

Holmwood Residential Care Limited

Glenfield Woodlands Care Home

Inspection report

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Date of inspection visit:
16 August 2017
17 August 2017

Date of publication:
15 September 2017

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 16 and 17 August 2017, and the visit was unannounced.

Glenfield Woodlands provides residential care to older people. Glenfield Woodlands is registered to provide care for up to 17 people. At the time of our inspection there were 16 people living at the home.

The service was run by a company that was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 11 November 2015 the service was rated Good.

At this inspection we found the service remained Good.

At the last inspection we asked the provider to take action to ensure bedroom door locks were of a type that would ensure people could not be locked in their room accidentally with no means of exiting. There had been improvements and some locks were removed, however there was a second type of lock that also required to be removed which was done on the day of our visit.

There were sufficient staff available to meet people's personal care needs most of the time. □
Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home. They received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse.

Staff told us they had access to information about people's care and support needs and what was important to people. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew these would be acted on.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were complimentary about the staff and the care offered to their relatives. People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff offered people everyday choices and respected their decisions. Staff had access to people's care plans and received regular updates about people's care needs. Care plans included changes to people's care and treatment, and people attended routine health checks.

People were provided with a choice of meals that met their dietary needs. Staff had a good understanding of people's care needs, and people were able to maintain contact with family and friends as visitors were welcome without undue restrictions. There were sufficient person centred activities provided on a regular basis. People and their relatives felt they could raise any issues with the registered manager or staff.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. The provider undertook quality monitoring in the home supported by the registered manager and staff. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. We received positive feedback from the local authority with regard to the care and service offered to people. Staff were aware of the reporting procedure for faults and repairs and had access to the maintenance to manage any emergency repairs.

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 rated as 'requires improvement' at the last inspection. The service continues not to be consistently safe. This was because bedroom door locks of a type that could be locked from the outside of the room and prevent people being able to leave their bedroom. At this inspection we found that although the locks had not all been removed before our inspection they were by the time the inspection was completed. Staffing numbers in an evening were not adequate to fully ensure people's safety.

Requires Improvement



Is the service effective?

The service remained Good.

Good



Is the service caring?

The service remained Good.

Good



Is the service responsive?

The service remained Good.

Good



Is the service well-led?

The service remained Good.

Good



Glenfield Woodlands 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 16 August 2017 and the inspection was unannounced. The inspection team consisted of an inspector and a specialist nurse. The specialist nurse had experience of skin care and wound dressings.

During the inspection we spoke with six people who lived in the service and two relatives. We also spoke with the area manager, registered manager, two senior carers, three care staff, the cook and maintenance person.

We observed care that was provided in public areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

During our last inspection in November 2015 we found that inappropriate door locks were fitted to people's bedrooms. There were two types of locks fitted and both could be deadlocked. We looked around the home and found there had been some improvements. One of the sets of locks had been removed, however there were still locks fitted that could stop people leaving their bedroom. We mentioned this to the registered manager and these were removed on the day of our inspection.

The area manager told us they used a staffing calculator to ascertain the numbers of staffing hours required to care for people. This provided cover at most times during the day, but there was a period between 6.00 pm and 8.00 pm where there was only two care staff on duty. We considered this to be a busy time, when people required personal care prior to going to bed. Staff confirmed there was five people who required the assistance of two staff, which meant there were times that people were not being observed in public areas. That meant at times there was not enough staff to observe people in public areas and ensure their safety. We spoke with the area and registered managers' who said the staffing numbers were adequate for the number of people in the home.

People told us there were enough staff and said there was usually staff present in public areas to ensure people were safe. One person said, "There are usually staff around to help, if there aren't we use the call bell to summon them, we don't need to wait long." Staff told us they believed there was sufficient staff on duty to ensure people were safe. A care worker told us, "There are enough staff to ensure they [people] are safe most of the time."

People told us that they felt safe living in the service. One person said, "The staff are lovely, I don't feel in danger at all." A relative said, "Mum feels safe, though she has Dementia, she would let us know if she wasn't happy."

