

Avery (Glenmoor) Limited

Glenmoor House Care Home

Inspection report

25 Rockingham Road
Corby
Northamptonshire
NN17 1AD

Tel: 01536205255
Website: www.averyhealthcare.co.uk/care-homes/northamptonshire/corby/glenmoor-house/

Date of inspection visit:
20 April 2023

Date of publication:
11 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glenmoor House Care Home is a residential care home providing personal and nursing care to up to 59 people. The service provides support to older people. At the time of our inspection there were 46 people using the service.

People's experience of using this service and what we found

Risk assessments were in place to manage risks within people's lives, and staff understood how to manage risk. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and staff had training in this area. Staffing support matched the level of assessed needs within the service during our inspection. Staff were supervised well and felt confident in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. Audits of the service were detailed, and any issues found were addressed promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 02 April 2022).

Why we inspected

We received concerns in relation to management and oversight, including the notification of incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenmoor House Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Glenmoor House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector, 1 nurse specialist advisor, and 1 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.

Service and service type

Glenmoor House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenmoor House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a new manager in post who had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started and ended on 20 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who lived at the service, 3 relatives who were visiting people at the service, 3 care staff, 1 nurse, the manager, and the regional manager. We looked at multiple records including care plans, risk assessments, audits, staff files and medicines records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- People and relatives informed us that people were safe living within the service. One relative said, "I would know if [person] didn't feel safe or something was going on, [person] is not great at communicating, but they would let me know". Another relative told us, "Oh yes, the whole concept, the whole thing, I am here 5 days a week, so I would know if something wasn't quite right".

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure staff worked safely with people and understood what risks may be present in their lives. This included assessments around risks relating to mobility, medicines, pressure care, and eating and drinking.
- Some people required regular checks to be conducted for their safety, or to be turned to a different position to lower the risk of skin sores. Records showed that people were given this support according to their plan of care.
- People and relatives all felt that risks were documented accurately and understood by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited using safe recruitment procedures. This included previous employment references, ID

checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We received mixed feedback on staffing levels within the service, however most people told us there were enough staff to provide safe care. On the day of inspection, we found there were adequate staff levels present within the home, and people were responded to promptly. Call bell records showed that people who required support, received it promptly.

Using medicines safely

- Medicines we looked at were being safely administered by staff who were trained to do so. Electronic medicine administration records (MAR) were filled in accurately.
- There was clear guidance for staff for safe administration of 'when required' medicines (PRN). This meant people received these medicines when they needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was following current government guidelines regarding visiting procedures within the home.

Learning lessons when things go wrong

- There was a system in place to ensure that all accidents and incidents were recorded and reviewed. We saw that management received information about any incidents were able to identify trends and take appropriate action when required.
- Staff felt that communication was good and information was passed on to them to ensure any lessons would be learned.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the culture within the service and the way it was run. One relative said, "[The manager] is lovely, she was the under manager, and it was particularly difficult at one point with [relative] and she was brilliant". One person told us, "All the staff are approachable, and the manager does stop by for a chat." □
- People told us they were happy with their care and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt well engaged with by management and were clear about their roles and responsibilities. One staff member said, "The manager is easy to talk to, in my last home I couldn't approach the manager, but it's much better here."
- The manager in post was new to the role and registering with the CQC. There was a support structure in place including a regional manager and a deputy manager to ensure they were well supported in their role in managing the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they were involved in their own care and felt able to feedback freely. This included meetings for relatives and residents to attend and discuss any concerns, as well as being updated on the service. One person told us, "As far as I am concerned, I can ask for help whenever I want, they [staff] are totally approachable, all the staff, the care is great, can't fault any of them". Another person said, "They [managers] are approachable, they come round ask if everybody is alright".

- Staff meetings were held to enable staff to discuss any issues and update any areas of the service. Staff felt able to speak up about any concerns, and generally input to meetings.
- People felt like they were treated as individuals, and had their characteristics and preferences respected by staff in the way they were cared for.

Continuous learning and improving care

- Systems and processes were in place to continuously review and audit all aspects of the service and take action when required. This included the physical environment, medicines, care planning, and staff support systems.
- We saw that where improvements were required, this was discovered and acted upon promptly. Staff told us that management were responsive to their feedback on the service and took their input on board.

Working in partnership with others

- The management team and staff were open and honest during our inspection and receptive to any feedback we gave.