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Glenhurst Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Glenhurst Manor is a care home that provides residential care for up to 36 older people. The home is a large converted property set in spacious well-maintained grounds. 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. At the time of this inspection there were 22 people living at the home.

There was a registered manager in post who had recently been registered with the Commission. The home had been without a registered manager for many months with senior staff acting up into management roles to cover this vacancy. 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.

The inspection was unannounced and took place on 31 January and 2 February 2018 and was carried out by two inspectors on the first day of the inspection and one inspector on the second. This comprehensive inspection was brought forward because of concerns that had been raised about the management of the home and the care people received. The concerns were not substantiated at this inspection.

The registered manager had system in place to maintain and promote safety in the home. Environmental risks had been identified and action taken where appropriate. The delivery of people's care had also been risk assessed to make this as safe for people as possible.

Staff were recruited in line with robust policies and all the necessary checks had been carried out by close of the inspection.

Medicines were well-managed and people received their medicines as prescribed by their doctor.

Staff had received training in safeguarding and were aware of their responsibility to report concerns.

Staff were supported through indirect and formal supervision as well as an annual performance review.

The home was working collaboratively with health services so that people's needs were met.

People's consent was sought and granted with regards to the way they were cared for and supported. Where people could not make specific decisions because they lacked mental capacity, staff were following The Mental Capacity Act 2005 and any decisions made in people's best interests.

The home provided a good standard of food with people having choice of what they wanted to eat and their individual needs catered for.

Staff were kind, caring and compassionate in their interactions with people.

Care plans were up to date, reviewed and available to staff.

People were provided with individual and communal activities to keep them occupied, although people felt the levels of activities provided had diminished since there had been a vacancy for the role of activities co-ordinator. This post was in the process of being filled.

Complaints were responded to and the procedure was well-publicised.

People were consulted, or their relatives, about wishes and preferences for end of life needs and staff had received training in this field.

Since the last inspection, the registered manager had ceased working at the home and a new manager had taken over management responsibilities. The new manager had continued to implement the action plan and staff felt there was a more open, supportive culture that had improved the morale of staff to the benefit of people living at the home.

There were auditing and monitoring systems being followed seeking overall improvement.

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.

Staff understood their responsibilities in relation to safeguarding adults and knew how to report concerns.

People's risks were individually assessed and monitored and action was taken to help keep them safe.

Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were supported to develop the skills and knowledge they needed to perform their roles effectively.

Staff understood people's health needs and made prompt referrals to health care professionals when needed.

People's nutrition and hydration needs were met. They were generally positive about the quality of the food.

Is the service caring?

Good

The service was caring.

Staff consistently treated people with dignity, respect and kindness.

People received care and support from a regular team of staff who knew them well and understood how they liked their care to be delivered.

Is the service responsive?

Good

The service was responsive.

People received consistent, personalised care that met their needs. Their care needs were set out in care plans that were

regularly reviewed and kept up to date.

People were encouraged to maintain individual interests and a range of activities were provided by staff whilst a new activities coordinator was recruited.

The service had a well-publicised complaints policy and procedure.

Is the service well-led?

Good

The service was well-managed.

There was an open and responsive management culture.

Systems were in place to monitor and bring about improvement.

Glenhurst Manor

Detailed findings

Background to this inspection

We carried out this unannounced 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.

At the last comprehensive inspection of the home, published in January 2016, the home was rated as 'Good' with no breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This latest inspection was carried out by two inspectors on 31 January 2018 and one inspector on 2 February 2018.

Before the inspection we reviewed the information we held about the service. This included 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 liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout both days of the inspection. We met with the registered provider and spoke with eight members of the staff team, three visiting relatives and 11 of the people living at the home. They were able to tell us about their experience and what it was like to live at Glenhurst Manor. We spent time in communal areas and observed the care and support people received.

We looked at three people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

Good

Is the service safe?

Our findings

Most people spoke highly of the home and they had no concerns about their safety. Comments made included; "Marvellous, they look after me very well", "Everything is absolutely fine here", and "It has been a good choice of home".

Staff had all been trained in safeguarding adults, as well as receiving update refresher training. They had a good understanding of what constituted abuse and how to make referrals should the need arise. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding. This meant the management had taken the necessary steps to protect people as far as possible from abuse and to protect their human rights.

The registered manager had carried out a risk assessment of the premises, identifying hazards and had then taken steps to minimise the risks to people. Examples being, freestanding wardrobes attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested to the required intervals. The home had contracted with an external company and met water regulations. The provider had therefore made the home as safe for people as possible, complying with legislation and guidance.

