

Care @ Robertsbridge Limited

Glottenham Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Glottenham Manor Care Home is situated in a rural location in East Sussex. The service is registered to provide accommodation and nursing care for up to 50 people who are older or have a physical disability. There were 38 people living at the service when we visited.

The accommodation is set in large grounds; the service was clean, bright and airy with various communal areas for people to use both inside and outside.

At the last inspection, the service was rated Good overall and Requires Improvement in the 'safe' domain.

We carried out an unannounced comprehensive inspection of this service on 31 October 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 18 of the Health and Social Care Act Regulated Activities Regulations 2014, Person Centred Care. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glottenham Manor Care Home on our website at www.cqc.org.uk

At this inspection we found the service remained Good overall and is now rated Good in the 'safe' domain. The breach of Regulation 18 has now been met.

The service had improved since the last inspection. People's call bells were now being answered quickly and there were enough staff on duty to meet people's needs. Regular audits of the call bell responses were completed; any issues investigated and addressed.

People told us they felt safe at the service. Staff recognised different types of abuse and knew who they would report any concerns to, they were confident that the manager or deputy manager would address any issues. Risks to people were identified, assessed and plans were put in place which gave staff the guidance needed to manage and minimise the risks.

People's medicines were managed safely and in the way they preferred. Staff were recruited safely using systems to ensure they were suitable to support people.

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's call bells were answered quickly and responses were audited. There were enough staff to meet people's needs and they were recruited safely.

Staff understood how to recognise and respond to possible abuse.

People were involved in managing risks to themselves whenever possible. Risks to the environment were assessed and plans were put in place to mitigate them.

People's medicines were managed safely and in the way they preferred.

Glottenham Manor 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.

We undertook an unannounced focused inspection of Glottenham Manor Care Home on 15 June 2017. The inspection team inspected the service against one of the five questions we ask about services: is the service Safe? This was because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the manager, who was in the process of registering with CQC, the deputy manager, clinical lead, administrator, two members of care staff, two people who lived at the service and two relatives. We looked at documents including four care plans and associated risk assessments, medicines records, staff records, environmental risk assessments and audits. We observed people and staff interact.

Is the service safe?

Our findings

People and relatives told us that people were safe at the service. One person said, "The staff do keep me safe, I know they keep an eye on me to make sure I am ok." A relative told us, "I can rest easy with dad being here. I know they keep him safe, they changed the flooring in his room to make it safer for him. They always do what is best."

At the last inspection in October 2016 people and relatives had told us and records had shown that staff had not responded to call bells in a timely fashion. With some people waiting up to 17 minutes for a response.

At this inspection improvements had been made. The manager, deputy manager and administrator had reviewed the times when call bells had not been answered quickly. Records of call bell responses were reviewed on a daily basis; any occasions where people waited longer than five minutes were investigated and addressed. On occasions this had been found to be due to the number of bells ringing at the same time. As a result they had implemented a shift planner which allocated a named staff member to respond to call bells during the busiest times of the day. They had also employed a general assistant whose role was to respond to call bells and help maintain people's fluid intake. If the delayed response was linked to an individual staff member they addressed this with them in one to one meetings. The audits of response times for the last two months showed only rare occasions when a person had waited over five minutes for a response from staff, and that usually responses were within one to three minutes.

People and relatives told us there were enough staff on duty to keep them safe. Staffing levels were based on a dependency tool which evaluated people's care needs. When people called for assistance staff came quickly and housekeeping staff were happy to support people if they were closest to them. Staff had time to sit with people throughout the inspection and never appeared rushed.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff recognised different types of abuse and knew who to report any concerns to. Staff told us, "I would report it to a senior member of staff. If I was not happy with what they did I would move up the line managers to the area manager if needed. I would also call yourselves (Care Quality Commission), or the police. I could also talk to social services. I am not worried about doing it; my job is to keep people safe." The manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. There was a poster visible in the foyer of the service which gave people, relatives and staff guidance about who they could talk to about possible abuse, both inside and outside of the service.

Risks to people were identified, assessed and plans were put in place to minimise them. Staff had clear step by step guidance about how to support people to minimise risks. People were involved in managing their

own risks where possible. For example, one person could be restless at night and was concerned about falling so had requested that bed rails be used to make them feel safer. Risk assessments gave details about what people could do for themselves, what equipment was needed and how staff should support people. Throughout the day staff supported people and followed the guidance in the risk assessments. Some people used pressure relieving mattresses or pillows to reduce the risk of their skin breaking down. The deputy manager and manager monitored risks, reviewing accidents and incidents on a regular basis to identify any patterns or changes in people's needs. If people were at risk of losing weight, referrals had been made to a nutritionist. People who experienced an increase of falls were referred to the local falls team. Staff told us, "Some people have mats in their rooms to prevent injuries when they fall, we also help other people to move regularly to help their skin stay well."

People's medicines were managed safely and people received their medicines in the way they preferred. One person had chosen to manage their own medication. A risk assessment had been carried out with them to ensure they understood what their medicines were for and the risks of not taking them on time. Staff then helped the person to order their medicines as needed and checked the person was still confident to manage their own medicines. Staff were very patient with people when giving them their medicines.

The clinical and deputy manager, who were both registered nurses, carried out competency checks on staff administering medicines to make sure these were correctly administered. When people were prescribed medicines to have 'as and when required' such as pain relief, there was guidance for staff about what the medicine was for, how the person would let them know they needed it and how many doses they could have in 24 hours. Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately.