

Wellburn Care Homes Limited

# Glenholme Residential Care Home

## Inspection report

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25 April 2023

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## 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

Glenholme is a residential care home providing accommodation and personal care to up to 40 older people including people who may live with dementia or a dementia related condition. At the time of our inspection there were 40 people using the service.

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

People and relatives were very positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. A relative told us, "No words can describe the peace of mind and happiness that the staff have given back to my relative." Another relative said, "So much respect for the residents from the staff, it is lovely to see my relative being cherished in this way."

There were sufficient staff to support people safely. Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

People's diversity as unique individuals with their own needs was well-respected by staff. A relative told us, "[Name] is vegetarian and they say the food is wonderful, and along with every activity on offer they are having a wonderful time." The staff team knew people well and provided support discreetly and with compassion. A relative commented, "The care and staff, all of them are champion. People's privacy was respected, and people were supported to maintain contact with relatives and friends."

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Risks were assessed and mitigated to keep people safe. Staff contacted health professionals when people's health needs changed. A relative told us, "It is the care received that has allowed [Name] to be mobile again. When [Name] arrived they were bed bound, now they are getting around and enjoying themselves."

Staff spoke very positively about working at the home and the people they cared for. Relatives and staff said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs. A relative commented, "The managers are always available and are happy to field questions at any time of the day. We can also ring anytime."

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.

There was a strong and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback

were valued and respected and used to support service development. Strong processes were in place to manage and respond to complaints and concerns.

Staff followed good infection control practices and the home was clean and well maintained. A relative commented, "The home is always clean and tidy and has a fresh smell at all times."

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

The last rating for this service was good (published 6 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenholme Residential Care Home 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, 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.

# Glenholme Residential 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

The inspection was carried out by 1 inspector 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

Glenholme 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. Glenholme is a care home without 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 April 2023 and ended on 25 April 2023. We visited the service 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 4 people who used the service and 13 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 8 members of staff including the registered manager, deputy manager, 4 support workers and 2 activities co-ordinators. We received feedback from 1 health and social care professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

# 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. At this inspection 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

- Systems were in place to safeguard people from the risk of abuse. A person told us, "I feel quite happy and safe living here."
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately. A relative told us, "New staff are trained and guided by existing experienced staff nothing is left to chance."
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were well-managed.
- Records were available that provided guidance, so all staff understood where people required support to reduce the risk of avoidable harm. A relative commented, "The safety and care is more than we could have hoped for, it is exceptional."
- Risk assessments were regularly reviewed to reflect people's changing needs.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to administer medicines safely. We discussed improvements for the additional storage of controlled drugs and the current recording of controlled drugs by staff, where they were administered by visiting professionals. The registered manager took some immediate action and also assured us they would address other issues in a timely manner.
- Medicines risk assessments and associated care plans were in place that were person specific. A relative told us, "[Name] is given their medication and that is a massive weight off my mind as it is accurate and regular."
- People received support from staff to make their own decisions about medicines wherever possible.

Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision were improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. A relative told us, "[Name] now has their quality of life back again and doesn't fall as often."

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.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- Mental capacity assessments were completed as required. Records showed if any restrictions were in place, so they were not unnecessarily applied to restrict people's choices.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

#### Staffing and recruitment

- There were sufficient staff to support people safely. Staff met people's needs promptly and were unhurried when assisting them. A relative told us, " My sister and myself slept for the first time in months the day [Name] moved in and every day it is the same safe place it should be."
- There was a long-standing staff team, but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

#### 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.
- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur.

# 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. At this inspection 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had clear and effective oversight of the service.
- Record keeping ensured any risk was identified and then incorporated into individual care plans.
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager was aware of their responsibilities with regard to the Duty of Candour.

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

- The service was well-led. A relative told us, "The service treats people as individuals and gives them the best possible care to live comfortably."
- A motivated staff team was in place. This was led by a pro-active management team that worked together to follow best practice and achieve positive outcomes for people. A relative commented, "The managers are "spot on" in every way, excellent management and examples for the whole staff."
- Staff said they were well-supported. They were very positive about the registered manager and said they were approachable. A relative commented, "I know the manager, and she is one of the very, very best." People, relatives and staff all said the registered manager was "very approachable."

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives.
- People were encouraged to be involved in the running of the service. Meetings took place with relatives and people so their feedback could be obtained.
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home. A relative commented, "We get calls very quickly if there is ever any need for medical services or other issues."
- Feedback surveys were given to people, relatives and staff. The results from these enabled the

management team to see what they were doing well and what needed to be improved.

Continuous learning and improving care; Working in partnership with others

- Strategically the organisation and management team were innovative and kept up to date with best practice to help ensure people's needs were met.
- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.