Care Quality Commission

Key inspection report

Care homes for adults (18-65 years)

Name:	Glengarriff House Nursing Home
Address:	8 King Street Market Rasen Lincs LN8 3BB

The quality rating for this care home is:	two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Julie Western	2	1	0	7	2	0	0	9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Glengarriff House Nursing Home
Address:	8 King Street Market Rasen Lincs LN8 3BB
Telephone number:	01673844091
Fax number:	
Email address:	
Provider web address:	info@prime-life.co.ukwww.prime-life.co.uk

Name of registered provider(s):	Prime Life Ltd
Name of registered manager (if applicable)	
Shane Haines	
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
learning disability	0	1

Additional conditions:

The Category of Learning Disability (LD) over 65 years of age applies to the service user named in the Notice of Proposal to register dated 11/04/05

The home is registetred to provide personal care with nursing to service users whose primary needs fall within the following categories: * Learning Disability (LD) 18 male or female * Learning Disability (LD) Over 65 years of age - 1 female

The maximum number registered for is 18

Date of last inspection								

Brief description of the care home

Glengarriff House is owned by Prime Life Homes Ltd. The home is located in the centre of the market town of Market Rasen, which offers a variety of local amenities such as pubs, cafes and restaurants, banks, shops and a post office. Glengarriff House provides care and support (which includes nursing) for up to eighteen people with a learning disability.

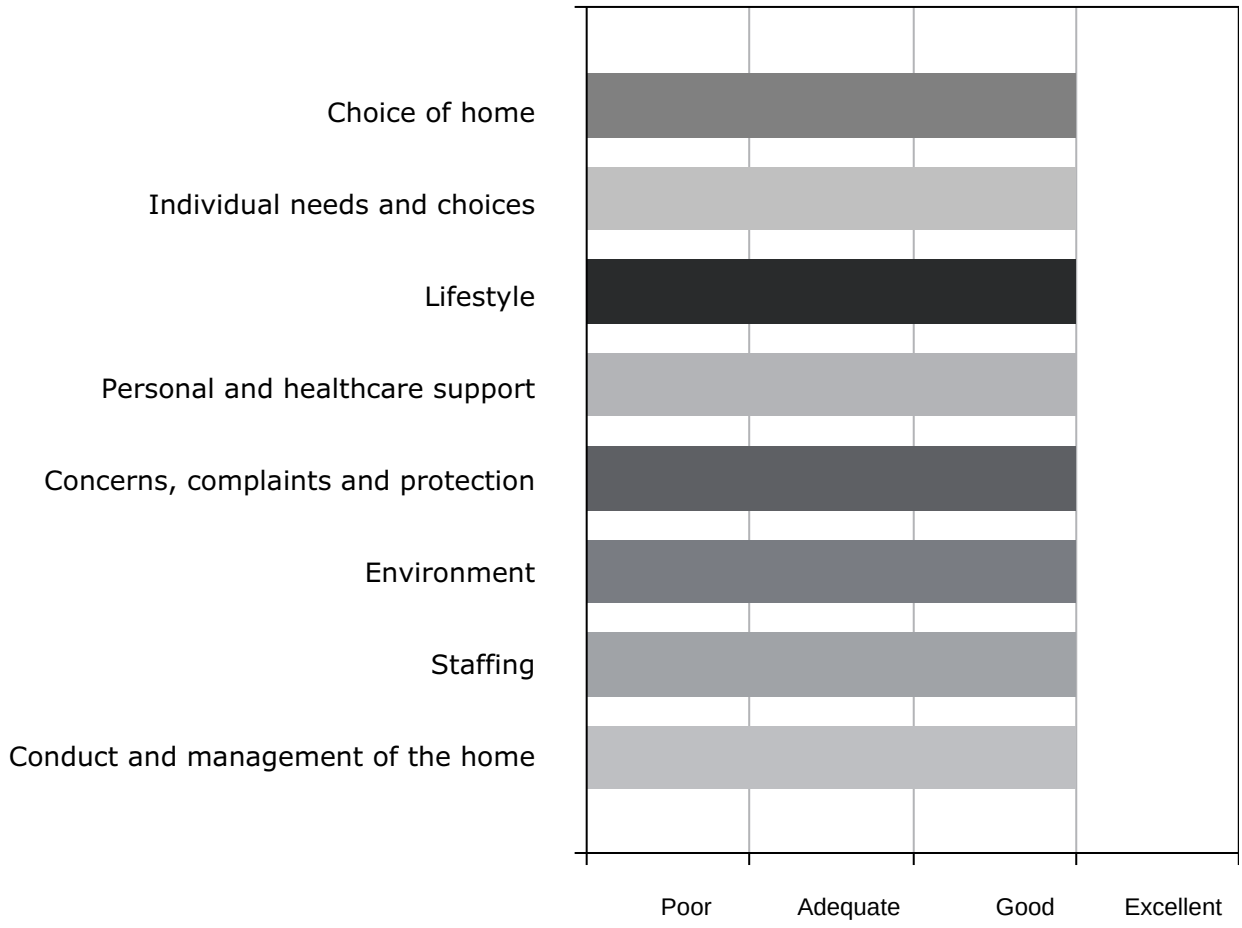
Brief description of the care home
The main house is a two-storey building with a first floor extension providing accommodation for twelve people. It stands in its own grounds with gardens to the front and rear, and ample parking also at the rear. Within the grounds, across a courtyard there is a semi- independent living unit consisting of four flats for six people. The fees are £421 to £1050 per week depending on the assessed needs of each person. Additional charges are made for services such as chiropody, hairdressing and toiletries. Information about these costs as well as the day-to-day operation of the home, including a copy of the last inspection report, can be found in the home statement of purpose and service user guide. These documents are made available to all new potential residents and explain the resources and services offered, by the care home. A dedicated intermediate care service is not provided by the home.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	two star good service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced visit and it formed part of a key inspection, focusing on key standards, which have the potential to affect the health, safety and welfare of people who use the service. Throughout this report the terms we and us refer to The Care Quality Commission (CQC). The visit lasted approximately four and a half hours and we took into account previous information held by us including the previous inspection report, their service history and records of any incidents that we had been notified of since the last inspection.