Staff we spoke with understood their responsibilities to keep people safe. Staff confirmed and records demonstrated they had received training that allowed them to recognise when people may be at risk of harm. Staff explained what they would do if they suspected or observed abuse of anyone who lived at Glenfield Woodlands. They informed us they would share their concerns with the registered manager or the staff in charge at the time. A staff member said, "We have been trained to look for changes to people's normal temperament or mood. If there was something like that I would speak with whoever was in charge." This demonstrated the staff member was knowledgeable and well trained, as a change in a person's behaviour could indicate potential abuse.

All of the staff we spoke with were aware of whistle blowing. One member of staff told us they had whistle blown in a previous employment and would feel able to do so again in this service if necessary. They also knew which authorities outside the service to report any concerns to if required, which would also support and protect people. The registered manager was aware of her responsibilities and ensured safeguarding situations were reported through to the Care Quality Commission as required.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service.

Staff demonstrated their awareness of people's individual needs, and the support they required to stay safe. We saw people were offered the support detailed in their care plan and risk assessments. Environmental risks were recognised and included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames, raised toilet seats and there were bannister rails fitted in hallways. Care staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by the use of specialised cushions and mattresses that reduced pressure on key areas. People were also encouraged to alter their position, which again helped to protect their skin.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and all staff who administered medicines had received training. Staff also had their medicines competency assessed twice a year to ensure their practice was effective. We saw staff following written guidance to ensure that people were given the right medicines at the right times.

Is the service effective?

Our findings

People told us they felt care staff were trained to provide a good service that met their needs. One person said, "The staff know what they need to do." Relatives also felt staff provided a good service. One relative said when asked about staff providing an efficient service for their relation, "They have done well really."

Records demonstrated that staff had received the training and supervision that they needed and provided a good effective service. People benefitted from a well trained staff group. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. That benefits the service user group with staff being more knowledgeable to care and support people effectively.

People's needs were met by staff who knew them well. One example of this was where care staff knew how to correctly assist people with their continence. Another example was where they knew what equipment was needed to keep a person's skin healthy.

People said that they enjoyed their meals and records showed that there were varied choices at each meal time. The registered manager had recently suggested a change to the meal system, where lunch was a lighter meal, and dinner was served in the evening. This was changed with reference to a recent study about people with dementia benefiting from a larger meal in the evening, though not everyone in the home is affected by dementia. Some people we spoke with did not enjoy their meal in the evening. We spoke with the registered manager about this who said it was a trial period, and would be debated at a resident and relatives meeting to assess the effect of the changes. Where necessary, care staff assisted people to eat their meals and checked that they were having enough to eat and drink.

Records confirmed that people had received support to see their doctor and other healthcare professionals such as dentists, opticians and dieticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of care staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered person had ensured that decisions were taken in people's best interests. For example, the registered manager liaised with relatives and healthcare professionals when a person needed floor and seat sensors, as they were at risk of falls. Sensors alerted staff when the person got out of bed or stood up in the lounge. Though this was a restriction of the person's freedom, the registered manager's actions had enabled the person to be helped by staff to stay safe and reduce the number of falls the person had.

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 the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Is the service caring?

Our findings

People were positive about their relationships with care staff and the support they received. One person said, "The staff are really nice and helpful." Relatives also told us that their family members were treated in a compassionate way. One of them said, "The staff are really good."

People were involved in how they wanted their care to be provided. For example, care staff asked people how they wished to be addressed and what time they would like to be assisted to get up and go to bed. People were also asked if they wanted to be checked for their safety during the night.

A member of staff we spoke with showed real empathy and understanding of people with behaviours others may find challenging. They talked in detail about how they built relationships with people and gained their trust and this enabled them to gain people's cooperation and provide them with support and care.

We observed people were treated with kindness and compassion by a caring staff group. We saw staff interactions with people throughout the inspection which confirmed that staff were caring, helpful and people were treated respectfully. We observed one member of staff who assisted a person to eat their lunch. The member of staff ensured the person's clothes were protected from food spillages, which assured their dignity. That demonstrated staff took steps to promote people's dignity.

