

## Beacon Care Homes Limited

# Glenholme

### Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Glenholme is a residential care home. The property is two houses joined together. There are dual facilities that includes two kitchens, two dining rooms and two lounges located in each adjoining property.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. Fourteen people were using the service at the time of our visit. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence and inclusion. For example, people were supported to be more independent, with opportunities to try new experiences and gain new skills.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

Quality monitoring systems were in place to drive improvements at the service. However, these were not always effective as they could be. For example, one person's weights had not been monitored and checked to identify the person had been losing weight.

People using the service felt safe. Staff had received training to ensure they could recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to aid them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People's needs and choices were assessed and their care provided in line with their preferences. Staff

received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed. People were supported to follow their interests and join in activities that met their needs. People knew how to make a complaint if they had any concerns. There was a complaints procedure in place which was accessible to all.

Staff were respectful of the register manager and told us they were approachable and supportive. Quality monitoring systems were in place to drive improvements at the service. However, these were not always effective as they could be.

We found the service continued to meet the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection: Good (The date of the last report published was 15 June 2016).

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

Follow up: We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-led findings below.

Requires Improvement ●

# Glenholme

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Glenholme is a care home. People in care homes received accommodation and nursing or personal care. 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:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a care home for younger adults who are often out during the day. We needed to be sure that they would be in.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the 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 any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people who use the service and two family members to ask about the experience of living in the service. In addition, we also had discussions with the registered manager,

deputy manager and two care and staff support staff.

We looked at the care plans of two people who used the service and five medication records. We undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

Systems and processes:

- People told us they continued to feel safe living at the service. One person said, "Yes, I do feel safe, I can always talk to someone if I am worried." Another told us, "I feel safe because the doors are locked and the windows are closed. No one can get in." A relative told us, "My [name of relative] is 100% safe here I have no concerns at all."
- The provider had processes in place to protect people from abuse. Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being at risk. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Within people's care plans there were up to date risk assessments. These had been developed to allow people to be as independent as they could be whilst keeping them safe. The registered manager told us risk assessments were reviewed monthly or when people's needs changed.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. One person told us, "I think we have enough staff. I have a bath every night and there are always staff to help me." A relative told us, "Staff are always available to help us when [name of relative] visits us." Staff said they felt there were usually enough staff on a daily basis to meet people's needs safely. We observed sufficient numbers of staff on shift to support people safely.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. One person told us, "I get my tablets every day at the same time." Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. Medicines were stored and administered correctly

following legislation and up to date guidance.

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

# Is the service effective?

## Our findings

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

Good: 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:

- People's needs had been assessed prior to them accessing the service. Support plans we viewed showed this had taken place. Assessments had been completed with the person, or where appropriate, with their family or representatives and other healthcare professionals.
- We looked at the assessment for the person newest to the service. There was information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice.

Staff skills, knowledge and experience:

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "In my opinion the staff are very well trained. They know how to look after [name of relative] who has some very complex needs."
- Staff completed a wide range of training courses including an induction when they first started work at the service. One staff member told us, "The training is good, we get a lot of training."
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training, this was provided.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they enjoyed the food and were given the opportunity to have input into the menus. One person said, "The food is good, I can have whatever I would like to eat." Another told us, "Yes I like the food. We have a roast on a Sunday which is my favourite."
- Staff told us menus were devised around the preferences of people who were using the service at that time. They knew people's likes and dislikes and cooked meals accordingly, whilst encouraging people to eat a healthy diet.
- The registered manager said they worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. Records confirmed this took place.

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

- There were clear systems in place to ensure people received consistent and timely care when they were referred to or moved between, different services. For example, there was an emergency grab sheet which

went with a person if they were moving between services. This a picture of the person's needs and how they should be met.

Adapting service, design, decoration to meet people's need:

- The premises had been extended and adapted to meet the needs of people who used the service. People's rooms were personalised and the communal areas were homely and inviting.
- One person told us they had a small lounge with their room because they were married and felt their accommodation met both their needs.

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

- Staff supported people in a timely manner with their healthcare needs. One person said, "I go to the dentist on my own, but the staff help me to go to hospital if I need to. They helped me when I had my eyes done." A relative said, "I can always rely on the staff to make sure [relative] gets to their appointments." Care plans contained information about people's health care needs and described the support people needed.
- Records were kept of all healthcare professional visits and we saw that their advice had been incorporated into people's care plans.

