

HC-One Oval Limited

The Glen Care Home

Inspection report

Shapway Lane
Evercreech
Shepton Mallet
Somerset
BA4 6JS

Tel: 01749830369

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31 January 2018
01 February 2018

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The Glen Care Home provides care and accommodation for up to 52 people in one adapted building. At the time of our inspection there were 49 people living in the home.

The Glen Care Home is a "care home". People living in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Currently there is no registered manager for the service this is a legal requirement. However, a manager has recently been appointed and is planning to make an application to be the registered manager of this service. 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 took place on 31 January and 01 February 2018 and was unannounced for the first day and announced for the second day. This inspection took place because of change of provider. The home was previously owned by Bupa Care Homes however, since December 2016 is owned by HC-One Oval Limited.

Improvements were needed to ensure care plans provided person centred information and guidance about some people's care needs. We have made a recommendation for the provider to look at how to ensure this information is available to staff.

People and staff were positive about the change in provider. One person said, "I have not noticed a lot of change which is good. Hopefully they will decorate the home some of it is looking bit tired." Another person said, "There has not been major change which I like because it is all ok as it is." One staff member told us, "I am not anxious about the change they are talking with us about what they plan to do which is good."

The arrangements for supporting people with their medicines were good and people received their prescribed medicines at the times required and people's health and welfare were protected. However, there needed to be a review of how antibiotics were administered.

People told us how they felt safe living in the home. One person said, "I'm well cared for and I feel safe because the staff are helpful and will do anything for you". Another person said, "I need a lot of help, I feel safe because the staff are always pleasant about helping me." A relative told us, "I leave here knowing (Name) is safe and well cared for that is a real comfort for me."

Staff were confident about raising any concerns about the safety and welfare of people and action being taken to address their concerns ensuring people were safe.

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as tissue viability nurses and dieticians. A healthcare professional told us, "This is one of the better homes. They really care about their patients and are proactive and will always ask for advice." A relative said; " They have given (my relative) excellent care, during the flu they made sure everyone had extra drinks, medicines, and got the doctor in when needed, I'm sure that's why they've all come through it so well because of such good care."

People spoke of a caring and welcoming environment. One person told us, "I'm very happy here, the staff are very kind and they look after me with great care." Another person said, "I'm very well cared for, and nothing is too much trouble".

There were regular activities and people were able to maintain their contacts with the local community. One person told us, "I enjoy doing different things." Another person said, "I do not always go to the activity but it is always there if I want it."

People were confident of having their views and concerns listened to by the manager. One person said, "(Name) is very good, always around and easy to talk too." A relative said, "You can go to the manager at any time and they will listen and do something if needed."

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 benefitted from the safe management of medicines however improvements could be made where people had been prescribed antibiotics.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefitted from staff who understood their responsibility to report any concerns about possible abuse.

Is the service effective?

Good ●

The service was effective

People benefitted from staff who had the skills and knowledge to meet their needs effectively and competently.

People benefitted from receiving meals which were nutritious and met their needs.

People's rights were protected and upheld particularly in relation to the gaining of consent to provide care and support.

People's legal rights were protected.

Is the service caring?

Good ●

The service was caring

People's dignity and right to privacy were respected.

People benefitted from meaningful and supportive, caring relationships with staff.

People's needs were responded to in a timely and sensitive way.

People benefitted from maintaining their relationships with family and friends.

Is the service responsive?

The service was not consistently responsive

People may not always receive responsive care because of a lack of guidance for staff.

People had the opportunity to express their views about the quality of care they received.

People have the opportunity to express their views about the quality of care provided in the home.

Requires Improvement 

Is the service well-led?

The service was well led

The transition to a new provider was progressing in a positive and thoughtful manner and ensured continuity for the people living in the home.

People benefited from an open and approachable manager.

People were able and encouraged to voice their views about the quality of the service.

Good 

The Glen 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 31 January and 1 February 2018 and was unannounced for the first day and announced for the second day.

This inspection was carried out by one inspector, a nurse and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 13 people who used the service and four people's relatives. We also spoke with 10 members of staff. This included the registered manager, care staff, nurses, the activities co-ordinator and cook.

During the inspection, we looked at 12 people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audits.

Is the service safe?

Our findings

There was safe storage and management of medicines. However, antibiotics were not always administered at the appropriate time intervals. This meant potentially they were not as effective in improving people's health. We are confident the manager will address this and ensure such risks are alleviated.

