

# Methodist Homes Gledhow

## Inspection report

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17 June 2021  
30 June 2021

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26 July 2021

## 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

Gledhow is a care home providing personal care for 29 older people some of whom may be living with dementia. The service can support up to 50 people.

### People's experience of using the service

People told us they felt safe living at Gledhow. Risk assessments contained the relevant information about risks to mitigate or prevent incidents. Incidents and accidents were reported to CQC and lessons learnt from incidents were shared to drive quality and improvement. There were enough staff to meet people's needs and recruitment processes were robust. We found medicines were managed safely.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives as staff asked people for their consent and supported them in the least restrictive way. Mental capacity assessments had been completed when a person was being restricted and best interest decisions were carried out in consultation with others.

Quality assurance systems were in place to monitor the home and ensure any improvements required were acted upon. Meetings were held with people, their relatives and staff to ask for their feedback to improve the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2020).

### Why we inspected

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (effective, caring and responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Gledhow

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Gledhow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people to ask about their experience of the care provided and one relative. We spoke with the area manager, registered manager and five staff members. We looked at four people's care records and medicine records. We looked at three staff files for recruitment. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. Staff administered, stored and ordered medicines in line with best practice. Medicines administration records (MARs) had been completed to show people were receiving medicines as prescribed.
- Some people were prescribed 'as required' medicines and there were protocols in place to ensure staff knew when these would be required.
- Regular audits were carried out and the registered manager also audited a percentage of MARs monthly to ensure any medicine errors were identified and actions taken to prevent future incidents.

### Assessing risk, safety monitoring and management

- Risk assessments were detailed and included relevant information to mitigate potential risks. These were reviewed on a monthly basis to ensure any changes were recorded.
- Staff had a good understanding of people's risks and how these should be managed.
- The premises were clean and well maintained. Regular checks of the buildings and the equipment were carried out to keep people safe.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and staff were responsive when needed. Comments included, "It's fabulous, I don't have the words. The staff here are incredible. We feel very lucky that we choose this place. We feel part of the family here. The staff seem to love and adore [Name of service user]" and "Staff are really nice in here."
- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from possible harm or abuse.
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks and lessons learnt. For example, people who had fallen and were at risk were referred to the falls team for further advice on how to safely manage people's needs.

### Staffing and recruitment

- There were enough staff employed to ensure people's needs were being met on a daily basis. People and their relatives said there was enough staff to meet their needs.
- Staff told us there were always enough staff on shift. One staff member said, "At the moment we have enough staff. We do sometimes use agency to cover holidays, but we are recruiting and new staff are starting."
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found management systems were insufficient to ensure the service was managed effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found mental capacity assessments and best interests had not been completed accurately. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; Continuous learning and improving care;

- At the last inspection governance systems were not robust and audits did not always identify issues we found. During this inspection we found improvements had been made. Regular audits were being carried out with actions taken to ensure good practice and regular visits from senior management meant there was sufficient oversight.
- At the last inspection we found care plans were not always detailed or accurate and there was no consistent approach to recording information. During this inspection we found care plans were detailed and information could be easily found within care files.
- At the last inspection we found mental capacity assessments and best interests had not been completed accurately. During this inspection the assessments were completed in line with the current legislation.
- The registered manager completed monthly analysis of incidents to identify trends or themes. Risks were being managed effectively for example, during our inspection no person had a pressure sore due to close monitoring of those people at risk of skin deterioration.
- People living in the home and their relatives told us they received high quality care. One relative said, "I only have praise for all the staff here. I think they are fantastic. They love the residents like their own family."
- Throughout the inspection, the management team were open and transparent. The new registered manager had sought to improve areas of care where needed and identified further areas of work required in the home to ensure good practice.
- Staff told us the registered manager was supportive and approachable. Comments included, "The manager has been amazing since they started. Issues are sorted out straight away. I think [name of manager] is one of the best managers the home has had and I'm proud to say [name of manager] is my manager" and "I feel like I can always go to the manager. I always raise my concerns and I feel I can do that."



How the provider understands and acts on duty of candour responsibility

- Concerns raised were managed effectively and people said they felt confident in raising concerns. The registered manager understood and acted on their duty of candour responsibilities.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

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

- Surveys were given to people, relatives and staff to obtain feedback and actions were taken to improve upon the issues people raised.
- Regular resident and staff meetings were held to keep people informed of changes within the home and to ask for feedback. For example, they had recently employed a new Chaplin, following feedback.

Working in partnership with others

- The provider worked in partnership with health professionals to seek good outcomes for people.