Lotus Care (Glenarie Manor) Ltd

Glenarie Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out this inspection on 09 July 2018. The inspection was unannounced.

Glenarie Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home supports people living with complex mental health needs and provides accommodation with nursing care. It can accommodate up to 26 people and at the time of our visit, 26 people lived at the home.

The home is a large victorian house situated in Sefton Park. Local shops and public transport are within walking distance. Accommodation consists of 26 single bedrooms. On the ground floor, there is a communal dining room for people to use and on the first floor there is TV room and games room.

Although the home was clean and well-maintained, improvements to the home's fire safety arrangements home needed to be made. During our inspection we saw that an action plan of improvements was in place with regards to this and we received assurance from the home's fire consultant that these improvements were in progress and would be completed in a timely manner.

The home had a smoking room that was in need of improvement. This was because the smoking room lacked adequate ventilation and contained smoking debris that needed to be addressed. We spoke with the manager, area manager and fire consultant about this. They told us that improvements to the safety of the smoking room were planned. Shortly after the inspection we received confirmation from the provider that these improvements were now in progress.

We looked at the way medicines were administered in the home. We found that the time that people's medicines were administered was not recorded. This meant that staff could not be sure that time specific medicines or medicines that required a set time period between doses (such as Paracetamol) had been given safely. We also saw that the manager's medication audits had identified a pattern of missing signatures and medication errors. This indicated improvements to the way medicines were managed was required. We saw that the manager had taken action to raise the standards of medication administration. This work was on-going at the time of the inspection. On the day of the inspection people's medication had been administered appropriately.

We spoke with eleven people who lived in the home. They spoke highly of the home and the staff who

supported them. It was clear that the manager and staff team were well thought of. People told us the manager and staff were caring and that the support provided was good.

People's care records contained information about people's needs and risks and how to support them effectively. People's life histories were included and gave staff information about their families, life prior to coming to live at the home and the things that were important to them in their day to day lives. This gave staff an understanding of the people they supported so that positive relationships could be developed.

The manager and the nurse on duty who we spoke with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was warm, homely and relaxed. People and staff chatted socially to each other and we saw that these conversations were natural and spontaneous. It was clear staff knew people well and vice versa.

Staff recruitment was safe and there were enough staff on duty to meet people's needs. People we spoke with confirmed this. They told us that staff helped them as and when they required for example, by supporting them to attend appointments or by helping them with their personal care. It was clear from what people said that people liked and trusted the staff team supporting them.

People's mental health was at the forefront of the service. People's health was supported in partnership with other health and social care services to ensure they remained well. People's records showed the involvement of social services, community psychiatric teams, dieticians, GP's and specialist health professionals. People's ability to make decisions about their care and treatment was promoted with appropriate support in accordance with the Mental Capacity Act 2005.

People received enough to eat and drink and had a choice. People told us the food was of a good quality. People's special dietary requirements were catered for and people's nutritional heath was monitored.

People had access to in-house group activities ranging from a music sessions, quizzes and games. This promoted people's social and emotional well-being. People told us they were free to come and go from the home as they pleased and during our visit some people popped to the local shops for shopping or for a coffee.

We found the service to be well-led. The manager was passionate and committed to the people who lived at the home and had a clear understanding of the provider's vision and ethos with regards to their care. The culture of the service and the staff team was positive, open and transparent. There were a range of effective mechanisms in place to monitor the quality and safety of the service and people's views on the service provided were sought to ensure they were happy with the support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements to the home's fire safety and smoking provisions required improvement.

The manager had identified that medication administration practices at the home required improvement and was in the process of addressing this.

People's risks were assessed and managed appropriately.

Staff were recruited safely and the number of staff on duty was sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

Records showed people were actively involved in decisions about their care and that consent was always sought.

People got enough to eat and drink. They told us the food was good and they had a choice.

Staff received adequate supervision in their job role. There were gaps in the training of some staff members and this was being addressed.

The staff knew people well and people told us the support provided was good.

Is the service caring?

Good

The service was caring.

People we spoke with held staff in high regard. Staff had warm and positive relationships with people and people were relaxed in their company.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People's bedrooms were personalised and the service embraced people's diversity.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to their needs and took in account their individual needs and wishes.

People received support from a range of healthcare professionals to ensure they remained in good health.

People had access to a range of activities and accessed the community independently to go shopping, walking or cycling.

People we spoke with had no complaints. Any complaints previously received had been responded to appropriately.

Is the service well-led?

Good

The home was well- led.

The culture of the service was warm, open and transparent.