There were systems in place to monitor and review medicines administered to ensure they were in line with the provider's policy. For example covert medicines i.e. those administered where the person lacked the mental capacity to give consent was subject to specific arrangements to ensure they were administered appropriately. Reviews of medicines were regularly undertaken by the person's GP or other healthcare professionals such as community nurses. Protocols were in place for medicines which were prescribed to support people whose behaviour may cause the person distress. These provided guidance as to their use and included specific recording when used to provide evidence they had been administered to protect the person's well-being.

The provider had systems and processes which helped to protect people against the risks of abuse. There was a robust recruitment process which meant that all staff were thoroughly checked to make sure they were suitable to work with people who lived at the home.

Staffing arrangements ensured people's needs were met and people were safe. There were arrangements to ensure staffing was structured to include staff with the necessary skills and experience. One person told us, "I feel totally safe because the staff know what I need and they can deal with everything."

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. A relative said; "The home is always so clean, it doesn't smell as some homes do and (name) is kept clean their clothes are always clean and we're happy, (Name) never looks unkempt." There were systems in place to ensure all areas of the home were regularly cleaned and risks of cross infection were alleviated. This meant people's health and welfare were protected as far as possible from the risk of infections.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. This included emergency individual plans in the event of a fire. One relative said that staff are very safety conscious; "Their health and safety is very good, they risk assess things, such as (my relative) having a bath on their own. We were told the risks, and that the water temperature would have to be regulated but that it could be done if they really wanted." This meant risks to people's health and welfare were wherever possible identified and alleviated.

The manager was open to looking at incidents and events which could result in changes in working practice and improve the safety of people living in the home. Staff recognised their responsibilities in reporting any concerns about areas which could affect or impact on the safety and wellbeing of people.

Is the service effective?

Our findings

Staff had received the necessary training to fulfil their role and responsibilities. We were told by the manager, as part of the change to a new provider, there was a plan in place for all staff to undergo core skills and updated training. All staff were being asked to undertake the Care Certificate. This is a nationally recognised training for staff in care homes.

One person told us, "I never feel unsafe in the hoist because they know what they're doing and get me from A to B without any problems". A relative said; "I always feel that the staff have all the skills and confidence to manage (Name) needs, it's just the way they deal with everything." This meant people could be assured staff were competent in supporting people with their care needs.

We spoke with staff about their induction process. Staff told us they had felt well supported throughout the process and had always been with a more experienced member of staff when they started their employment.

Staff received regular 1:1 supervision as well as yearly appraisal. One staff member told us, "We have regular supervision but we can always go to (Name) if we have any questions, worries or concerns." Nursing staff received clinical supervision ensuring their practice was reviewed and monitored.

The environment had been adapted to support people with a disability with separate areas people could choose to use for example a quiet lounge as well as lounge with a television. There was good access to outdoor space. Areas of the home required updating and decoration and this had been recognised by the new provider who was looking at refurbishment of the home over the current year.

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.

Where people lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were arrangements in place for the assessment of people where a DoLS may be required. One person had been authorised and the home as part of the person's routine had ensured they were able to leave the home regularly for walks. The manager had a good understanding of their role in ensuring action was taken to protect rights of people.

Where able, people's consent was sought for the providing of care and use of equipment such as bed rails

and pressure mats. People consented for the sharing of information with outside professionals. Arrangements were in place for the taking of best interest decisions where people lacked capacity. A mental capacity assessment was undertaken where there was concern people lacked the capacity to make specific decisions. One person told us, "The staff always follow my wishes about what I'd like to do". This meant there was respect for people and their rights were upheld.

People had access to community health services such as a chiropodist, dentist and opticians. Where people were assessed as needing specific support in areas such as diet and nutrition, referrals had been made to a dietician or speech and language specialist. There was a system in place for staff to record the amount of food and fluid people consumed during the day. This meant people's health and nutritional needs were protected.

People had a pre-admission assessment which looked at their needs and helped the provider decide if the home was suitable for the person. As part of the assessment care needs related to physical, social and mental health were looked at. Where people had specific needs related to their spiritual, cultural or disability these were addressed as part of the assessment. This meant people's needs were assessed in a holistic way.

Mealtimes were relaxed and people spoke of having choices. One person said, "I enjoy the food here. If there is something I do not like they will always offer a choice." Another person said, "The food is excellent, they've had to learn what I can and can't have." Some people said they hoped there would be greater choice with the new provider and this was echoed by staff. One staff member saying, "I hope we are more able to make our own decisions about the menu and try making meals more tailored to people in this home."

Is the service caring?

Our findings

People spoke of caring staff and warm and supportive relationships were established. One person told us, "The staff take a real interest in you and know and care about you as a person". Staff were responsive in a timely way to people's needs. They demonstrated understanding and compassion. One person told us, "The staff have shown me so much compassion and they're very caring, taking time to listen and to help me".

