Care Quality Commission

# Glenbank Care Home Ltd

# Glenbank Care Home

## Inspection report

803 Chorley Old Road
Bolton
Lancashire
BL1 5SL
Tel: 01204 841349
Website:

Date of inspection visit: 22 September 2015
Date of publication: 29/10/2015

## 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 |

## Overall summary

The unannounced inspection took place on 22 September 2015. At the previous inspection in May 2014 the service were found to be meeting all the regulations inspected. Glenbank Care Home provides personal care in three shared and 21 single rooms. Accommodation is provided on three floors, each having bathroom and toilet facilities. A passenger lift provides access to all floors. On the day of the inspection there were 26 people residing at the home.

The service had a registered manager in place. 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.

We saw that the service had appropriate health and safety measures in place. Environmental and equipment checks and maintenance were undertaken as required. Emergency procedures and individual risk assessments were in place.

# Summary of findings

Recruitment at the service was robust and the staffing levels were sufficient to meet the needs of the people who used the service.

The service had an appropriate safeguarding policy and procedures were in place for staff to follow, but local authority contacts needed to be added to give staff a further support. Staff we spoke with demonstrated a good working knowledge of safeguarding issues.

Robust systems were in place for the ordering, storage, administration and disposal of medicines. Infection control procedures were in place and were followed as required.

We looked at four care plans and saw that they included a range of health and personal information. The files were clear and easy to follow.

People's nutrition and hydration requirements were addressed and people were given sufficient nutritious food and choices of meals. The dining experience was calm and efficient with everyone's needs being met appropriately.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought were appropriate and signed consent forms were in evidence within the care files.

There was a thorough and robust induction programme for staff and training was on-going.

People who used the service, and their relatives, told us the staff were kind and caring. We saw that dignity and privacy was respected at all times.

People who used the service and their relatives where appropriate, were involved in planning and reviewing their care delivery.

Comprehensive information was given to prospective users of the service. Regular district nurse meetings with relatives were facilitated at the home to provide a forum for them to raise issues or concerns.

Care plans were person centred and included information about people's preferences, likes and dislikes, background and interests.

A range of activities was on offer, both in the home and outside and the home had a dedicated activities coordinator. The service linked in with the local community to offer a wider range of activities.

Suggestions made via themed quality assurance questionnaires had been responded to by the service.

The service had an appropriate complaints procedure which was displayed around the premises.

There was a registered manager at the service and the management team were visible within the home. People who used the service, relatives and staff felt they were approachable.

Staff supervisions and appraisals were regularly undertaken.

A number of quality audits were carried out on a three monthly basis. Issues identified were followed up appropriately.

The registered manager participated in local groups and meetings to ensure her knowledge and skills with regard to best practice were kept current and up to date.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Good

Appropriate health and safety measures were in place and environmental and equipment checks and maintenance were undertaken as required.

Recruitment at the service was robust and the staffing levels were sufficient to meet the needs of the people who used the service.

Safeguarding policy and procedures were in place and staff demonstrated a good working knowledge of safeguarding.

Robust systems were in place for the ordering, storage, administration and disposal of medicines. Infection control procedures were followed as required.

**Is the service effective?**
The service was effective.

Good

The care plans included a range of health and personal information and were clear and easy to follow.

Nutrition and hydration requirements were addressed and the dining experience was calm and efficient.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought were appropriate.

There was a thorough and robust induction programme for staff and training was on-going.

**Is the service caring?**
The service was caring.

Good

People who used the service, and their relatives, told us the staff were kind and caring. Dignity and privacy was respected at all times.

People who used the service and their relatives where appropriate, were involved in planning and reviewing their care delivery.

Comprehensive information was given to prospective users of the service. Regular district nurse meetings with relatives were facilitated at the home.

**Is the service responsive?**
The service was responsive.

Good

Care plans were person centred and included information about people's preferences, likes and dislikes, background and interests.

A range of activities was on offer, both in the home and outside.

# Summary of findings

Suggestions made via themed quality assurance questionnaires had been responded to by the service.

The complaints procedure was displayed around the premises.

**Is the service well-led?**

Good

The service was well-led.

There was a registered manager at the service and the management team were visible within the home. People felt they were approachable.

Staff supervisions and appraisals were regularly undertaken.

A number of audits were carried out on a three monthly basis. Issues identified were followed up appropriately.

The registered manager participated in local groups and meetings to ensure her knowledge and skills with regard to best practice were kept current and up to date.

