

Avery (Glenmoor) Limited

Glenmoor House 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

About the service

Glenmoor House Care Home is a nursing care home providing personal and nursing care to people aged 65 and over. The care home can support up to 59 people and at the time of inspection there were 54 people living there. The care home has three separate areas to support people needs. One area is dedicated to nursing care, another area to dementia care and another for people who require residential care.

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

People enjoyed living at the home and felt they received good care from staff that cared about them. People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection. People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink well. Staff supported people to live healthier lives and access healthcare services when required. One healthcare professional that supported the service commended the staff for their approach and ability to provide good care to people.

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

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems were in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service was well managed. The provider had systems in place to monitor the quality of the service. Actions were taken, and improvements were made when required. The service worked in good partnerships with outside agencies. Staff felt well supported and the registered manager was open and approachable.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 September 2018) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Glenmoor House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector, one assistant inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A Specialist Advisor is a professional with skills and experience relevant to the type of care provided at the service.

Service and service type

Glenmoor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. However, we ensured the provider and registered manager were able to share with us this information during the inspection visit. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, care workers and kitchen staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I feel totally safe." Another person said, "I feel very safe, the building is safe and locked, there are always people about, I am not frightened of anything."
- Staff had a good understanding of their responsibility to report any concerns of abuse. One member of staff said, "I can report things like that to my manager, or if I needed to I could go above them."
- Safeguarding investigations were completed promptly, and appropriate action was taken to reduce any risk of harm.

Assessing risk, safety monitoring and management

- People had risk assessments in place. Each person's risks had been identified, managed and were regularly reviewed.
- For example, people at risk of falls had their risk assessments regularly reviewed, and updated if a person had experienced a fall.
- Risk assessments had appropriate guidance to staff about how to safely manage people's risks, and appropriate measures were in place to reduce those risks.
- Regular safety checks took place to ensure the premises were safe.

Staffing and recruitment

- People at the home and their relatives told us they received support in a timely way, and when they needed it.
- Staff worked well together as a team to ensure people's needs were met in a timely way.
- Safe recruitment practices were in place which meant checks were completed on new staff before they were able to provide care to people.

Using medicines safely

- People's medicines were well managed.
- People told us that they received their medicines when they needed them.
- Staff were trained in medicines management and had their competency to administer medicines assessed.
- The provider had good systems in place to record when people received their medicine and stored them securely.

Preventing and controlling infection

- The home was clean and hygienic.
- Dedicated housekeeping staff worked to ensure the home was kept clean and hygienic.
- Staff had Personal Protective Equipment (PPE) available to support hygienic practices during personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and appropriately reviewed.
- The registered manager identified actions to make improvements to the service and shared this with staff.
- The team worked together to learn from incidents and took positive action to help prevent similar incidents from occurring, for example falls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, religion, lifestyle choices and diet.
- Staff had a great knowledge of each person, and the preferences they had regarding their lifestyle and care choices.

Staff support: induction, training, skills and experience

- Staff received good induction and training and were well supported in their roles.
- One member of staff said, "I had a full induction when I started and we have regular refreshers on each topic." Staff felt the training was helpful, particularly in areas that were new to them.
- Another member of staff said, "The dementia training was so helpful. I've not had anything like that before, it was really good."
- Staff had regular and meaningful supervisions which helped to improve their performance and personal development.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were able to identify when people required the support of other agencies to help support people with their needs.
- Staff worked well with other agencies to ensure people received consistent care and they followed the advice and guidance from external professionals. For example, guidance from the Speech and Language Therapists (SALT) or dieticians.
- One healthcare professional said, "This home is like paradise for me. They [the staff] listen to what we say and follow it. Everything is well organised. In my opinion it's one of the best care homes in Corby."

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to live healthier lives.
- One person said, "The doctor comes to see me if I need them and I get to see the opticians too."
- People's healthcare needs were monitored and staff took action to support people with meeting their needs if required.

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

- People were well supported with their nutrition and hydration.
- Staff recognised when people needed additional support with their nutrition. Staff were patient and encouraging to help people receive the nutritional support they needed. Staff involved people and their relatives in decisions to ensure people had the foods and drinks they enjoyed.

