

Glenthorne Rest Home Limited

# Glenthorne Rest Home Limited

## 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 visit took place on 21 February 2017 and was unannounced.

Glenthorne Care Home Ltd provides residential care for 18 older people. At the time of the inspection there were 16 people living at the home. The home is situated within a residential area of central Blackpool and is close to Stanley Park and the town centre. Car parking is available at the front of the home on a private forecourt. Accommodation within the home is situated on the ground and first floors. There is a stair lift providing access to the first floor.

At the last inspection in November 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty both day and night.

Risk assessments had been put in place and were individual to the person assessed. This was to minimise potential risk of harm to people during the delivery of their care and support. These had been reviewed on a regular basis and were relevant to care provided.

We had a walk around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing.

The registered manager 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.

We observed regular snacks and drinks throughout the day were provided between meals to make sure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "It's perfectly OK, I've got no complaints about it."

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in a range of activities that had

been organised. We had a mixed response about activities and entertainment provided. One person who lived at the home said, "They should have a bit of entertainment like a bingo session." Others spoke with told us the afternoons were when staff put on activities such as games and music sessions.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. No complaints had been recorded over the last 12 months.

The registered manager/owner used a variety of methods to assess and monitor the quality of care at Glenthorne. These included regular audits of the service, annual surveys, resident meetings and staff meetings to seek the views of people about the quality of care at the home.

## 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 remains good.

### 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.

# Glenthorne Rest Home Limited

## **Detailed findings**

### Background to this inspection

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

This inspection visit took place on 21 February 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection visit we reviewed the information we held on Glenthorne Care Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home This included eight people who lived at the home, four staff members and the registered manager who was also the owner.

We looked at care records of two people who lived at the home, training and recruitment records of staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Glenthorne Care Home.

# Is the service safe?

## Our findings

People we spoke with who lived at the home told us they felt safe with staff that supported them and the way the home was run. We asked people what made them feel that way. Responses included, "It's so secure in here, I don't feel threatened or anxious, it's a relaxed atmosphere." Also, "I've nothing to worry about."

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. These had recently been reviewed and policies updated to ensure current processes and practices were up to date. In addition staff had received training in safeguarding vulnerable adults. This was confirmed by talking with staff and training records looked at. We also found staff had been recruited safely, appropriately trained and received regular supervision by the management team.

Two care records we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified action taken by the management team had been recorded.

We looked at staffing rotas and asked people who lived at the home and staff if they felt there was enough personnel on duty to meet people's needs. One staff member said, "I think we have plenty of staff around because we have time to spend with residents and [registered manager] encourages us to do so." A person who lived at the home said, "You just press the bell if you want someone and they come quickly."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the morning medication round. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures.

The building was clean and free from offensive odours. We asked everyone if they thought the home was kept clean, all said 'yes'. One person went on to say, "The cleaner does my bedroom it's as clean as it can be." We found hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and paper towels.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

# Is the service effective?

## Our findings

People who lived at the home received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example we asked people who lived at the home if staff knew their likes and dislikes in terms of food and general day to day living. Everyone we spoke with said yes. One person who lived at the home said, "They know me well, it's nice they know what I like and don't like to eat."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff at Glenthorne Care Home make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. When we undertook our inspection visit all three people who lived at the home had been assessed as lacking capacity to consent to their care and had a DoLS in place.

We arrived at breakfast time and people were just getting up and having breakfast. There was a relaxed atmosphere and people had their breakfast in their rooms, dining room or the lounge areas. We observed staff supported people to eat their meals wherever they wanted to.

We observed lunchtime meals and found people who lived at the home were offered a three course lunch with alternative choices. People were served when they came into the dining room at different times, they were not all told to sit down at the same time. Some people had plate guards which enabled them to eat independently. We observed people being assisted with their meal. The staff member spoke to them and told them what they were giving them. They also asked if they were ready for the next mouthful. This demonstrated staff were attentive throughout lunch and aware of people's needs.

