Glenbank Care Home Ltd

Glenbank Care Home

Inspection report

803 Chorley Old Road
Bolton
Lancashire
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Tel: 01204841349

Date of inspection visit:
19 March 2018

Date of publication:
25 April 2018

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 took place on 19 March 2018 and was unannounced. The last inspection was undertaken on 22 September 2015 and the service was rated Good at that inspection.

Glenbank 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.

Glenbank Care Home accommodates 24 people in one adapted building. Accommodation is provided on three floors, each having bathroom and toilet facilities. A passenger lift provides access to all floors.

The home is situated on a bus route providing access to Bolton and Horwich town centres. There is a large enclosed garden, and the home overlooks a lodge and conservation area.

There was a registered manager at the 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.

People told us they felt safe at the home. The service had an appropriate safeguarding policy and staff had undertaken safeguarding training.

Health and safety records were in place and regular checks undertaken. Accidents and incidents were recorded and there were individual and general risk assessments in place.

Staffing levels were consistent and flexible and staff recruitment was robust.
Medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Care files included a range of information about people's health needs and monitoring charts, where required, were in place and up to date.

There was a thorough induction in place for new staff and training was on-going. Systems were in place to ensure staff had regular supervisions and annual appraisals.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were respectful, friendly and kind when interacting with people who used the service. People who used the service were well presented and looked happy and content.

People were included in their care planning and reviews and residents' and relatives' meetings were held regularly. Relevant information about the service was available for people to read.

People told us the service was responsive to their needs. Staff went out of their way to assist people. Care plans were person-centred, regularly reviewed and included information about people's likes and dislikes. There were a number of activities and outings on offer at the home.

There were advanced care plans which outlined people's wishes for when they were nearing the end of their lives. Some staff had undertaken end of life care training.

There was an appropriate complaints procedure which was displayed around the home. There had been no recent complaints received.

The service had a registered manager who demonstrated a commitment to ensuring people's experience of the service was positive. Staff we spoke with told us they were well supported by management and each other.

The registered manager/provider was involved with a number of initiatives and meetings within the local area including taking a lead role within the local Care Home Excellence programme, being part of a task and finish group and taking part in a falls prevention pilot scheme.

A quality assurance tool was used to gather information from people who used the service and there were a number of audits in evidence. All audits were analysed for patterns and trends and informed continual improvement to service delivery.

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.

People told us they felt safe at the home. The service had an appropriate safeguarding policy and staff had undertaken safeguarding training.

Health and safety records were in place and regular checks undertaken. Accidents and incidents were recorded and there were individual and general risk assessments in place.

Staffing levels were consistent and flexible and staff recruitment was robust.
Medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Is the service effective?

Good

The service was effective.

Care files included a range of information about people's health needs and monitoring charts, where required, were in place and up to date.

There was a thorough induction in place for new staff and training was on-going. Systems were in place to ensure staff had regular supervisions and annual appraisals.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff were respectful, friendly and kind when interacting with people who used the service. People who used the service were well presented and looked happy and content.

People were included in their care planning and reviews and residents' and relatives' meetings were held regularly. Relevant

information about the service was available for people to read.

Is the service responsive?

Good

The service was responsive.

People told us the service was responsive to their needs. Care plans were person-centred, regularly reviewed and included information about people's likes and dislikes. There were a number of activities and outings on offer at the home.

There were advanced care plans which outlined people's wishes for when they were nearing the end of their lives. Some staff had undertaken end of life care training.

There was an appropriate complaints procedure which was displayed around the home. There had been no recent complaints received.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who demonstrated a commitment to ensuring people's experience of the service was positive. Staff we spoke with told us they were well supported by management and each other.

The registered manager/provider was involved with a number of initiatives and meetings within the local area including taking a lead role within the local Care Home Excellence programme

A quality assurance tool was used to gather information from people who used the service and there were a number of audits in evidence.

Glenbank 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 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.

The inspection took place on 19 March 2018 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission 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 experience of older people and people living with dementia.

Prior to our inspection we contacted the Clinical Commission Group (CCG), the local authority commissioning team and safeguarding team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We had received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with eight people who used the service and five relatives. We spoke with the registered manager and seven members of the care staff, including the deputy manager. We contacted three health and social care professionals to gain their views of the service.

We reviewed records at the home including three care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "'I have been here for eight months and came from hospital. I get very anxious and distressed but the girls are very kind and patient". There were nurse call bells in all bedrooms and bathrooms for people to use and help them stay safe.