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

- The home was designed and adapted to meet people's needs, including people with mobility issues.
- People were able to spend their time in a choice of communal areas, or their bedrooms if they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, best interest decisions had been made to help ensure people received personalised care that met their needs.
- When appropriate, DoLS had been applied for but had not yet been authorised or reviewed by the appropriate body.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same and is rated as 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

- People were treated well, with kindness and respect.
- One person said, "I think they are caring and kind: I am always treated kindly."
- Another person's relative said, "Staff are kind and respectful; they are not falsifying it, it's just the way they are."
- People's care plans contained information about their equality characteristics and preferences. Staff respected each person's diverse needs and ensured people were treated in a respectful manner.

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

- At every opportunity staff ensured people's views were at the forefront of the care they received. For example, at lunchtime a visiting hairdresser asked the care staff if they should style one person's hair before or after lunch. Staff were insistent that this should be the person's decision and staff would support them to have their lunch at the time they wished.
- People told us they were encouraged to make their own decisions and felt fully involved in their care.
- One person said, "I make all my own choices about what to wear and where I go. They [staff] don't make me do anything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and this was clearly displayed as a value by staff.
- One person said, "Staff help to maintain my dignity. They help me to cover up, as sometimes I forget I have no bottoms on."
- Staff had a good understanding of people's abilities and encouraged them to be as independent as they could, with the offer of support if it was needed. For example, people were supported to have their meals cut up if they could not manage it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same and is rated as 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

- People had comprehensive care plans in place which accurately reflected their needs, likes and preferences.
- Care plans were regularly reviewed and updated as people's needs changed and staff were knowledgeable about people's current needs.
- People's care was personalised to meet their preferences, including their spiritual and religious preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- People's care reflected their individual communication needs and staff were flexible to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to have visitors at the home as they wished and there were many areas of the home where people could spend time together.
- Activities were arranged to help prevent isolation and loneliness. People were encouraged to participate in activities within the home and some people were supported to go out into the community.
- People were encouraged to be involved in meaningful projects, or those that brought people joy and laughter. For example, people and their relatives had been involved in creating a vegetable garden. Other people were supported to have their spiritual needs met, and some people had enjoyed a drive around the area, or a trip to a canal side village.

Improving care quality in response to complaints or concerns

- Systems were in place for people to make a complaint or raise a concern, and people understood how they could make a complaint.
- Complaints were investigated in a timely way and people were informed of the outcome. Complaints were

reviewed to identify if there were any trends and the registered manager was keen to learn from complaints.

- The registered manager made themselves available and had an open-door policy to support and encourage people to share any concerns.

End of life care and support

- Good systems were in place to ensure people could express their wishes for end of life care.
- End of life care plans were completed on an individual basis and staff treated people with compassion and care during their final stage of life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to have sufficient systems in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Significant improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Quality assurance systems were in place which effectively identified where improvements to the service were required.
- The registered manager worked with the provider to ensure timely action was taken when improvements had been identified. For example, a medication audit identified improvements were required with how staff managed the keys for the medication cupboard. This was actioned and improved promptly.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "The [registered] manager is hands on, they're really supportive and approachable. I like working here, it's like a family."

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

- The registered manager and the staff team were passionate about providing person centred care. People were at the centre of their care and the registered manager ensured people were involved with any decisions that affected them. Staff treated people with great respect and engaged them to understand their needs.
- The registered manager knew all the people well and was involved in supporting them.
- The service had a friendly and open culture, and people and relatives told us they could approach the registered manager about any concern and they would resolve it quickly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had systems in place to ensure they were compliant with their duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must

follow when things go wrong with care and treatment.

- The provider had apologised to people if they had not received the high standards expected and investigated when necessary to learn from incidents.
- We found the provider had been respectful and remorseful when staff had accidentally left a call bell out of reach for a person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and their relatives were engaged in the service and how it was run. One person's relative told us, "When the new [registered] manager arrived they held a meeting with us and I really felt like she cared. She was happy to listen to us, she's moved her office, so we can talk to her easily. I do feel involved."
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. Staff further supported people to attend religious services or receive religious blessing if required.
- People were invited to resident meetings to share ideas, feedback and suggestions to improve the service. We saw that action was taken to action these ideas or resolve any concerns.
- Staff had regular meetings and felt they were useful and helped them to feel involved and valued.
- Questionnaires were also used to obtain feedback from people and we saw that the management team took action to remedy any concerns or feedback.

Working in partnership with others

- The staff and management team had great partnerships with others. They had cohesive and collaborative relationships with healthcare professionals including local nursing teams.
- The team had also developed strong relationships with groups within the community. For example, at a summer charity event the local community were invited into the home and a local children's dance group performed for people.