

Fylde Care 2004 Ltd

Glen Tanar Rest Home

Inspection report

65 Cavendish Road
Blackpool
Lancashire
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Tel: 01253352726

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Glen Tanar is a residential care home located close to the promenade and busy shopping area of Bispham. The home provides accommodation for a maximum of 21 people. The accommodation comprises of 21 single bedrooms, only one of which has ensuite facilities. At the time of our inspection there were 21 people who lived at the home.

People's experience of using this service:

People told us they were happy with the care provided for them and staff were caring and compassionate. They said staff were kind and attentive and treated them with respect.

We observed daily routines and practices and found people were treated equally and their human rights were respected.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

There was an emphasis on promoting dignity, respect and independence for people. People told us they were treated as individuals and received person-centred care.

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

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People told us they felt safe when supported by staff.

People were safely supported to receive their medicines as prescribed. Staff received regular training and competency checks to ensure they were safe to administer medicines.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Rating at last inspection: At the last inspection the service was rated requires improvement (report published 11 June 2018).

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Glen Tanar Rest 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. 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 team consisted of one inspector.

Service and service type:

Glen Tanar Rest Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 visit was unannounced.

What we did:

Before our inspection we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Blackpool Borough Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. 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.

We did not use 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. This was because people were able to speak with us and tell us about their experiences living at the home.

During the inspection we spoke with four people who used the service, two relatives and one healthcare professional about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, two care staff members, activities co-ordinator and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of three people, staff recruitment, training, supervision records and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of four people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider protected people from the risk of abuse and their human rights were respected and upheld. Care practices observed were safe with staff being kind and patient with people in their care. People told us they had no concerns about their safety. One person said, "I feel completely safe here. The staff are very kind and patient. I trust them completely."
- Effective safeguarding systems were in place and staff had a good understanding of what to do to make sure people were protected from harm.

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation that the provider sought guidance from a reputable source and reviewed their systems around fire safety. This was to ensure they followed best practice guidance. During this inspection we found the provider had reviewed their systems around fire safety and were complying with best practice guidance.

- The provider managed risk through effective procedures to ensure people were safe. Care plans confirmed there was a person-centred risk-taking culture and people were supported to take risks to retain their independence.
- Each person had a robust risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review and updated where required to enable staff to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm.
- We saw personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them. They said they were happy with the support they received. One person said, "Staff are always visible which I find very reassuring. You never have to wait long if you need their help." A relative said, "You can always find staff when you need them. I find them very friendly and helpful."
- Recruitment was safe and well managed. The registered manager carried out relevant checks before new staff commenced their employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Using medicines safely

At our last inspection we made a recommendation as we found the service had no documented protocols for medicines prescribed for use 'when required'. During this inspection we found the provider had reviewed their medicines policy and processes to ensure they were in line with best practice guidance.

- Medicines were managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records. A log of the medication people were prescribed was kept and updated regularly. Protocols for when required medicines had been introduced to guide staff in supporting people with their medicines. This meant the service had oversight of the medicines people took and ensured they were administered in line with the prescriber's instructions.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely.
- We observed medicines being administered at breakfast time and saw good practice was followed.

Preventing and controlling infection

At our last inspection we made a recommendation as we found communal toiletries were being used, which was not in line with best practice. During this inspection we found the provider had reviewed their policies and procedures.

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments completed by staff were comprehensive to ensure people's needs could be met. Following the assessment the service had provided a holistic approach towards providing person-centred care. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them. One person said, "We sat down and discussed the care I needed. They haven't let me down. I am very satisfied."
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care and support had been regularly reviewed and updated where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt staff were well trained and had the skills required to support them. One person said, "The staff are amazing. Very well trained in my opinion. They know what they are doing." A visiting relative said, "I am very impressed with the standards provided by the staff. This is down to their training."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to the service to ensure they had the appropriate skills to support people with their care.
- Staff told us they felt well supported, received regular supervision and appraisal of their work and had access to management when they needed them.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we made a recommendation for the provider to review meal provision and monitoring of food and fluids to ensure people received adequate nutrition and hydration. During this inspection we found the provider had implemented procedures for monitoring people's nutritional and fluid intake.

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People told us they were happy with the variety and choice of meals provided. One person said, "The food is very good and we have plenty of choices. Always plenty of snacks and drinks."
- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their

meal.

- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the service worked closely with health care services including GPs, district nurses, speech and language therapists, physio and occupational therapists. This ensured people were able to access healthcare services in a timely manner.
- People confirmed they were supported to attend healthcare appointments when required. One person said, "I have been to see my GP this morning. A staff member went with me and was very supportive."

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Communal space comprised of a lounge and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People praised the ways in which the service had improved their quality of their life. One person said, "I was really poorly when I came to live here. They got the doctor out to see me and I now have regular visits from a nurse. I feel much better now."
- A visiting healthcare professional told us the service worked well with them and people's needs were met. They told us they responded quickly and appropriately to ensure people in their care received the right level of support.
- Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people's assessed needs were being fully met, in accordance with their plans of care.

Ensuring consent to care and treatment in line with law and guidance

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. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who treated them with dignity and respect. People told us staff were caring and attentive and our observations confirmed this. We saw they were polite, respectful, kind and showed compassion to people in their care. One person said, "I used to visit a friend who lived here and was so impressed I knew I would come here if I needed care. I haven't been disappointed. I love it here, the staff are brilliant."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

At our last inspection we made a recommendation for the provider to review best practice guidance around involving people in decisions about their care and how the service is delivered. During this inspection we found people had been involved in reviews of their care.

- The service supported people with decision making about their care and support. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People supported by the service or a family member had been encouraged to express their views about the care required. One person told us, "We discussed the help I needed when I came to live here. I am very happy with the help I get."
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. People told us staff supported them to retain their independence. We were told staff members spoke with people in a respectful way and were kind,

caring and patient. One person said, "The staff are lovely people and really friendly. They treat me with dignity and respect my privacy which is important to me.

- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. A relative told us, "[Relative] tells me how genuinely caring and supportive the staff are. I have to say I am always impressed with them when I visit."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to ensure written plans of care were in place, in order to guide staff to deliver safe and effective support which met people's needs and reflected their preferences. This was in breach of Regulation 9 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach.

- Care files were person-centred and individualised documents reflecting each person's assessment of needs. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be met. These included people's personal care needs, nutritional support and social interests. Staff spoken with were able to describe people's individualised needs and how these were met.
- The service provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. One person said, "Couldn't get better care anywhere. The staff are brilliant."
- We saw a varied range of social activities were organised to keep people entertained and stimulated. One person said, "Always something going on. There is never a dull moment here."
- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.

Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person said, "I have absolutely no concerns about anything here. I am very happy and wouldn't change anything."

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "The management are well organised and professional in my opinion."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their needs and backgrounds.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People and relatives were very positive about the quality of service they received. One person said, "The manager and staff are all very approachable. They are very easy to talk to and very friendly. Well run and professional service in my opinion."
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The provider provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through satisfaction surveys, care plan reviews and meetings. People told us they felt consulted about the service they received and listened to. One person said, "I attend the resident's meetings. They encourage us to speak up and have our say. They listen."
- Staff told us they could contribute to the way the service was run through team meetings, supervisions

and anonymous surveys. They told us they felt consulted and listened to.

Continuous learning and improving care

At our last inspection the provider failed to ensure systems to assess, monitor and improve the service were effective in identifying the concerns we raised during our inspection. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach.

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. A wide range of effective audits such as medication and care records were in place. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.