The service had an appropriate and up to date safeguarding policy and procedure in place and any safeguarding concern was logged and tracked. Staff were aware of how to recognise and report any concerns and had undertaken safeguarding training and regular updates to help ensure their knowledge and skills remained current. There had been no recent safeguarding incidents.

The service had installed closed circuit television (CCTV) cameras to communal areas to help keep people safe from potential harm and help monitor falls and other accidents and incidents. The provider had produced a policy to ensure the use of CCTV was appropriate and there was a poster outlining its use and information about it included within the statement of purpose.

Accidents and incidents were recorded and monitored for any patterns or trends. There were individual risk assessments, for issues such as falls, nutrition and use of equipment, in people's care files and general and environmental risk assessments were in place and up to date.

Staffing levels were good on the day of the inspection and rotas we saw confirmed that staffing levels were consistent and flexible. The service rarely used agency staff as they had a reliable core of long term staff who covered for annual and sick leave. A staff member we spoke with said, "There are enough staff. We don't really struggle as we are generally able to cover". A health professional we contacted said, "During my visits at Glenbank I felt the service was safe, the staff members were under no pressure to carry out their duties, I personally felt comfortable with the care and staffing level".

We looked at three staff personnel files and saw that staff recruitment was robust. Each file included a photograph, application form, proof of identity, minimum of two references and terms and conditions of employment. All potential employees had a Disclosure and Barring Services (DBS) check in place. A DBS check helps ensure people are suitable to work with vulnerable people.

We saw up to date employer's liability insurance, legionella certificate, electrical and gas safety and fire risk assessment. There were records of fire drills, tests of fire and emergency equipment and maintenance of lifting equipment, such as hoists. There was documentation of a recent thorough examination of the passenger lift. We saw a building plan and there were personal emergency evacuation plans (PEEPs) in place for each person. This helped ensure they would receive the correct level of assistance in the event of an emergency.

Medicines systems were safe and staff had undertaken appropriate training in medicines administration. There were monthly internal audits and annual pharmacy audits to help ensure all was in order. The policy included guidance around homely remedies, medicines taken as and when required (PRN) and covert

medicines, that is medicines given in food or drink. Covert medicines were only given if a best interests decision had been made including all the relevant people, such as family members and GP. There was a process for medicines errors and a protocol had been put in place for when people returned from hospital, requiring to staff to check to ensure medicines sent back with the person were correct. A health professional told us, "I have [also] seen some good improvements in medicine management and we are also working closely with the local NHS medicine management team to make systems more robust and effective. After my visit my findings were discussed with [registered manager] and all members of care team and the clear procedures were put in place to make systems more efficient".

We saw that some people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing and may help prevent people from choking. The service was recording on the MAR sheets that these had been given in drinks four times daily as prescribed. However, drinks given in between by care staff were not recorded. We discussed, with the senior on duty, the importance of recording every drink and ensuring that the records showed that the correct consistency was given on each occasion. The senior implemented fluid charts immediately for people on thickened fluids.

Good

Is the service effective?

Our findings

Care files included a range of information about people's health needs and specific strengths and difficulties. Where there were particular risks, for example, risk of falls, we saw a falls screening tool, referral to the falls team and mental health team, monthly checks by district nurses and procurement of relevant equipment such as a crash mat and a low bed. Similarly there was appropriate information and intervention for issues such as risks around nutritional intake, with dietary requirements outlined and monitoring charts in place and up to date.

We saw that the service worked in partnership with other agencies and made referrals appropriately. Information about joint work with agencies such as dieticians, speech and language therapy team (SALT) and district nurses was clearly documented. One person who used the service said, "If I need the doctor, they call him". Another told us, "They organize my appointments for me".

The service was able to produce information in different forms to make it accessible to as many people as possible. Information could be produced in braille, large print or various languages. We also saw information about issues such as MCA and DoLS in communal areas of the home, which was in easy read format to aid understanding of a complex subject.

There was a thorough induction in place for new staff who were required to complete the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Depending on new employees' experience there was also a period of shadowing experienced staff to ensure confidence and competence.

Staff had regular refresher training of mandatory subjects, such as safeguarding, moving and handling and fire awareness. There was also further training for areas of interest, such as stroke awareness and end of life care. Staff had undertaken dementia training helping them understand and assist people living with dementia. Staff we spoke with felt there were plenty of opportunities for training and development.