It was apparent staff had very good relationships with people using the service and were very caring in their approach, however, we heard the odd phrase being used which was not very dignified for people. For example when a person's clothes protector was being removed, the person said, "Let's take your bib off." They also referred to the hoist sling as 'Reins'. We spoke with the registered manager who said she would take this up with the staff group and remind them about respectful conversation.

We overheard a member of staff explaining they needed to assist a person out of a wheelchair. This was done in a caring and unhurried way giving the person time to follow the instructions given by the staff. We observed staff greeted people in a friendly way when entering public areas and people were given the choice of where to sit. We observed care staff had a good rapport with people and engaged them in meaningful conversation. For those who could not communicate verbally, we saw staff offering choices. An example of this was where a person was offered two types of meals to choose from.

Care staff recognised the importance of people's individual privacy. Bathroom and toilet doors could be locked when the room was in use. Toilet doors had additional wooden signs which people could slide over to indicate the toilet was engaged or not. Staff said it was easier for some people to do that rather than struggling with a small door lock. People's individual bedrooms did not have door locks fitted. The registered manager stated they would arrange a lock to enhance people's privacy, if one was requested. We saw care staff knocking and waiting for an answer prior to entering bedrooms, toilets and bathrooms.

Is the service responsive?

Our findings

People said care staff provided them with support so they could remain as independent as possible. One person said, "They [care staff] help me walk to the toilet, they are just behind me in case anything goes wrong." Relatives were also positive about the assistance their family members received. One of them told us, "The staff are approachable, they take on board what you say."

We were contacted by a health professional who had concerns as to how people were cared for. We looked in detail at the care plans and decided they provided a good level of detail to enable care to be provided in line with people's needs and preferences. We saw from records that care staff had consulted with people and where appropriate their relatives about the care they wanted to receive and had recorded their comments in the care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person received the assistance they required as detailed in their individual care plan.

Care staff understood the importance of promoting equality and diversity. We saw that people were asked about their preferred gender of their carer, even though all the current care staff were female. One person said to us, "I don't mind, they are just like nurses." Each person's records included a 'Life Book', which provided information about people's past life history, important relationships and interests. The information was then used to inform staff conversations with people about their past history and relatives.

People told us there were activities for them to join in if they chose to. One person said, "There's something going on most days, we have an outside singer come in now and again." A second person said, "We had skittles yesterday, I didn't want to play." We saw people read the daily paper and some watched television and chatted between themselves. We saw one person who preferred to listen to their personal radio and was able to choose the channel they listened to and regularly changed it to suit their preference at the time.

The provider had systems in place to record complaints. People and the visitor we spoke with said they knew how to make a complaint. Records showed the service had received one written complaint in the last 12 months, which was still being investigated. Outcomes had been provided for previous complaints, and changes were made to the service, as a result of complaints.. Where necessary information was fed back to staff though staff meetings or individual supervision sessions, so that staff were aware of the issue and any changes that were required.

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "I think the place is well run the new manager seems well organised." Relatives were also complimentary about the management of the service. One relative said, "The manager and staff are approachable, easy to talk with."

Care staff were provided with the leadership they needed to develop good team working practices. We found that there were detailed handover meetings at the beginning and end of each shift when changes in people's needs were recorded and reviewed. Care staff were confident that they could speak with the registered and area managers' if they had any concerns about the conduct of a colleague.

People were involved in the development of the home. People who lived at the home and their relatives were invited to attend residents' meetings which staff had supported to enable suggested improvements in the home. We saw examples of these which included changes being made to the menu, suggestions for trips out and the purchase of new garden furniture. We also saw included that an agreement was sought from people about the changes to the meal times, which demonstrated an open and inclusive service.

People were invited to complete questionnaires on the quality of care the staff provided. Some people were able to complete and others relied on their relatives to assist them. Information from these was then used to prompt changes and improvements in the home which included changes to the menus and activities in the home.

Records showed that the registered person had appointed an area manager to oversee the registered manager and to check that people received the care they required was delivered safely. These checks included making sure that care was being provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and the passenger lift were being checked regularly to ensure they remained in good working order.

Audits were used to develop the service. For example the audits of falls was reviewed and made more detailed. That revealed areas where referrals were made to health professionals settled.

We received positive comments from the local authority regarding people placed by them.