Some people had particular personal risks associated in the delivery of their care, such as the use of bedrails or a 'safe swallow' plan. Where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or of a person climbing over the top and injuring themselves. One person did not have protective bumpers on their bed rails, however, their assessment showed that the person could not reposition themselves in bed and was therefore not at risk of injuring themselves on the bed rails. Following the inspection the registered manager notified us that protective bumpers were in place for all people who had bed rails in use. People had been referred to the speech and language therapists where there was a risk of choking. Our observations showed that those people who needed to have their drinks thickened had these thickened to the required consistency and the thickener agent stored safely out of reach, as these products could pose a risk to people if ingested.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The registered manager had put systems in place to make sure people's records were stored people's confidentially.

A member of staff had been delegated to act as lead for the prevention and control of infection. Infection control and cleaning audits were regularly carried out to check that the risks of cross infection were minimised. Relatives and people living at the home told us that the home was always clean and kept free from odours. The provider therefore had taken steps to minimise the risks of cross infection and to maintain

infection control standards.

The registered manager had taken other steps to promote safety in the home, for example, the reviewing of any accidents and incidents affecting people living at the home. These monthly reviews looked to see if any remedial action could be taken to minimise the risk of accidents or incidents recurring.

People, staff and relatives were all satisfied that staffing levels were appropriate to meet people's needs. One person told us, "The staffing levels are fine; better than the last one I was in". Another person said, when asked about the response from staff if they used their call bell, "They are very good at answering indeed."

The registered manager had followed recruitment processes before new staff began working at the home. Staff files showed photographic identification; two references, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. However, there were some gaps within some staff member's employment history and no health declaration had been obtained. Following the inspection the registered manager checked all staff files and updated staff files to incorporate all the required information and confirmed this with us.

There were organised and audited systems in place for managing medicines, ensuring people had the medicines administered as prescribed by their GP. Medicines were stored safely and correctly and there were regularly auditing to make sure that unused medicines were returned to the pharmacist and storage areas not overstocked. Records were maintained of the temperature of the small medicines fridge and the medicines area, ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used beyond their shelf life.

Medication administration records were well maintained with no gaps in the records. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Good

Is the service effective?

Our findings

People told us that they or their relatives had chosen the home and been able to visit before deciding to move into Glenhurst Manor. Records showed that before an admission was agreed, a senior member of the staff carried out a preadmission assessment of a person's needs to make sure their needs could be met.

When a person moved into the home, staff completed a range of more in-depth assessments with that person or their representative. The assessments covered a spectrum of conditions and risks commonly associated with old age, such as: personal care needs, continence, risk of falls, communication, skin care, medical and social care needs, nutrition and hydration as well as people's needs if they were living with dementia.

People, staff and relatives all told us the staff had the skills, training and knowledge to meet needs of people living at the home. Staff said the registered manager arranged training courses to develop and update their skills so they could do their job effectively. A member of staff told us; "This is the best home I have worked at. There is always plenty of training." Records showed that staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding. The registered manager told us they encouraged the inclusion of residents and their relations in certain training topics such as diabetes. Staff could also undertake additional training in more specialised areas.

New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately. They said they were well supported by the registered and deputy manager. Records showed and staff told us they received regular supervisions and an annual appraisal.

We discussed equality, diversity and human rights with the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

The service was compliant with The Mental Capacity Act 2005 (MCA). This 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. A small proportion of people living at the home were living with dementia and some of these people were not able to make specific decisions. Mental capacity assessments had been undertaken and recorded, showing the specific decisions, the people involved and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that have bearing on the decision making where a person did not have capacity to make a specific decision.

People who were not living with dementia told us they could exercise choice and make decisions about their care and support. On the first day of the inspection we arrived at 7am as we had received concerns that people were being got up early for the convenience of staff in organising personal care for people. The people who were up on the first day of the inspection all told us that they were early risers and that they could choose when they got up and when they went to bed. One person told us, "The staff can't do enough for us and always ask us what we want". One person had put a note on their door requesting staff not to enter their room during the night and for a tray of tea to be served at 5:30am. This also corroborated that people could make decisions about their day to day care.

The service was compliant with respect to the Deprivation of Liberty Safeguards (DoLS). 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. There was a system for both ensuring applications were made to the local authority and also for monitoring authorisations that had been granted by the local authority. No legal conditions had been imposed with regards to DoLS authorisations.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.
Overall, people were satisfied with the standard of food provided in the home, although two people told us that the meat could be a bit tough on occasion. Generally, there were positive comments, such as, "The food is excellent! Beautifully served and enough of it". One person told us that they often woke in the night and staff were always willing to make them a drink and a snack. Another person told us that they liked to have a cooked breakfast once a week and this was always provided.
We joined people for the midday meal on the first day of the inspection. There were enough staff to serve people and the meal was a positive experience. There was a choice of meal and the food was of a good standard.