Staff respected people's dignity and privacy. This was observed when staff supported people with prompting for personal care as well as when using hoists to move people. People told us staff always asked for consent before care giving, knocked before entering, and showed a great deal of respect for privacy. One person told us "The staff afford me my privacy and it's the greatest thing, I can't tell you how important it is, they treat my room as my home".

Relatives spoke of a welcoming environment where they felt involved in people's care. They told us there were no restrictions on visiting. This meant the importance of respecting and promoting relationships people had with family and friends was recognised.

People were involved in their care planning and able to discuss their care needs with staff. One person told us, "I like to be as independent as possible and the staff encourage me but if I cannot manage staff will help, I only have to tell them."

Staff had an understanding of equality and diversity. People's preferences were understood and respected. One staff member demonstrated a real understanding specifically in relation to people's sexuality and choices. This meant where people may have specific needs related to equality and diversity they would be met.

Is the service responsive?

Our findings

Care plans did not consistently provide information specific to the person. For example one person had epilepsy however, there was no guidance to staff as to how to respond if the person had a seizure. Another person received food supplements through a tube known as PEG, however, there was no information about the management of the PEG site and risks associated with its use. For other people for example a person with diabetes and a person with a complex medical condition there was specific personalised information within their care plan. We did not identify any concerns around the care being provided in instances where guidance and information was lacking. This meant there was potential risk where this information was not available people may not receive responsive care.

A number of people used pressure relieving mattress which acted as a preventive measure where people were at risk of developing, or in the caring of, pressure wounds. There were mattresses set on the incorrect setting potentially placing people at risk. There was no record of comfort assessments being made to ensure the mattress was set at the correct setting. On advising the manager they immediately undertook an audit of all such mattress settings and put in place improved system for the monitoring of mattress settings.

We recommend the provider explore appropriate guidance and systems which may assist them in ensuring care plans provide information and guidance specific to people's medical condition and in the use of pressure reducing mattresses.

There were end of life care plans in place. This provided an opportunity for people to discuss and set out how they wished to be cared for at the end of their life.

There were opportunities for people to be involved in meaningful activities and maintain contact with the local community. One person told us, "There is always something to do if you want." For those who chose not to be part of group activities there was one to one time with people. One person said, "They (staff) will always come and have a chat which I like."

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us about using cards for one person who had communication difficulties.

There was a complaints procedure in place and people told us they knew how to make a complaint. One person told us, "The manager is so approachable, you can tell her about anything and you know it will be acted upon." A relative said; " (the manager) is so welcoming, they make the effort to come out and say hello and is very responsive to anything you tell her about, we had to ask about something and she sorted it straight away." One formal complaint had been made and action taken to address the subject of the complaint.

People told us they had the opportunity to talk about their experience of receiving care and comment on the quality of care. This was through regular meetings and questionnaires. One person told us, "I do not always go to the meetings but I know I can if I wish and have made suggestions in the past. They listened to what I had to say."

Is the service well-led?

Our findings

There were systems in place to review and monitor the quality of care. These systems were in the process of being changed to the new provider's auditing and monitoring arrangements.

The service is in a period of transition to a new provider. There has been some engagement with people and staff about future plans for the service. There is a transition plan in place which sets out the milestones over the next six months for implementation of new policies and procedures. People we spoke with told us they had to date noted little change. However, a new manager was in place and people and staff spoke positively of this change in management. One person said, "They (the new provider) have said the home will be refurbished and decorated which is good."

Staff spoke of feeling positive about the change of provider. One told us, "I feel confident about the new owners, it for the better." Another staff member said, "There is not too much anxiety about the change." The manager told us there had been no significant changes in the staff.

People told us that they were asked about their views and there were regular meetings where people could comment and make suggestions about the quality of care provided in the home. One person told us, "There are meetings, I don't usually go although I know you can raise things there, but I usually talk to the staff or the manager". Another person said, "It would be good to be asked for our ideas more and to have a way of saying how things are going."

One relative said; "I'd recommend the home to anyone, it isn't a bit like the terrible stories you hear about care homes here, I'd happily come here myself if I needed to".

There was a management structure in the home, which provided clear lines of responsibility and accountability.

There were systems in place to review accidents and incidents and identify any improvements such as referral to outside agencies for support and advice and any changes to the person's environment.

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There were positive relationships with outside organisations for example health and social care professionals. Where necessary these professionals worked with the provider in reviewing people's care needs and ensuring the provider was able to provide care and support where people's needs had changed.