We saw evidence of regular staff supervisions which included discussions around general work issues and training needs. The service also undertook themed supervisions to help staff keep up to date with skills and knowledge around key subjects. There were also annual appraisals where staff could reflect on the previous year's achievements and look at any development needs for the coming year.

We observed the lunchtime meal which was served around 12.30 pm and was a pleasant, unrushed occasion. The dining room was a lovely bright space with music played during lunch. Tables were set with two cloths, matching napkins, white crockery and condiments. A small arrangement of flowers was on each table. People were asked who they wished to sit with for lunch. Clothes protectors were used for those who wanted them and staff asked each individual if they would like a clothes protector to keep their nice clothes from getting marked. A choice of cold drinks was served with lunch; blackcurrant, orange or lemonade, followed by tea or coffee. The lunch looked appetizing, was well presented and smelled delicious. Each person was told what was on their plate and lots of time was spent making lunch a pleasant and enjoyable

experience. If a person was reluctant to eat, the staff gave encouragement or, in one case, an alternative meal. One person wanted to watch the 1 o clock news in her room so staff took her to her room along with her lunch and offered to bring her pudding later. Following lunch, everyone was given a hand wipe. We saw that, at teatime, the tables were again laid beautifully.

Menus were created on a four week basis and we saw that there was plenty of choice with a hot alternative always available. The cook told us, "I plan my menus every 4 weeks but they do change to suit the residents". She left at 2 pm each day, but a hot evening meal was on the menu and lots of choice of sweets. Supper was served around 7pm to 7.30 pm.

We asked people who used the service about the food and comments included; "I enjoy my food; good old fashioned cooking"; "Lunch is lovely, the food is excellent"; "I am asked what I like, what I want to do or what I like to eat"; "The food is really nice, hot and tasty". A relative told us, "My [relative] likes soft food with no bits. The kitchen couldn't be more helpful. They produce whatever she asks for; not easy". Another said, "They produce the food my [relative] asks for".

Drinks and snacks were available throughout the day and we saw that assistance was give where necessary. The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw that staff sought verbal consent for all interventions during the day. There were appropriate consent forms within care files, which were signed by the person who used the service or, where appropriate, their representative. We saw evidence of MCA assessments and, where the person lacked capacity, best interests decision making processes were followed, for example, when completing a Do not Attempt Resuscitation (DNAR) form for an individual.

The registered manager of the home had been involved in meeting with local authority to help write a new MCA policy. DoLS authorisations were in place where required and there was a tracker to ensure authorisations were reviewed and renewed as necessary. Staff had undertaken training in MCA and DoLS and we spoke with some staff at the home, who demonstrated a good knowledge and understanding of MCA and DoLS.

Good

Is the service caring?

Our findings

We asked if people were happy and if the staff were caring and kind. One person who used the service said, "I waited patiently to come here. The staff are wonderful. My son lives close by and visits regularly. I really think that the girls love me". A second person told us, "I am the only man here but the girls try very hard to include me. I have friends who visit so I get male company". A third told us, "They make time for me" and a fourth said, "I am listened to".

We spoke with visitors to the service. One told us, "[Relative] took time to settle but at one hospital visit, she asked me if she was going home to Glenbank. That was a great relief to the family. [Relative] views this as her home now". Other comments included; "[Relative] came from rehab (rehabilitation service) and [other relative] had been in a home so I had some experience in what good care was. Two homes were viewed and we chose here. They are welcoming, honest and open. The care is good and revolves around my [relative]"; "My [relative] receives good care and lots of love"; "Welcoming, honest and open"; "[Relative] came in only yesterday from hospital. It's early days but we felt very welcome. We feel that it is going to be right for [relative]".

We spoke with a relative via telephone who told us, "The home was [relative's] family for seven years. Care and respect was really good and I cannot fault the staff, they were absolutely fantastic. I have also been supported since [relative] died. The staff cared a lot for [relative]". A health care professional who visited regularly prior to January 2018 commented, "I found the staff to be extremely caring and compassionate toward their residents".

We observed care throughout the day and saw that staff were respectful, friendly and kind at all times. People who used the service were well presented and looked happy and content. There was lots of laughter and hugs were given where needed. We saw that people were assisted with dignity and patience, nobody was rushed and each person was asked quietly and individually if they needed the toilet. During care interventions staff explained exactly what was happening and gave support and reassurance. One visitor told us, "The staff speak to my [relative] very respectfully which is very important".