People were positive about the service and the support provided. This indicated good management.

There were a range of quality checks in place to ensure the service provided was of a good standard.

Glenarie Manor Nursing 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 was planned to check 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.

This inspection took place on 09 July 2018 and was unannounced. It was carried out by an adult social care inspector and expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we contacted Liverpool City Council for their feedback on the service. We also looked at the information we had received about and from the service since the last inspection.

During the inspection we spoke with the registered manager, the area manager and the nurse on duty. We spoke with eleven people who lived in the home. We looked at the care records belonging to three people, a selection of medication administration charts, staff recruitment and training information, staff rotas and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe keeping and administration of medicines. From the manager's medication audits we saw that there had been some concerns identified with the recording and administration of some people's medicines. We spoke with the manager about this. They explained the circumstances of these medication concerns and the action they were in the process of taking to improve medication administration at the home. On the day of our inspection, medicines were stored safely and the amount of medication left in the medication trolley matched what had been administered. This indicated that people had received the medication they needed.

Some medicines needed to be given at specific times in order to work properly and to avoid unwanted and potentially dangerous side effects. We found that the time at which medicines were administered was not recorded. This meant staff could not be sure that time specific medications or medications that required a set time between doses were given safely. For example, one person's pain relief medication required a four hour time interval between doses. The times that this medication was administered were not recorded. This meant it was impossible for staff to tell whether four hours had passed between each dose in order to be sure that the next dose of this medication was safe to administer. This aspect of medication administration required improvement.

People's medication was regularly reviewed. Some people required health checks to be undertaken to monitor the effects of their medication. We saw that these checks were undertaken appropriately and people's medication adjusted as and when appropriate.

We looked around the home and visited a sample of people's bedrooms. We saw that the home was clean and well looked after. We looked at records relating to the premises and its equipment. We saw that the provider's fire risk assessment identified improvements to the home's fire safety arrangements were required. We looked at the provider's action plan with regards to this and also spoke with the provider's fire consultant. They were able to explain to us the work to be undertaken and the approximate timescales for its completion. We asked the fire consultant to liaise with the provider to ensure this work was undertaken without delay.

The home had a smoking room on the first floor which had been identified as a hazard in the provider's fire risk assessment. We visited this room and saw that the ventilation in the smoke room was inadequate. We spoke with both the area manager and fire consultant about this as we had concerns about people's health, safety and welfare. We were reassured that there were plans in place to install either a suitable extractor fan in this room or for an outside smoking shelter to be set up in the home's garden. Shortly after our inspection, we received email confirmation from the provider that a decision to install an extractor fan had been made. They also provided evidence that this work had been formally organised with an external contractor.

Records showed that regular health and safety checks were carried out on the home's gas, electric, fire alarm, fire extinguishers, automatic door closures. Legionella checks on the home's water supply were

completed each month to ensure that the risk of legionella bacteria developing was managed. Regular maintenance checks were also undertaken to ensure the environment in which people lived was safe and suitable.

We looked at the care files belonging to three people who lived at the home. We saw that risks in relation to people's care were identified. For example, risks in relation to people's health, medication, behaviour, falls, nutrition and skin integrity were all assessed. We saw that staff had suitable guidance on how to manage the majority of people's risks. Guidance for staff to follow with regards to the management of people's challenging behaviour required improvement and we spoke with the manager about this.

People who lived at the home told us they felt safe. One person said "I feel safe. Staff put themselves out for me". Another said "It's a nice place" and a third person told us "I love it here".

During our visit we had no concerns about the number of staff on duty and none of the people we spoke with had any concerns either. They all felt that there were enough staff on duty to support them as required. One person said "Just the right number of staff. Anymore would be too much". Another person told us there were "More than enough staff".

We looked at the recruitment records belonging to four members of staff. We found that safe recruitment procedures had been followed. Each recruitment file contained evidence that pre-employment checks had been undertaken prior to appointment to ensure staff were safe to work with vulnerable people. For example, all files contained an application form, previous employer references, proof of identification and evidence that a criminal records check had been obtained prior to employment. There were also records to show that each new staff member had received an induction into their job role when they had commenced working at the home.

We looked at accidents and incidents and saw that they were clearly documented. Incidents of a safeguarding nature were also recorded appropriately and there was evidence that they had been thoroughly investigated.

Good

Is the service effective?

Our findings

All of the people we spoke with during our visit spoke highly of the staff team. Their comments included "Staff look after me if I am not well. Staff are good"; "Staff are great. Best nursing here"; "Staff look after me"; "Staff are always there for me" and "Staff are good to me".

