch. People were also supported by staff to go swimming and horse riding. Two of the people who used the service were involved in a drama group and the home had links with the local rugby team who visited the home and carried out tailored exercises with people twice a week. People also went to watch the team in action at the local stadium. Other activities took place inside the home, such as crafts, games and aromatherapy.

The registered manager told us that feedback was gained from people and their relatives through care reviews, direct conversations and feedback forms. The registered provider carried out surveys to seek the views of relatives and staff. The last one had been carried out in September 2015 and a new survey had just been sent out.

The service had a complaints procedure which was made available to people on their admission to the home and was on display in the home. The procedure was clear in explaining how a complaint could be made and outlined to people how these would be responded to. We saw the registered provider had listened and responded to issues of concern raised by the family of one person and these were being addressed when we undertook our inspection visit.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, communication needs, dietary needs and medication.

The service was proactive in identifying people who could move to supported living in their own home rather than living in a care home. A person we spoke to at the last inspection had successfully moved into a rented property with support and the manager was actively recruiting staff to support the transition for another person who was using the service. This showed that people had been supported to develop skills and confidence, allowing them to make progress.

## Is the service well-led?

### Our findings

There was a registered manager in place, who had become the manager of the home in January 2016. She was undertaking a Level 5 Diploma in Leadership for Health and Social Care and the registered provider's Service Leader Development Programme. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service.

There were procedures in place to monitor the quality of the service provided. Regular audits had been completed, which included occasional spot checks at night. Audits included reviewing care plan records, monitoring the environment, health and safety issues, medication, nutrition and infection control. Regular checks were also made to ensure fire detection systems were working and water temperatures were safe in line with health and safety guidelines. Any issues identified in the audits were included in the home's improvement plan, which was reviewed and updated regularly.

In addition, the registered provider employed individuals called Quality Excellence Partners who carried out audits of care provision. They had visited the home in January 2017 and identified some areas for improvement, then returned in February to make sure that these were being actioned. This showed the registered provider had effective governance systems in place to drive improvement in the quality of the service.

The service worked in partnership with other organisations to make sure they were following current best practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and the community mental health team.

Staff were very positive about working in the home and told us they felt supported by the manager and the registered provider. They said they received good training for their roles and that they were encouraged to submit ideas for improvement. An example of this was the laminated eating and drinking guidelines, which were suggested by two members of staff. The regional manager told us the registered provider is now going to introduce these in other homes.