Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Glenside Residential Care Home

179-181 Weedon Road, Northampton, NN5 5DA

Tel: 01604753104

Date of Inspection: 02 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Glenside Care Home Limited
Registered Manager	Mrs. Sandra Gamble
Overview of the service	Glenside Residential Home provides long and short term residential accommodation for younger and older adults with dementia and mental health needs. Further information can be obtained from the provider.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

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

What people told us and what we found

The provider ensured that people's rights were respected and acted in accordance with legal requirements in reaching best interest decisions which took account of people's changing needs.

We found that detailed care assessments formed the basis of the individual care plans, which gave information on people's support requirements, daily routines, hobbies and interests.

We observed how people with dementia were supported over lunch time. We saw that people were encouraged to maintain their independence with eating and drinking. People who required more support with their daily living needs had this provided by staff who treated them with respect and supported people at a relaxed pace.

We saw that records of people's care were held under a secure electronic filing system and records within people's individual care plans were regularly reviewed and updated as people's needs changed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed that staff treated people with respect and involved people in making decisions. For example, we saw people were supported to choose whether they wanted to take their prescribed medicines or not; whether they wished to spend their time alone or in the company of others and whether they wanted to join in organised activities.

Where people did not have the capacity to give their informed consent the provider acted in accordance with legal requirements. We saw that the provider used their judgment to assess whether a particular decision about a person's care was significant enough to need a formal, written assessment of capacity. In such cases the care plans had been signed by the registered manager who held the responsibility as the assessor for drawing up and reviewing the care plans.

We saw that family representatives were consulted about the use of bed safety rails for people at risk of falls from bed and who were unable to give their informed consent. In such cases we saw that 'best interest' decisions were made and regularly reviewed and took into account people's changing needs.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and delivered in line with their individual care plan. We found the care assessments gave specific details on people's physical and social support requirements and their daily routines, hobbies and interests.

Care and treatment was planned and delivered in a way, which was intended to ensure people's safety and welfare. We saw the care plans had detailed information about individual areas of risks to people using the service and how they were to be managed to an acceptable level. We saw that people had additional support from the district nurse, community psychiatric nurse and the falls advisory service.

The staff we spoke with were knowledgeable about the individual care of people who used the service. We found that guidance was available within people's care records on how staff should support people safely to reduce personal risks, such as the risk of falling.

We found that people's specific health conditions were closely monitored. For example, daily records were kept on people's food and fluid intake and the skin condition of people at risk of pressure damage. We found that people had regular visits from other healthcare professionals and attended appointments with their dentist, podiatrist and GP.

We saw that people were provided with appropriate aids, adaptations and equipment, to support their mobility and maintain their independence. We observed staff using appropriate moving and handling techniques when assisting people to move.

Using our Short Observation Framework for Inspection (SOFI) tool we observed people were supported to have their lunch within the main dining area. We saw that people were encouraged to maintain their independence with eating and drinking. We heard the staff speak to people in a respectful manner and they worked at a relaxed pace when assisting people with eating and drinking.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Effective systems to reduce the risk and spread of infection were in place. On entering the home we noted the home was clean and fresh and no unpleasant odours were evident.

The provider informed us they had increased the domestic staff hours to meet the high demand of keeping the home clean and odour free. We saw that cleaning schedules were in place and records evidenced that areas were being cleaned regularly in line with the schedules.

We checked the communal areas, bedrooms, bathrooms, toilets and the laundry and kitchen areas. We saw that all areas were clean and maintained to an appropriate standard of cleanliness and hygiene.

We saw that health protection information was on display alerting people to the importance of hand washing and how to minimise the risks of cross infection. We also saw that facilities were available for people using the service, staff and visitors to disinfect their hands whilst moving around the home, for example, hand sanitising gels were in use.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff confirmed they received sufficient training opportunities in order for them do their jobs safely and effectively. The staff training records showed that staff had received induction training and ongoing training to update their knowledge and skills. For example, manual handling, health and safety, food hygiene, fire safety, basic first aid, safeguarding vulnerable adults safeguarding training, dementia care and training in the Mental Capacity Act (MCA) 2005 and the associated deprivation of liberty safeguards (DoLS) .

The staff confirmed the provider operated an open door policy and they could approach them at any time should they have any personal or work related problems. They confirmed they had opportunities to meet as a team to discuss work related matters and share information in relation to people's care and we saw minutes of staff meetings confirmed this.

We saw that staff had annual appraisal meetings with the provider to formally assess their work performance and discuss their individual learning and development needs. The staff confirmed they were supported to achieve accredited qualifications (NVQ) in care and supervisory management.

We saw that planned training courses were displayed on the staff notice board. We saw that first aid training was planned to take place in June 2013 and identified the names of staff required to attend this training.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw that the provider held people's care records on a secure electronic filing system. We saw that people's care plans and risk assessments were updated as soon as people's needs changed.

People's personal records including medical records were accurate and fit for purpose. We saw that records of the visits people received from other healthcare professionals were scanned onto their secure electronic care records.

There was evidence of learning from accidents and incidents and appropriate changes were implemented to reduce the risk of any of any re occurrences. We saw that the provider reported incidents to the relevant agencies and people's risk assessments and care plans were appropriately reviewed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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