We found the atmosphere at the home to be relaxed and homely. All of the interactions between staff and people who lived at the home were positive. Staff were friendly, supportive of people's needs. In all of their interactions it was obvious that they knew people well and that people felt comfortable in their company. The manager and nurse on duty we spoke with were able to describe in detail people's needs and care and spoke with genuine affection about the people they supported. It was obvious that the manager and the staff team had developed warm and positive relationships with the people they supported and people looked happy and settled in the home.

We looked at staff files. Records showed that staff had received regular supervision in their job role. Staff training was also provided in a range of topics. For example training was provided in safeguarding, dementia awareness, first aid, fire safety, food hygiene, health and safety, mental health matters, mental capacity and deprivation of liberty safeguards and infection control. We saw that there were gaps in staff training. We spoke with the manager about this. The manager told us that they had recently changed training provider and that all staff were now signed up to and were in the process of completing the new training courses offered by the new training provider. We asked the manager to ensure that staff members completed the new training as soon as possible.

The people we spoke with told they got enough to eat and drink and that they had a choice at mealtimes. We saw that people had access to drinks and snacks throughout the day. One person said "The food is fine". A second person said "The food is very good. I can make my own. Good choice. They do a good job" and a third person told us "Food is good. Choice is good".

We spoke to the cook on duty about people's dietary needs and preferences. They were able to tell us about people's different needs with regards to fortified and diabetic diets. Some people's diet and fluid intake required monitoring. We saw that people's care plans reflected this and that people's daily records indicated these needs were monitored appropriately.

We saw that one person who lived at the home had lost weight and on the day of the inspection they looked thin. We checked their records. We saw that their nutritional needs had been risk assessed and that a referral to the community dietician had been made with regards to their weight loss. We also saw that the person's weight was monitored regularly by staff.

One person lived with diabetes. Records showed that this condition was monitored appropriately monitored by other health professionals through a series of routine health checks. For example, blood glucose monitoring, annual diabetic eye screening and regular podiatry check-ups.

Some people's care was co-ordinated formally through the 'Care Programme Approach (CPA). CPA is a package of care for people with enduring mental health problems. Everyone's records however showed that they received support from a range of health and social care professionals in respect of their mental health. For example, community psychiatric nurses, psychiatrists, social workers and GP's.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's records showed that they were assumed to have capacity to make their own decisions and that their consent was always obtained in respect of their care and treatment. It was clear from people's records that they were at the forefront of any decision making and that they were appropriately supported to participate in decisions by staff at the home.

None of the people whose care files we looked at lacked capacity to make health and welfare decisions in respect of their care and treatment. One person lacked capacity to make informed decisions about their finances and we saw that the person had appropriate safeguards around their financial decision making.

During our visit, we saw that people's liberty was not restricted in any way. People were able to come and go from the home as they pleased. People's comments included "I come and go as I please"; "I go to the park when I want"; "I do a little paid work for the NHS. I am free to come and go" and "I am free to do as I like. Shopping etc".

Good

Is the service caring?

Our findings

People we spoke with held staff in high regard. It was obvious they were fond of the staff team and that they felt well cared for and content at the home. People's comments included "I can talk to staff if need be"; "Staff do their best. They listen to me"; "I get good support here"; "Very nice staff. Can talk to staff"; "Can tell staff of any problems" and "I get looked after. Staff help me".

The manager and nurse on duty we spoke with during our visit spoke warmly of the people they looked after and demonstrated a good knowledge of their needs and preferences. During our visit, we observed staff interacting with the people they cared for. All of the interactions were warm, friendly and natural. Conversations between staff and people were spontaneous and it was clear that people and staff knew each other well. This supported people's wellbeing.

Most of the people who lived at the home were self- sufficient with regards to personal care and just needed prompting by staff to look after themselves. We saw that most people looked clean and smartly dressed. A couple of people looked dishevelled and unkempt. Records showed that staff had not always prompted them with their personal hygiene. We drew this to the manager's attention. They told us they would ensure staff prompted or helped the person with their personal care and we saw that by the end of our visit this had been acted upon.

We saw that people's rooms were spacious and reflected people's preferences and lifestyles. People had their own key to their bedroom which gave them some control over their environment and protected their right to privacy. People's care records showed that some people preferred to clean their own bedroom and do their own laundry and we saw that this preference was respected. This promoted people's ability to be independent.

We saw that people's care plans outlined the tasks people could do independently and what they required help with. This helped to promote people's independence. People's care plans were written in a person centred way and gave staff sufficient information on the person's day to day preferences.