# 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 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.

The unannounced inspection took place on 22 September 2015. The inspection team consisted of two adult social care inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We also reviewed information we held about the home in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

Prior to the inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

Before the inspection we contacted two specialist health and social care professionals, who visited the service regularly, to ascertain their views on the service and whether they had any concerns.

During the inspection we spoke with three people who used the service, four relatives and friends, five staff members and two professional visitors. We observed care within the home and reviewed records including four care files, three staff personnel files, policies and procedures, meeting minutes and audits held by the service.

Good

# Is the service safe?

## Our findings

We asked three people who used the service if they felt safe in the home and all said they did. One relative told us their loved one had, "A homely, comfortable and safe routine that does not place too many demands upon her that she could not cope with."

The home was on three levels with lift access to all floors. There was electronic video access at the front door, all visitors having to buzz for entry and video screens throughout the building enabling staff to see who was at the door. This allowed staff to simply buzz people in who were known to them, or attend the front door if they did not recognize the visitor. This helped ensure people's safety and security. There was a nurse call system in all rooms and bathrooms to help ensure people were able to summon help when they needed to.

Some people who used the service were aware of the code on the front door and were able to leave the premises if they wished to do so. This was only the case when thorough risk assessments had been completed and people had been assessed as safe to do this. People who used the service were free to move around the home as they wished, but staff were on hand to assist where required.

Appropriate environmental and health and safety risk assessments and policies and procedures were in place. Fire drills were carried out regularly and the service had appropriate Personal Emergency Evacuation Procedures (PEEP) in place for each person, to ensure they would receive the assistance they required in the event of an emergency. Fire and health and safety equipment was maintained appropriately and we saw that the lift was regularly checked and maintained to a high standard. Evacuation equipment readily available and appropriately located and small appliances had been Portable Equipment Testing (PAT) tested as required.

We looked at four care plans and saw that appropriate risk assessments were in place within each person's care plan. These included risks from the environment, nutritional risks, waterlow, falls, infection control, equipment and manual handling. We observed staff transferring people from chairs to wheelchairs and saw that this was done safely and correctly, according to moving and handling guidelines.

We looked at three staff files and saw that the service followed a robust recruitment procedure. Documents within the files included application forms, proof of identity, references, contract of employment and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people.

We saw that there were sufficient staff on duty on the day of the inspection to attend to the needs of the people who used the service. Staff rotas we saw confirmed that staffing levels were sufficient.

The service had an appropriate policy in place with regard to safeguarding vulnerable adults, which referenced other policies, such as whistle blowing. We spoke with five staff who demonstrated a good working knowledge of safeguarding adults procedures. We saw from the training records that staff had undertaken training in safeguarding and had regular refresher courses to help ensure their knowledge and skills remained up to date. We saw that a recent safeguarding concern had been followed up appropriately by the service.

Accidents and incidents were appropriately recorded, as per the service's policy and procedure. Follow up, such as referral to the falls service, was undertaken where necessary.

We saw that the service had an up to date medication policy in place. A senior member of staff was able to explain the systems for ordering, administering, storage and returning of medicines. The medicines were delivered in individual dosette boxes and were colour coded to ensure staff were aware of the time of day to administer the medicines. There were some medicines which were in packets, such as anti-biotics and there was a system to ensure these were also administered correctly.

Topical creams and eye drops were recorded on a separate sheet and we saw that medicines given as and when required (PRN) were signed for on the Medicines Administration Record (MAR) sheet with the time clearly recorded to help ensure they were given appropriately. Medicines were stored safely and controlled drugs were in an appropriate locked cupboard and signed for by two staff members as required. Each MAR had an up to date photograph of the person to help minimise the risk of medicines errors. One person was on covert medicines,

Good

# Is the service safe?

that is medicine given in food or drink, and the reasons for this were clearly recorded, the decision having been made in the person's best interests. Only senior, appropriately trained, members of staff dealt with medicines.

We asked three people who used the service if their medicines were administered to them safely. They explained that their medicines were given to them very carefully.

Policies and procedures for infection control were in place. There were personal protective equipment (PPE) stations located throughout building with gloves and aprons readily available and hand hygiene stations were also in evidence throughout building. We observed staff throughout the day and saw that hand hygiene for staff and people who used the service was appropriately undertaken during the mealtime. Staff wore plastic gloves and aprons where appropriate. We saw colour coded linen skips in use for management of used and soiled linen.

