

Gainford Care Homes Limited

Glenbrooke House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Glenbrook House is a residential care home providing accommodation and personal care. The home accommodates up to 10 people in one house. At the time of our inspection nine people with learning disabilities were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People said they were happy living at Glenbrook House and had positive relationships with their peers and staff team. An advocate told us that the people they worked with were happy living at Glenbrooke and enjoyed the homely environment.

People received person centred support and staff knew people very well. People were supported to build and maintain important personal relationships that mattered to them, with their peers and relatives. The provider had systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings. People had good links to the local community through regular access to local services.

People were supported to be independent, their rights were respected and access to advocacy was regularly available. Support was provided in a way that put the people and their preferences first. Information was readily available for people in the correct format for them, including easy read and the use of an 'Alexa' for easy access to information.

The environment was clean and very homely. The décor was personalised in people's bedrooms and also in communal areas. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required. Medicines were managed well, safely administered and recorded accurately.

There were enough staff to support people. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people. Robust recruitment and selection procedures reduced the risk of unsuitable staff being employed.

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

Appropriate healthcare professionals were included in people's care and support as and when this was needed. People were supported to have enough to eat and drink in addition people who needed specialist diets were assisted with these.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was good (published 24 June 2017).

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?

Good ●

The service was safe.

Details in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Glenbrooke House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, carried out the inspection.

Service and service type

Glenbrook 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.
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People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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 the 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 registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with two people who used the service, one relative, one advocate, the registered manager, and two care staff.

We reviewed a range of records. These included three people's care records and two medication records. A variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- A fire risk assessment was in place and fire drills took place regularly.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded. These were analysed to look for any patterns or trends and appropriate action was taken to minimise risk of further incidents.

Using medicines safely

- People received regular medicine reviews with their GP and other healthcare professionals.
- Medicine administration records were clear and completed fully. People received their medicines as prescribed, at the right time.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations and appropriate action were taken.

Preventing and controlling infection

- The premises were very clean and tidy with no odours.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.
- The registered manager did regular infection control audits and identified a member of staff to lead on all infection control matters.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Staff were always present. The registered manager told us, "We have enough cover for people's one to ones and we can always get extra in when needed."
- Staff were recruited using robust checking methods to reduce the risk of unsuitable staff being employed.

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 good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Glenbrooke House is an old building that has been adapted and is accessible. Although the home is large it has been decorated to be homely. An advocate we spoke with told us, "One of the big strengths of Glenbrooke is it's a lovely building, large but it is very homely. The staff help create that homely atmosphere too, it has a positive impact on the people."
- The outside area of the home was accessible, with well used and maintained gardens.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives or advocate and this was reflected in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer. One told us, "Last one was the moving and handling, staff got in the hoist. We need to refresh our e-learning next it's new."
- New employees completed an induction and shadowed more experienced staff as part of the induction.

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

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet. One person told us, "The food is brilliant. I like crisps and sandwiches. I like all the food."
- The staff were aware of people's dietary needs. People who required a specialist diet were supported well and their care plan had details and professional guidance to follow.

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

- The service worked regularly with external professionals, such as speech and language therapists and GPs, to support and maintain people's health.
- People had detailed hospital passports in place. These shared important information with healthcare professionals.
- Referrals were made to other healthcare professionals, where appropriate, in a timely manner.

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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could, were asked to give consent to their care and treatment; we saw this was recorded in care files.

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. 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

- There was a positive rapport between people, support staff and management. One person told us, "Yes I like them the staff are great."
- People were supported to maintain personal relationships, to visit family and spend time with peers.
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People could be supported to follow their chosen religion and to attend their place of worship if they wanted.

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

- People were supported by their key worker to make plans and discuss any changes to their support; their relatives would be included also if appropriate.
- People were supported to have their say and had independent advocates.
- Staff spent time listening and talking to people. One member of staff told us, "We make time. There's nothing better than when people can come to you. It's lovely the people are great we have good laughs and adventures."

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence.
- People were supported to learn skills.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

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 remained the same. 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

- Care plans were in place but one we looked at had information missing, following our inspection this was addressed and we were sent copies.
- Reviews of care plans took place regularly however, missing information was not noticed. People were involved in this where they could.
- People had positive behaviour plans in place and these were person centred.
- The support people received was individual to their needs and was delivered in a person-centred way. An advocate we spoke with told us, "The staff know them all very well the care and support is very personalised."

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 supported to maintain friendships with their peers. One person told us, "I have a party to go to this week"
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including active social club memberships.

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.

- Staff were exploring using technology to support one person whose first language was not English. An advocate we spoke with told us, "The staff have tried very hard to support my client's communication, with family, different interpreters and equipment."
- Information documents were available to people in different formats, including easy-read.

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place that was followed by the registered manager and staff.

End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes.

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 good. At this inspection this key question remained the same. This meant the service was consistently 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

- There was a registered manager in post.
- The provider had a contingency plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- The provider had sent us notifications in relation to significant events that had occurred in the home.

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

- There was a positive culture at the home, the staff team told us they felt part of a family working together as a team. The registered manager told us, "Together we want to maintain a happy and homely environment for people to feel safe, content with support for anything they want to do."
- There was a good system of communication to keep staff, people and their families informed of what was happening.
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People and relatives were asked their views on the service via surveys however, the response rate was poor.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practise their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service interacted positively with the registered manager. We observed people approaching the registered manager during our inspection and a positive rapport was noted.
- The registered manager took on board opinions and views of the people who used the service to make improvements. For example, recently the TV was upgraded and people chose the décor in their own rooms. The registered manager would bring in extra staff when people wanted to do more activities.

Working in partnership with others

- People were encouraged to be active citizens within their local community by using local services regularly, including social clubs and local shops. During our inspection one person visited the local barbers where people go regularly and are well known.

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 registered manager understood their duty of candour responsibilities and their management style was open and transparent.