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

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's care plans contained clear information about their ability to make decisions on a day to day basis. Staff ensured people were involved in making any decisions and were clear about making sure any decisions were taken in people's best interest.
- At the time of our inspection the registered manager informed us that two people had been referred for a DoLS authorisation and these had been approved and authorised.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported:

- Staff had a kind and caring approach to supporting people. One person told us, "The staff are my friends. They are very kind." Another commented, "Yes they [meaning staff] treat me good and they know what I like." A relative said, "The staff are excellent. I can't fault any of them. We get a lot of support from the staff when we have [name of relative] at home. They always call to check things are okay and ask if we need anything."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.
- Staff took time to speak with people and to listen to what they had to say. People obviously felt safe and comfortable in the presence of staff. One relative told us, "I feel there is always a warming approach here, the residents appear happy when I come in so the staff must be caring for them."

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

- Each person had a keyworker to support them to make decisions and achieve their goals. This could be anything from booking a holiday to visiting family. One person told us, "[Name of staff member] helps me with lots of things. They help me make the right choices."
- People told us they were given plenty of opportunities to express their views. One person said, "We have meetings and the staff listen to you. We can say what we would like to do for outings and talk about the menus."
- We saw that people could have access to an advocate and would be supported to make decisions about their care and support. A relative told us, "The staff make sure people's voices are heard."

Respecting and promoting people's privacy, dignity and independence:

- People told us the staff encouraged them to do as much for themselves as possible. One person told us, "The staff help me to do things for myself. I can go lots of places on my own now."
- Staff treated people with dignity and respect. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
- People's records were kept securely, computers were password protected. Staff knew how important it was to keep people's information confidential.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

Personalised care:

- People received an assessment of their needs before they went to live at the service. These were used to develop a care plan. Each care plan was tailored to the needs of the individual and provided staff with guidance on how to support people in the best way.
- People and their relatives, where possible, were fully involved in their care. One relative told us, "So far the staff have been marvellous. They have gotten to know [relative] really well and they are such a wonderful supportive team of staff. I have nothing but praise for the way they care for [name of relative]."
- People's likes, dislikes and what was important to them were recorded in their individual care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. A person's relative told us about the progress a person had made because of the care they received at the service.
- People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. We saw that people attended activities of their choosing and were supported to try new activities and experiences. Ideas and events were discussed at meetings with people using the service.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw the provider had produced some documents in picture formats and the registered manager said staff would read and discuss any information people were not sure about with them on an individual basis.

Improving care quality in response to complaints or concerns:

- People knew how to raise any concerns or complaints they may have. One person told us, "Yes, I would go to [name of registered manager]." A relative told us, "I am aware of the written complaints procedure, but I feel I could talk to the management anytime, they are always ready to listen."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- People care plans contained information regarding people's preferred end of life care if people wanted to

discuss the topic. The registered manager told us that many didn't did not feel comfortable doing this.

- There was no one at the service receiving end of life care when we visited.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality checks were in place and were used to improve the quality of the service. However, these were not always effective at identifying areas that needed further action. For example, we saw that where one person had been losing weight steadily since they had been admitted to the service, staff had failed to identify this and take appropriate action. We raised our concerns with the registered manager. Following our inspection we saw they had taken appropriate actions to mitigate any risks to the person.
- Relatives and staff told us they felt the service was well-managed and the registered manager was always available. One relative said, "I can talk with [name of registered manager] if I need to. They will even come out to our house if we need their help."
- Staff felt supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had made a lot of positive changes at the service and staff felt people had benefitted from those changes. One told us, "We now get people to do as much for themselves as possible. They have become more independent."

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Regular meetings were held for people using the service, so they could provide feedback and offer their views about how the service was run.

- Satisfaction surveys were undertaken annually for people who used the service and their relatives, to drive continuous improvement at the service.

Continuous learning and improving care: Working in partnership with others:

- Staff had access to general operating policies and procedures on areas of practice such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists, GP's and district nurse. This meant there was a multi-disciplinary approach to people's care.