Good

# Is the service effective?

## Our findings

One person who used the service told us, “Staff are very quick to respond to my buzzer even at night”. Another person we spoke with agreed that this was the case. They said they had never been let down by staff in this respect. A relative we spoke with told us visits to their relative from other agencies, such as GPs and district nurses, were frequent and well organised. They told us they had complete trust in the service’s ability to meet their relative’s needs.

One of the visiting professionals we spoke with said the service made appropriate referrals, followed advice and guidance and were always helpful. They said staff were never afraid to ask for advice if they were unsure of something and they felt there was a good relationship between the two services. The other professional said, “They are very organised and all know what they are doing”.

We looked at four care plans and found the information to be clear and comprehensive. The care plans included information about health and personal requirements. Reviews of care delivery were regularly undertaken, in conjunction with the funding authority. For self-funders the reviews were done by the service. The service worked in partnership with other agencies such as GPs and district nurses, speech and language therapy (SALT) and dieticians, opticians and chiropodists and information about these services was clearly recorded. People who used the service were supported with appointments and interventions from other agencies.

The cook told us that food provision was seasonally adjusted and locally sourced where possible. There was a three week cycle of quite traditional menus, reflecting the age profile of the people who used the service. People who used the service told us they were involved with the formulating of menus to ensure their likes and dislikes were taken into account.

The dining room was well presented, each table had linen tablecloths, napkins, crockery and cutlery (risk assessed on individual basis). A restaurant style chalk board displayed daily menu options and information displayed in the dining area indicated the day, month, year; weather for the day and current season. This helped orientate people who were living with dementia.

At the lunchtime meal staff worked as a cohesive team to support each other and the people who used the service and good hygiene standards were adhered to. People who had difficulties eating were very well supported and one person, who presented with behaviour that challenged the service was supported by one member of staff throughout the mealtime to anticipate any difficulties. Aprons were put on people who were at risk of spilling food or drink and people were offered wet wipes after their meal or had their hands and mouths wiped by the care assistants. All this was done in a timely and considered manner and was not imposed on anyone.

People who were able to eat without assistance had their autonomy and dignity respected. Others who required assistance were helped in a respectful manner. Aids, such as scoop plates, were used as required. Over the lunch period it was apparent that people were given choice and enjoyed their food. All plates were cleared and large portions of dessert were offered and extra servings were provided where people wanted them. Everyone was given a choice of coffee, tea, fruit cordial or water with their meals and these were regularly topped up as required.

Three people had soft meals, consisting of mashed potato, cod in butter sauce and vegetables, served in bowls. The food was kept separate to give a variety of colours and textures. Those on other special diets, such as diabetic diets, were catered for appropriately and records kept of their requirements.

The dining experience was well organised, calm and relaxed, with 1950’s and 1960’s music playing quietly in the background. Meals were served efficiently and people received their food hot. Drinks and snacks were available all day and visitors were all offered a drink on arrival.

We looked at Mental Capacity Act (2005) (MCA) and best interests decision making process. MCA is used when people lack capacity to make particular decisions for themselves. We saw evidence of MCA assessments with regard to various decisions in the care files we looked at these assessments were reviewed regularly. Best interests decisions had been made for people who lacked capacity. We spoke with five staff who demonstrated a good working knowledge of MCA.

We saw that there was a valid and appropriately completed Do Not Attempt Cardiopulmonary Resuscitation (DNAR) form in one file. The person’s own wishes had been

Good

# Is the service effective?

recorded and this documentation was backed up by a capacity assessment under the MCA which demonstrated that the person in question was able to make their own decisions.

Two relatives told us they had been closely involved with staff and GPs in amending their relatives' care plans. Both their relatives lacked capacity and the relatives had agreed to DNAR forms being in place. In both cases the relatives believed that the guidance defined in the MCA was followed to the letter. Both relatives believed that the discussions were managed in a sensitive and effective manner offering choices that were in the best interests of their loved ones.

Care files included consent forms for areas such as care and treatment, agreement to care plans and agreement to administration of medicines. These were signed either by the person who used the service or their relative. If they were signed by a relative there was clear information about the reasons for this, including MCA assessments to outline the person's capacity with regard to decision making and evidence of the existence of Lasting Power of Attorney authorisations if these were in place.

We looked at the Deprivation of Liberty Safeguards (DoLS) applications and authorisations. These are applied for when people need to be deprived of their liberty in their own best interests. This can be due to a lack of insight into their condition or the risks involved in the event of the individual leaving the home alone. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. The service had DoLS in place where appropriate and staff demonstrated a good level of knowledge with regard to DoLS.