Minutes of residents' meetings showed that menu choices and mealtimes were always discussed and people were invited to make suggestions of comments about the food provided.

Good

Is the service caring?

Our findings

People were all positive about the staff team and the standards of care provided at Glenhurst Manor. Examples of comments included, "The staff are marvellous; they treat me very well", "Kind and caring to a tee", and, "I have been in two other homes and this place knocks spots off them".

Staff treated people with kindness and compassion in their day-to-day care and also respected people's dignity. When staff supported people with regards to their care, they engaged with them in a friendly way. When they were not busy, they took time to sit and talk with people and make them at ease.

Staff prompted and assisted people discreetly and any personal care took place behind closed doors to promote dignity. At a recent residents' meeting dignity was discussed as part of national dignity day and people were invited to discuss this and what it meant for them living at Glenhurst Manor.

Staff responded quickly if call bells were rung and people needed assistance. When staff discussed people's care with us, they spoke about them in a caring, respectful manner where other people could not overhear.

Relatives told us that they could visit the home at any time and were always made welcome. They also told us that there was good communication from the registered manager and that they were always informed of any developments. A relative told us, "All the girls are very nice and they are very good at communicating and updating me on anything".

Staff were aware of people's preferences and respected their choices. People's records included information about their personal circumstances, likes and dislikes and how they wished to be supported. For example, care plans referred to people's preferred routines and how they liked to spend their day.

People were able to bring in items of furniture, as well as pictures, photographs and ornaments, to make their rooms feel homely.

Good

Is the service responsive?

Our findings

People and their relatives, where this was appropriate, had been involved in developing care plans. Information from assessment tools and risk assessments had also been used in this process to produce holistic care plans that covered all aspects of people's needs. The plans gave clear instruction to the staff on each person's care needs and how staff should meet these. The plans were also person centred with everyone treated as an individual person.

We observed that people received care in line with their care plans. Where people had equipment needs, this was detailed in the care plan. For example, some people had air mattresses in place to alleviate pressure to their skin. Their care plan detailed the person's up to date weight and the mattress was set at the corresponding setting. Other people had 'safe swallow' plans in place and these were being followed with drinks thickened as directed.

The home employed an activities co-ordinator but at the time of this inspection there was a vacancy for this role. People all told us that they looked forward to the post being filled as activities were much enjoyed and people felt the activities had diminished since the coordinator left the home. The vacancy was being filled by the current staff team and there was still a varied programme with outside entertainers as well as a trip away from the home each week. Care plans detailed information about people's life histories, hobbies and interests and this information was used to inform the activities programme as well as suggestions and discussions at residents' meetings.

The home had a well-publicised complaints procedure as this was displayed prominently in the home. The registered manager maintained a complaints log which listed any complaints and how they had been resolved. People told us that they would be confident taking concerns or complaints to the registered manager and that they would be taken seriously.

The service had been accredited with the Gold Standards Framework (GSF) for end of life care and currently holds Beacon Status. GSF is a model that enables good practice to be available to all people nearing the end of their lives. It is a way of raising the level of care to the best possible standard, often involving more intensive care being delivered.

Good

Is the service well-led?

Our findings

The service had been without a registered manager for nearly a year. For most of this time, senior members of staff had acted up and taken over this responsibility whilst the provider was trying to recruit the right person to the registered manager role. Overall, people who lived at the home, the staff and relatives spoken with all felt that the home had continued to run as normal throughout this period.

Staff we spoke with were all positive about the service, making comments such as; "I have really enjoyed working here", and, "The best home I have worked in; if I report something, it is dealt with and that way high standards are kept." The staff team also told us that there was a good morale and a positive ethos in the home. People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

There were quality assurance systems in place to review and monitor the standard of service being delivered. The registered manager had sent out surveys to people in January with some responses returned. The surveys asked people about their satisfaction with key areas, such as, the premises, menus and food, access to management and views about the staff. The registered manager told us that results of surveys would be collated, looking for areas of improvement. They also told us that they often engaged in small, informal discussion groups with people on various topics to seek their views. This was as well as regular residents' meeting and staff meetings.

The registered manager had notified CQC about significant events such as deaths and serious injuries. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The rating from the last inspection was prominently displayed on the service's website and in the reception area.