Staff had undertaken training in equality, diversity and human rights and some supervisions on this subject had also been carried out. Staff we spoke with had a good awareness of this subject and respected people's differences and choices.

We saw minutes of residents' and relatives' meetings where issues such as the menus and activities were discussed. Attendance had been poor and the management had decided to hold the meetings quarterly in future and publicise dates well in advance to ensure families had lots of notice.

There was a service user welcome pack which all people who used the service had a copy of in their rooms. There was also a statement of purpose which included all relevant information about the service.

As an attempt to include people as much as possible the registered manager told us that some of their

training had been rolled out to people who used the service and their relatives. Some had found the palliative care and the grief awareness training useful.

There was evidence in the care plans that people who used the service and their relatives, where appropriate, were involved in their care planning and reviews. One relative told us, "I am involved in [relative's]s care plan'. I am very involved with [relative's] care". Another said, "I am involved in [relative's] care plan and always asked to check and sign it". A third commented, "We have been asked to help provide information about [relative]. This is a care plan to enable the staff to look after [relative]. We have been told that this will be reviewed and new information added when necessary".

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. A person who used the service said, "I am changing rooms and I will choose the wallpaper and curtains for the room. I did this in my present room".

One visitor said, "[Relative] has been here for eight years and her care needs have changed. The home has always adapted well and provide the care my [relative] needs". Another told us, "Very responsive. If I have a problem or [relative] has, they listen to me and will always implement what I have asked for".

We saw that staff went out of their way to assist people. One care assistant went out to purchase a newspaper for a new person who had been admitted to the home. She organized a regular daily delivery for them. Another staff member came in on her day off to start a care plan as she said she would worry if this was not in place.

People could have a telephone in their rooms if they wished to and there was internet access for those who were able, and wanted to access this.

Care plans were person-centred and included information about people's likes and dislikes, people in their lives, support needed with relationships and links to their past. There was information about people's disposition, response to new situations, things that upset them, food and drink preferences and where they wished to take their meals and assistance needed with activities of daily living. People's preferred language was documented along with hobbies, work history, trips and holidays. This helped staff to understand and relate to people better and assist them to follow their interests, maintain important relationships and receive support in the way they wished to. Care plans were reviewed and updated on a regular basis to help ensure information remained current.

A new advanced decisions care plan had been implemented in the last year and this was completed with people who used the service and, where appropriate, their families. We saw advanced care plans within the care files we looked at. These plans helped staff understand people's wishes for when they were nearing the end of their lives. Some staff had undertaken end of life care training and the home were committed to fulfilling people's wishes for this time if this was possible.

There were two activities coordinators and, in addition, other activities were brought in from external companies. Activities were in full swing in the morning, with arts and crafts organized by one of the coordinators. She was also doing a quiz before lunch. At 3.00 pm a person arrived to lead a weekly exercise class. This was clearly a popular activity as people who used the service were eager to get to the area where the exercises were taking place. We saw excellent interaction between the activity facilitator and people who used the service, with much laughter and friendly banter.

Staff told us people who used the service were taken to the local pub to join in the pub quiz and regularly went to 'Curly's fish and chips' in Horwich because they enjoyed the change of surroundings and food. There was a church service at the home on Wednesdays and some people were accompanied to church on

Sundays if they wished to attend. People who used the service said they regularly visited the church across the road for coffee mornings, a chat and a change of scenery. There had also been trips to 'dementia friendly' film shows in Bolton town centre. Many of the trips out were organized by staff and people who used the service.

People told us, "'There is plenty to do if I want to"; "I go to church across the road on Sundays. Someone always comes with me"; "We have lots of things to do if we wish"; "I love playing games with the staff. They make time for me". A visitor said, "[Relative] likes shopping for clothes with the girls".

There was an appropriate complaints procedure which was displayed around the home. The home maintained a complaints log so that any complaints or concerns could be documented and followed up appropriately and any patterns analysed. There had been no recent complaints received.

The service had received a number of thank you cards and notes, including thank yous for welcoming students on work experience. One card from a relative said, "A big thank you to all the staff for taking care of [person]".

Good

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission and was also the provider. She was experienced and well qualified to undertake the role. She was also a stroke champion after completing a stroke training programme provided by the CCG. The registered manager demonstrated a commitment to ensuring people's experience of the service was positive.