There was a small kitchen area in the home where people could make their own drinks or food but this area was not utilised. We spoke with the manager about this. They told us that people who lived at the home preferred for staff to make their meals and drinks. No one we spoke with raised any issues about not being able to make their own meals or drinks and everyone seemed content with the current structure.

People we spoke with told us that they were able to express their views with regard to their day to day care. They told us they would discuss any concerns or suggestions they had about the service with the staff team.

Good

Is the service responsive?

Our findings

People's care plans were person centred. They contained information about the person's life history, mental health needs, day to day support preferences and their likes and dislikes. We saw that staff interacted with people in a person centred way. Staff and people who lived at the home laughed and joked with each other and people were able to be 'themselves' in a supportive environment. This showed that the service valued people and promoted people's diversity and wellbeing. People's preferred routines were respected and their ability to look after themselves promoted in the day to day delivery of the service.

Records showed that staff supported people at their request to attend routine health care appointments and appointments relating to their mental health. People's comments included "Staff help me and will go with me (to appointments"); I can talk to them (staff) if I am upset. Staff help me with appointments"; "I like being here"; "Staff are good. I can tell staff of any problems" and "Not bad here pretty good. I feel safe and settled".

Activities were organised at the home on regular basis. Whilst these activities were not formally organised, we saw that activity records showed that people had enjoyed a range of activities and that people's participation was good. For example, people had enjoyed group activities such as 'Play your cards right', Jenga, Quoits, Piano sing-along, Zumba, Badminton and a Royal Wedding Celebration wherein people who lived at the home and staff had dressed up as royalty and had afternoon tea.

We saw that people were able to access the community without restrictions. Some people went for a coffee at the local shops, took a walk in the park, went for a bike ride or went shopping by themselves. One person we spoke with said "There is a games room (in the home). I go the Park as well and cycling". Another person told us "I play pool, go to the park and the shops around the corner". A third person said "I am active. I have a bike. I go out all the time".

People told us they felt able to raise concerns or make a complaint if something was not right. They told us they would talk to a staff member or the manager. We saw that the provider had an appropriate system in place for receiving and handling complaints. We saw that any complaints that had been received had been had been dealt with promptly by the manager and in line with the provider's complaints procedure. This showed people's complaints were listened to and acted upon appropriately.

We saw that information on how to make a complaint was written in an easy to read format and displayed in various locations around the home. The name of the manager to whom complaints should be addressed in the first instance was incorrect. We drew this to the manager's attention. They told us they would ensure this information was updated.

Good

Is the service well-led?

Our findings

We found the service to be well led. During our conversations with the manager and the area manager we found that they had a good understanding of people's needs and a clear understanding of the values of the service. There were clear lines of accountability and responsibility and both the staff team and people who lived at the home knew who to go to if they required any help or support.

The service had a positive culture that was person centred and inclusive. The staff team had a 'can do' attitude and were observed to have good relations with each other and people who lived at the home. People told us they were happy with the support provided and our observations of the service confirmed this.

The service worked in partnership with other organisations to make sure that people's mental health was supported appropriately. This included regular partnership working with social services, community psychiatric teams and psychiatrists. The service had worked hard since our last visit to increase people's confidence to access the community independently and we saw that people were now popping to the local shops for a coffee or to purchase personal items with confidence. One person said "It is better here since the changeover (from the old provider). It was stricter before". This indicated that the culture and ethos of the service had changed for the better since the new provider had taken over.

People's opinions and feedback on the service had been sought through the use of a satisfaction questionnaire in July 2018. Eleven people at the home had provided feedback and all of it was positive. People's feedback during the inspection with regards to the service and its management included "The manager is okay. I get on with them"; "Lovely woman"; "She's new but very nice" and "The manager is excellent". One person told us "I couldn't wish for better staff. I am lucky to be in a place like this".

Regular staff meetings took place to discuss the running of the service and the support people received. We saw that during these meetings the manager and the staff team discussed ideas for improving the service. Records showed that the manager used the meeting to highlight best practice and challenge poor practice where it had been identified.

There were clear and effective arrangements at the service. The provider had a range of quality assurance systems in place to monitor the quality and safety of the service. For example, checks of people's medications, care records, premises maintenance, health and safety, accidents and incidents were all undertaken. Where areas for improvement had been identified for example with regards to medication issues, we saw that actions had been identified to ensure improvements were made. This showed us that the service was managed and delivered in such a way as to mitigate risks to people's health, safety and welfare and to promote their well-being.