Before we made our visit the provider had returned the Annual Quality Assurance Assessment (AQAA). This gave us information about their own assessment of how well they are meeting standards and their plans to improve aspects of the service. We sent out surveys to people before we visited the service.
The main method used to carry out the inspection is called case tracking, this includes following the care of a sample of four people through their records and assessing their

care. We spoke to two people who use the service and saw rooms of those people who said we could and to one staff member. The manager and deputy manager were present throughout the visit and the general outcomes of the visit were discussed with them.

What the care home does well:

The home is in the middle of a market town and provides easy access to shops and facilities.
People are cared for in a clean and comfortable environment.
All people spoken with made positive comments about the care they received, one saying she liked it better than the previous home she stayed in and another sating she enjoyed having the independence that living in the flats gave.
The staff group is well trained and knowledgeable about the people living at the home and how they prefer to be cared for.
The manager and deputy manager work well as a team and there is a very stable staff group, enabling good knowledge of the needs of people.
People are encouraged to make choices about their daily lifestyles and individual likes and dislikes are catered for.

What has improved since the last inspection?

A checklist for new people to the home called 'Meet and Greet' has been developed, to ensure thay are fully informed about what the home has to offer in a format they can understand. Care plans have been revised and are now more person centred. There are now more opportunities for people to take part in activities in the local area. Menus have been planned with the help of people living in the home. All notifications of events in the home are now fully recorded. The manager and deputy have worked hard to ensure that people and all staff fully take part in the running of the home, with the result that there have been less incidents of behaviour issues and there is less staff sickness.

What they could do better:

Staff should receive up to five days paid training. The decoration in the upstairs bathroom is not up to date and this does not give a homely feel. The ceiling paper in an upstairs bedroom in the main building is coming loose.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.
People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit from a thorough assessment procedure and are assured that there needs can be met.

Evidence:

We saw the statement of purpose, which gave good information about the facilities the home has to offer. This was part of a package including a service user guide, called 'An Introduction to Glengarriff' and included an easy read guide with pictures. The manager said the package was given to all new people and their families.
The care plans of three people we saw showed that full assessments were made; these covered needs such as communication, self care, independence skills, health care, diet, behaviour and leisure. The assessments were very detailed and showed the wishes and preferences of people. We saw that they were reviewed and updated every three months.
The manager said that trained staff always carried out assessments in home, care or hospital settings and families and other professionals were involved. One person we spoke with said she had visited the home several times before staying there permanently and it was her wish to live there.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Detailed care plans help students to develop their independence, whilst risks are minimised. They are consulted about their daily lives, and supported in an individualised and respectful way.

Evidence:

The care plans we saw were very detailed and linked clearly with their assessments. The plans showed the likes and dislikes of people and they also showed how people made their own choices or decisions. They included recent legislation about making decisions to show that this had been thought about. Records showed that staff have received training about this new legislation. The manager said that people are now more involved in the care planning processes and people we spoke with confirmed this. Risk management plans are also in place, and cover needs such as self-injury, mental state, kitchen access, vulnerability and travel. They also cover any restrictions to choice or freedom, which are in place where there is a high risk to the health or safety of people.
Review records show that relevant people are consulted about, and agree to care

Evidence:

plans. Staff we spoke with showed that they have a very clear understanding of the needs of people. They were seen offering choices in whatever way individuals could understand, for example using objects of reference, pictures, gestures or verbally. One person kept her own daily diary of how she was feeling and another got up very late and decided not to go to the day centre.They also responded to people in a respectful way, and offered gentle reassurances where necessary.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.
People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Students benefit from a wide range of social and educational opportunities, which help them to develop their skills and live a fulfilling life.