We saw evidence within the staff files we looked at of a thorough induction programme, either Common Induction Standards or for more recently recruited staff, Care Certificate. Both inductions included a range of mandatory training, checks of understanding and reading and understanding policies.

Training was on-going at the service and there was evidence within staff files that training and refresher courses were regularly undertaken and we saw there was a plan in for future training . The registered manager told us they did not access e learning, as they felt it was not the most effective way of learning. Staff were sent on a range of training offered by the local council and their time and the courses were paid for by the service. This helped encourage staff to keep their knowledge and skills current. Staff supervisions were undertaken regularly and appraisals carried out annually to ensure their training needs were met.

Good

# Is the service caring?

## Our findings

One person who used the service said, “They attend to my every need in a very kind way. The staff care so much.” A relative told us, “The staff treat residents as family. They are very talkative with residents even though they do not always get meaningful responses. They give all residents a lot of time. It is lovely to see them touch and hug residents.” The friend of a person who used the service said, “They are marvellous with [my friend].”

One of the professional visitors we spoke with said, “It’s lovely coming here.” The other told us, “They [the staff] are very helpful, bringing residents when required, finding a private space and keeping residents comfortable. Everything is dedicated to the residents”.

We observed that there was a genuine caring ethos demonstrated in all communications and contact between staff and people who used the service throughout the care home. We observed care delivery on the day of the inspection and saw that all the care assistants touched people who used the service before they spoke to them in order to gently gain their attention. People were talked through what was required of them in a patient and gentle manner, for example, assisting a person to the dining room area.

We saw that staff worked hard to support the people who used the service with their appearance and presentation. All had access to a visiting hairdresser as required. People’s rooms were furnished and decorated to their own tastes and personalised with their own belongings. People were able to have their own telephone line in their room if they wished.

The service did not have set visiting times and visitors were free to call in whenever they wished to. We saw a number of visitors on the day of the inspection and noted that they were made welcome by staff.

The service had appropriate, up to date, policies regarding confidentiality and privacy and dignity. Two people who used the service told us they were staff were respectful of their dignity when, for example, taking them for a shower. Both told us they had a shower, as per their wishes, at least every other day.

We saw from the care plans that people who used the service and/or their families were involved with the care planning process. They were invited to reviews and their wishes, comments and suggestions taken on board when organising care.

There was a welcome pack for prospective users of the service or their families to read. This included a service user guide with information about services, advocacy, staff and facilities.

The service had not historically held relatives’ and residents’ meetings. However, they had plans to commence these on a regular basis and the first one had been arranged and was to take place imminently.

The district nursing service held monthly meetings at the home for any family members with questions, queries or concerns to attend. These meetings were advertised via a notice displayed in the entrance of the premises. The registered manager told us that the district nursing team led the staff at the home with regard to end of life care.

Good

# Is the service responsive?

## Our findings

A relative we spoke with said, **"**My [relative] is treated as an individual. Her needs and requests are met and respected. The home offers far more than she needs because of her limited [mental] capacity."

A professional we spoke with prior to the inspection told us about how responsive the service was to a particular situation. They told us about a person whose partner was a resident in the home and that they had expressed a wish to spend New Year's Eve with their partner. The professional told us "I phoned [the management] and asked about the possibilities of this happening given it was New Year's Eve, in a flash they sorted this out". They had even picked the person up to bring them to the home. The professional went on to say that the person had since died, but had got their wish to spend time with their partner on New Year's Eve.

The care plans we looked at had a great deal of personal detail, including personal histories, likes and dislikes, daily routines, preferred times of rising and retiring, cultural background, personality and disposition, response to new situations and food likes and dislikes. These were extremely person centred and individual. Staff who had been involved in writing the care plans expressed how much they had enjoyed doing the piece of work to complete these documents as they felt they knew the people who used the service much better and had learned a lot about them. One staff member said, "I really love the new care plans. It's been great doing them with people." Another told us, "Doing the new support plans with people has been really useful. I really feel I know the ladies here much better now."

We looked around the home and saw that many areas had been refurbished to a high standard and there was an on-going refurbishment programme. Communal areas had been decorated and some rooms had also had a makeover. We looked at one of these rooms and the person who used the service told us they had chosen their own colour scheme, wallpaper and carpet. This was something they had thoroughly enjoyed being involved in. The person explained that a staff member had spent a lot of time with her travelling to local shops to select the 'right' furnishings for her room.