A health professional we contacted told us, "The current team is led by the manager/owner [name] who has made a big contribution in making sure all the policies and procedures are followed by all members of staff and making the place more effective and responsive for the service user". Another health professional who visited regularly until early 2018 said, "I found the manager and senior staff to display good leadership styles and showed respect for carers, residents and their families, indeed the atmosphere always seemed to be a pleasant one and morale was always good. The home seemed to be well organised; staff would contact me or GP in a timely manner should they have any concerns. I never had any cause for concern nor any need for safeguarding".

Staff we spoke with told us they were well supported by management and each other. The deputy manager told us, "I have a great group of girls. They are very reliable. My work is made easier because of them". One senior carer said, "I am only as good as the team I work with. They are a great bunch". A care assistant commented, "I love my job. This is a great place to work. The manager is always there to help us".

We looked around the premises and found the home to have a warm and friendly atmosphere. The registered manager and staff demonstrated an excellent value base and people were clearly happy and very well cared for.

Efforts were made to include people in the day to day running of the home through general communication, a suggestion box and more formally at residents' and relatives' meetings and by gathering people's views on a range of topics on a quarterly basis with the use of a quality assurance tool.

People's suggestions were used to inform changes and improvement to service delivery, for example, by changing the menus to suit people's preferences and taking on board suggestions for outings and activities. This demonstrated the service's commitment to listening to and acting on people's suggestions.

We saw minutes of regular staff meetings where discussions included hospital discharges, medicines, new initiatives and good practice. These meetings helped keep staff informed of any changes and provided a platform for them to put forward suggestions. The registered manager was visible within the home on a day to day basis and provided further support to staff by being contactable at any time to provide support and advice.

Notifications of deaths, serious injuries and allegations of abuse were sent in to the CQC as required. The rating for the previous inspection was displayed within the home and on the service's website as required.

The service was involved in the 'Red Bag' initiative, which involved a red bag being used to transfer standardised paperwork, medication and personal belongings, which then stayed with the individual throughout their hospital episode and was returned home with them. The pathway was designed to enable a significant reduction in the amount of time taken for ambulance transfer times and for A and E assessment times and to reduce avoidable hospital admissions and reduce the stress of moving between services. The registered manager reported that there were still teething problems with this initiative, but they were trying to iron these out to help ensure the success of the scheme, meaning a smoother transition between services for people who used the service.

The registered manager/provider was involved with a number of initiatives and meetings within the local area. These included the overseeing of the implementation of the Mental Capacity Act with the local hospital, community services and council. She also took part in a meeting with the hospital and CCG with regards to unsafe hospital discharges. The aim was to make hospital discharges safer to ensure people were not constantly readmitted to hospital, but were as well as they could be on discharge back to their place of residence.

The registered manager was also involved with Bolton Association of Registered Care Homes (BARCH), the local care home group where changes and best practice were discussed with other owners and managers to help provide better care in the local area.

The service had signed up to be part of the Care Home Excellence programme in Bolton, where all care homes are in partnership with the Council and the CCG to improve the quality of their care homes. The registered manager was part of the steering group for this programme and had attended King's Fund sessions prior to the implementation of the group to inform its operation. She was also involved with a care home task and finish group looking at key performance indicators. The registered manager also had some input into a falls prevention pilot scheme, looking at a standard form for falls screening across local authorities. This was intended to reduce the number of falls suffered by people using services, thereby enhancing their quality of life.

The registered manager was involved with 'My Home Life', a UK wide initiative that promotes quality of life and delivers positive change in care homes for older people. This was an initiative to explore how to work better, reflect on the evidence base for quality and facilitate a managers' professional development programme. We found a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service and improve people's experience of health and social care.

In addition to the registered manager being a stroke champion, the home had champions in the fields of dementia and falls. These were members of staff who took the lead in these areas, ensuring they kept up to date with current guidance and good practice and disseminated information to the rest of the staff. The service had retained their 'Investors in People' status, which is the mark of high performance in business and people management.

There were a number of audits in evidence at the home, including staff development audits, safeguarding audits, regular equipment checks and maintenance, infection control audits, medicines audits, environmental audits and hand hygiene observations. Care plans were regularly audited and updated. All audits included actions to address any shortfalls and were analysed for patterns and trends to inform continual improvement to service delivery. The service audited hospital admissions on a monthly basis to see if these could be reduced by making changes within the home.