There was not a menu displayed however all the people who lived at the home we spoke with knew what they were having for lunch. This was because staff went round every day and asked each person what their choice was. Comments about meals and food provision were positive. Comments included, "It's perfectly OK, I've got no complaints about it." Also, "You get a choice at lunch (main meal), but if you don't like it they give you something else."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.



We looked at the building and grounds and found they were appropriate for the care and support provided. We found a number of lounges were available for people to make a choice where to spend their time. No garden areas were available for people however they had a choice to go out independently or with staff support.

## Is the service caring?

### Our findings

We had positive responses when we asked people who lived at the home what the staff were like. For example one person said, "They're fine." Also another said, "They're a lovely group, they look after us, we have a happy time together. If there is a birthday we have a party." Written responses from relatives about how caring the management team and staff we looked at included, 'Very caring they look after the patient's needs.'

We found information about access to advocacy services were available on a notice board in the reception area of the home. This ensured people's interests would be represented and they could access appropriate services outside of The home to act on their behalf if needed.

During the day we observed staff engaged with people in a caring and sensitive way. For example, they spoke with people in soft tones and with a smile on their face. Staff we observed used appropriate touch and humour when spending time with people. One staff member said, "We get along great and patience and kindness are key words for all the staff here." Our observations noted all the people who lived at the home were treated courteously and we did not see any person ignored.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the registered manager for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Staff were aware of how to treat people with respect and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. We also found in care records staff had identified people's preferred term of address and staff were aware of what people wanted to be known as.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

## Is the service responsive?

### Our findings

We spoke with people about the daily routines at the home. One person who lived at the home said, "It's usually watching the television, sometimes they have a quiz." Another person said, "I like walking, I can go out on my own". One of the management team explained people do go out on their own and following a risk assessment carried the address of the home should anything happen. This was confirmed by a person who said, "I go out for a walk to get a newspaper and I have a drink in the pub. I've got my address in my pocket in case I get lost."

Assessments of people's needs had been completed explaining people's abilities and what care was required. For example they contained the individual's needs in relation to mental and physical health, communication and medication. We found assessments and all associated documentation was personalised to each individual who lived at Glenthorne Care Home. Documentation was shared about people's needs should they visit, for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided.

We had a mixed response about activities and entertainment provided at the service. People who lived at the home told us the staff put on activities and games in the afternoons. However one person who lived at the home said, "They should have a bit of entertainment like a bingo session." We had a good response from a recent event organised by the management team and staff. People went to the Tower Ballroom in Blackpool to a 'dementia day' which involved food and dancing. People who lived at the home told us they enjoyed the day.

The management team had a complaints procedure which was made available to people on their admission to the home and on display in the hall of the premises. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We asked all the people we spoke with if they knew how to complain. One person who lived at the home said, "I'd tell the owner probably". Another said, "The owner."

## Is the service well-led?

### Our findings

There was a registered manager employed at Glenthorne Care Home. 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. The registered manager was also the owner.

Staff we talked with demonstrated a good understanding of their roles and responsibilities. They were aware of the structure of the management team and ownership. They all told us the registered manager/owner was supportive and one staff member said, "Yes [registered manager] always around and always supportive." We received other positive comments from social work professionals who told us the registered manager/owner worked closely with them when supporting vulnerable people.

Staff and 'resident' meetings had been held and minutes available for inspection. We also looked at surveys returned from people who lived at the home, staff and relatives/visitors. These were given to people continuously throughout the year. The registered manager told us they would analyse any negative comments and act upon them. Comments from recent surveys in 2017 were all positive and included from a relative, 'The place is excellent, clean and is like the Hilton of rest homes.' In addition a person who lived at the home wrote, 'Very friendly staff and caring.'

We found examples of how the management team reacted to suggestions made at 'resident' meetings. One person wanted a group to attend a dementia event at the local Tower Ballroom. We read from future meetings this was arranged and a group of 'residents' went and the feedback was people enjoyed the day. We spoke with one person who said, "We really enjoyed the day."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring medication administration and staff training. Regular checks were also made to the building and fire procedures and equipment. This helped to ensure people were living in a safe environment.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and healthcare professionals.

The registered manager also informed us they worked in conjunction with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.