Evidence:

Records we saw showed that there are two activities organisers and shifts are arranged so that one is always on duty. We saw individual daily programmes, including evenings and weekends, that showed leisure, educational and home management activity. This included bowling, the cinema, a local disco club and a three monthly bus trip, On the day of the inspection two people went to the day centre, six went out in the people carrier with three staff members, one went out shopping for her lunchtime meal which she cooked in her flat, one stayed in bed late and then said she would like to go to Skegness in the afternoon. The others played games or had one to one time with their key workers. The manager described how people cleaned their own rooms with assistance and the people in the flats looked after their own

Evidence:

laundry and meals. A service user described how she had a boyfriend who visited and we saw records documenting how this was managed
safely and sensitively.
The menu was balanced and varied and was made with the assistance of the residents. One person lived in the flats and had achieved a food hygiene certificate. We saw records of people with dietary needs and how these were managed. All staff have their basic food hygiene certificate. We saw people eating the midday meal and enjoying it. One said the food was really good and another said she made her own meals but sometimes liked to eat with the others. Another went out for a pub lunch.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are good arrangements to make sure that the health needs of people are met, and they are protected by the medication policies and procedures.

Evidence:

We saw information about the health needs of people and this information linked with care plans. Again care plans are detailed and show staff how to support needs such as behaviours, epilepsy amd emotional needs such as anxiety. We saw records from health professionals such as the GP, consultant, dentist and optician and saw that things like weight and seizures are monitored.
Students have an allocated key worker and a co-worker so that they have a consistent support network. Staff we spoke with showed that they knew the health care needs of people well. They also made sure that any personal support was provided in a private and dignified way.
We saw that staff receive training in how to administer medications in a safe way. The most recent visit from the pharmacist was on 16th June 2009 and there were no issues of concern.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Students are protected by clear procedures for handling complaints and allegations of abuse, and by the knowledge of staff who are well trained.

Evidence:

We found that since the last inspection there had been one safeguarding adult referral and records showed that it was reported in line with company, and Local Authority guidance. Records showed that immediate action was taken to address health and safety issues, and risk assessments were reviewed and updated. Staff we spoke with demonstrated a good knowledge of what abuse is and how to protect students. Records show that they receive training in adult protection and were due to have some in house training on the day of the inspection.
Any restrictions to choice or freedom are referred to in care plans, and the manager said that he is soon to undertake training about new legislation referring to rights and freedom.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy a clean, comfortable and homely environment, which is on the whole well maintained.

Evidence:

On the day of the visit the home was clean, tidy and generally well maintained. The manager showed that all damage and repairs needing attention were logged in a book for the maintenance person to see to. We saw the bedrooms of several people and they were on the whole well decorated and furnished, and personalised to the taste of the individuals. All rooms had door knockers. The flats were self contained and were also clean and well decorated. People said that they liked their rooms. The ceiling paper in one bedroom was coming away. Bathrooms and toilets were made to look homely and comfortable but one communal bathroom had some wear to the panels and water pipes.
We saw records showing that items such as electrical equipment, fire alarms and water temperatures were checked regularly.
Substances used for cleaning were securely stored and safety information sheets about the substances are in place. Staff demonstrated their understanding of infection control practice, and they were seen washing their hands wherever necessary.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.
People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A well-trained and supported staff team ensures that people are cared for safely.

Evidence:

We looked at records for three staff members. The recruitment records included criminal record bureau checks, application forms and written references. They also contained identification and interview records. Staff members we spoke with said that they received a good induction and training package, and this was confirmed by individual training records. It was noted that staff members do not receive pay for time spent training. The home has in house trainers but also uses external trainers to provide a good range of training styles. Trained nurses have qualifications in mental health, learning disabilities as well as general nursing and this provides a good skill mix. We saw records showing that four staff have achived the National Vocational Qualification [a nationally recognised qualification] at Level 2 with four working towards it and one working towards level 3. Staff said that they receive training in subjects such as fire safety, moving and handling, and medication administration. There was also specialist training for staff to be able to meet the needs of the people they care for.
Records show that supervision sessions are carried out regularly with staff, who confirmed this.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed, which means that people receive a good standard of care and support. The systems within the home protect their health, safety and welfare needs.

Evidence:

The manager of the home is awaiting confirmation that he is registered with us, following a fit person interview. He has had 23 years experience in the care profession, 9 of these in managerial positions and he has worked at this home for a year. The deputy manager is a registered nurse for mental health, has 20 years' experience and has also been in post for a year. Staff we spoke with said that they have good management support. One staff member said things had improved greatly over the last year and another said there was far less staff sickness and that staff wanted to come to work now.
We saw a range of health and safety policies including fire safety, infection control, and moving and handling. Records are also available to show that fire safety equipment is checked regularly, and there is a fire risk assessment in place.
Quality monitoring arrangements include regular audits of care files, medical files,

Evidence:

daily journals and finances. Records also show that accident and incident records are audited regularly. Representatives of the provider company visit the home regularly to monitor the services. Surveys and informal meetings are also carried out to gain the views of students, relatives and staff and we saw a comments box in the entrance hall for people to post their views about the running of the home.
A resident said that she felt very safe and that the manager was very good and always had time to listen to her.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	24	The bath panel in the upstairs bathroom should be renovated and any exposed pipes should be covered.
2	35	Staff should receive up to five days paid training per year.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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