There was a designated activities coordinator four days per week and, there were opportunities to participate in a range of tasks, including artwork, zumba, chair exercises, board games, bingo, reminiscence activities via a memory box, one-on-one time and knitting. We saw that people were participating in activities when we arrived at the home and some of the creative work that people who used the service had produced was displayed.

The activities coordinator dedicated a number of activity sessions to people who choose or were not able to leave their rooms and was available to accompany people to outside appointments should that be required. The service also provided internet access via a PC located in conservatory. One relative felt their loved one was unable to participate in some of the activities, but said they had been pleased to witness their relative laugh out loud as she enjoyed the seated chair exercises.

People who used the service were given the opportunity to be accompanied to shops, church, and restaurants. The service had links with different faith groups some of whom visited the home to offer services to the people there. We saw that the service welcomed external agencies and community links who were encouraged to come into the home and spend time with people who used the service. They also took them out to activities in the community if they wished to.

There was a large garden area, accessible to all the people who used the service, with a newly installed pagoda providing shade for people when outdoors. We saw that some people were enjoying the outdoor area, supported by staff, on the day of the inspection.

One person who used the service we spoke with felt their needs were not met fully, as they had full mental capacity but were restricted by their physical condition. They expressed frustration at their limitations and felt they were unfulfilled intellectually due to these limitations. We saw that staff endeavoured to include everyone in activities, but the level of the activities may not have been suitable for this particular person and they may benefit from more links with the wider community to fulfil their requirements.

Monthly themed quality assurance questionnaires were produced. These covered a particular topic each month, including laundry, food, hairdressing, environment and visiting. We saw that the service had responded to comments made via these questionnaires. As a direct

Good

# Is the service responsive?

response to requests the hairdresser now stayed longer to accommodate more people, more fish dishes had been added to the menu and some areas of the home had been decorated.

The complaints procedure was outlined within the service user guide and displayed in various locations around the home. This did not reference the local authority contact details and we spoke with the registered manager about this. She agreed to address this immediately. Two relatives and three people who used the service who we spoke with at length all knew how to make a complaint if necessary. They all volunteered that staff are very approachable and would respond very quickly to any concerns expressed by people who used the service or relatives. All these people said that staff were very receptive to suggestions, concerns and new ideas.

Good

# Is the service well-led?

## Our findings

The home had a registered manager in place. We saw throughout the visit that the registered manager and the deputy manager kept a very high profile throughout the day. The staff we spoke with felt valued and respected and the relatives we spoke with indicated that the care home was well led, for example, with their involvement with care plans and DNAR or best interests discussions. The relatives told us the management team were accessible to people who used the service and visitors alike.

The management team involved staff in many aspects of the running of the service. Recently staff had participated in compiling the new person centred care plans. One staff member said, “This is one of the nicest places I’ve ever worked”.

Supervision sessions were undertaken at regular, two monthly intervals and we saw that there were different kinds of supervisions undertaken. For example there were supervisions to impart new information and offer a learning set, in areas such as MCA and DoLS. There were more general supervisions to look at learning needs, progress and any issues. We also saw evidence of observational supervisions where practical skills in moving and handling or medicines administration were assessed. Appraisals for staff were undertaken on an annual basis, to check staff’s on-going progress and requirements.

We saw that regular meetings were not held with staff. However, issues were raised and discussed on a day to day basis via the management’s open door policy.

We saw that a number of regular audits were undertaken on a three monthly basis, including medication, infection control, care files, staff development, accidents and incidents and falls. Results of these audits were analysed and any issues identified were followed up in a timely way. In addition to the service’s own audits, regular medication inspections were also carried out by a local pharmacist to help ensure risks of errors were minimised.

The monthly themed quality assurance questionnaires had led to changes within the home. This demonstrated that this was not just a paper exercise, but management listened to people’s views and suggestions and responded appropriately.

We saw that the owner/registered manager was involved with a number of relevant local groups, such as regular attendance at Bolton Association of Registered Care Homes (BARCH) meetings. These provided an opportunity to discuss best practice with other owners and managers to help provide a better standard of care locally. She had also taken part in a meeting with the local authority to help write a new restraint policy and had participated in a meeting at the local hospital with the CCG regarding unsafe hospital discharges. This helped keep her knowledge of relevant issues current and up to date.