

Glenholme Senior Living (Sleaford) Limited Glenholme Holdingham Grange

Inspection report

Whittle Road
Holdingham
Sleaford
NG34 8YU

Tel: 01529406000
Website: www.glenholme.org.uk

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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: Glenholme Holdingham Grange is a residential care home. The home provides accommodation for older people including people living with dementia. The home can accommodate up to 64 people. The home is divided into four units. At the time of our inspection there were 62 people living in the home.

People's experience of using this service:

Regular quality assurance checks had been carried out which supported good governance. Processes were in place to ensure medicines were administered and managed safely. The service followed safe infection, prevention and control procedures.

People felt well cared for by staff. There were a wide range of meaningful activities that people could access in their room, in groups or in the community. During our site inspection we observed visitors coming and going freely.

Most people and relatives told us call bells were responded within a couple of minutes. Some people told us there had been occasions at night when call bells were not always responded to quickly.

We observed people were treated with respect and dignity. People were supported to have maximum choice and control of their lives. The environment had improved and better supported people living with dementia and sensory loss.

When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed and where required best interest decisions had been recorded.

Care plans were electronic and reflected people's personal preferences and how they liked their care to be provided. The care plans had been reviewed monthly and contained information about people and their care needs.

People enjoyed the meals offered and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

Staff had received regular supervision and plans were in place to ensure people received this on a regular basis. Staff had received training to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

When required notifications had been completed to inform us of events and incidents.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 29 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Glenholme Holdingham Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well led.

Details are in our well led findings below.

Good ●

Glenholme Holdingham

Grange

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and 2 experts by experience . An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and professionals such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. On-going monitoring such as information received.

We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at the home, 5 visiting relatives, 9 relatives by telephone, a visiting GP, 3 nurses, 4 carers, head chef, deputy manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service including recruitment, training, rotas, quality audits, policies and procedures .

We asked the local authority for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality.

We continued to seek clarification from the provider to validate evidence found. We contacted health and social care professionals to request their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is rated good. This meant people were safe and protected from avoidable harm.

At the last inspection we recommended that the provider review medicine recording and management processes to ensure they are in line with current best practice guidance. At this inspection improvements had been made.

Using medicines safely

- People received their medicines safely, as they were prescribed. One person said, "Yes basically they [staff] watch me take them [my medicines],"
- Protocols designed to guide staff and help them safely administer people's prescribed, as required medicines were detailed and were being regularly reviewed.
- People's care plans included detailed guidance for staff about their daily prescribed medicines, allergies and how they preferred them to be administered. One person explained the timings of their medicines, "Morning comes between 8am and 9am, lunchtime between 12pm and 1pm and Teatime at 5pm. My last one at between 9pm and 10.30pm."
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely had been routinely assessed. Only the registered manager and deputy needed to complete one training module that was due. They both agreed to complete this.
- There were 11 nurses recruited by the service, including the registered manager and 2 deputy managers.
- We reviewed medicine audits and these had been completed effectively and regularly.

Preventing and controlling infection

- We were not always assured the provider was promoting safety through hygiene practices in their commercial kitchen. Cleaning schedules, some food and date labelling in the fridges required better monitoring. The head chef rectified these as soon as we raised them. • We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.

Staffing and recruitment

- Rotas sampled showed the service had staffed 10% above the dependency model. Our observations on the day of inspection also confirmed there were sufficient staff deployed across the four units at the service.
- Most people were happy with staff responding to their needs via use of call bells. One person said, "Staffing

levels are good." A relative told us, "When [relative] pressed the call button, they are so good [in responding]."

- Some people we spoke to did mention at times during the night calls bells took longer to respond to. A person told us, "Night time really, because there may not be enough staff." We shared these concerns with the manager and she explained on occasion this does happen if there is an emergency. □□
- We requested data to review call bell response times. The system used did not allow for the data to be analysed. The registered manager and nominated individual told us the provider was looking to get a new system that would do this. In the interim daily/nightly spots checks of call bell response times would be carried out by management to support and monitor people's concerns raised.
- We checked the recruitment files of 4 staff members and the service followed safe recruitment practices.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them. One person told us, "I feel safe here, yes I do." Another person told us their relatives and friends could visit them freely, "I've got so many friends and have more visitors on the weekends." A relative told us, "Yes [relative] is safe, I am sure their needs are met."
- Staff were aware of the signs of harm and told us they would report any concerns to the registered manager or nurses.
- Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team. One staff member told us, "There have been some issues in the past. I supported the safeguarding teams with information about this."
- The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Records confirmed staff had completed safeguarding adults training.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans explained how staff can keep people safe.
- Risk assessments were clear and regularly reviewed for each person's level of risk, some examples included risk of falls, support with medicines, monitoring of weight, recording of fluid and food intake. □
- Where people were on regular position turns to reduce the risk of pressure wounds these were completed and recorded within agreed times. A tissue viability nurse (TVN) told us, "In regard to wound care and their care for people. The care home has put all the correct measurements in place to prevent deterioration and infection to the wound. They have escalated their concerns to the TVN team in a timely manner and have communicated with us well."

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager and the deputy to reduce the likelihood of reoccurrence, using their electronic real time care planning and monitoring system.
- Any actions or themes were discussed and shared with staff through heads of department daily flash meetings, then cascaded down to staff on each unit and at staff meetings .

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is now rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs were raised at a previous inspection

- The accessibility of the environment had been raised at a previous inspection. This had improved and better supported people living with dementia. Personalised items were framed next to people's bedroom doors. Sensory and tactile items were safely available in corridors. Colour coding assisted people with daily living such as orientating themselves around the building.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments were now recorded in people's electronic care records.
- Where people were deemed to lack capacity to make a specific decision, a best interest process was followed to make sure people's rights and wishes were upheld and recorded. One relative said, "I have power of attorney and they keep me very much informed."
- People told us their choices and decisions were respected. A person told us, "I am totally in control of decisions on my finances."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Assessments included personalised information about the person, for example their life histories, how they wanted their needs met and any preferences were recorded.

- People's care was assessed using nationally recognised tools, the impact of which could be seen at this inspection, as staff understood how to complete them to make sure they were an accurate reflection of people's needs.
- Care plans were reviewed monthly or sooner. Records checked confirmed these were being carried out.

Staff skills, knowledge and experience

- People and their relatives told us improvements had been made since new management had taken over. One person said staff were, "Open and transparent. All staff were very good. The [manager's] very good."
- We reviewed all training records which confirmed all staff were up to date with their required training. One person told us, "[Staff] know what they are doing." Another person required staff assistance and told us, "Oh yes [staff] are very good, I've had an accident this morning they really helped me."
- All staff received regular supervision and support from the management. One staff member said, "She [manager] is so kind and brilliant." Another staff member said, "This was the best manager she had ever worked for."

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

- People's dietary needs, food and fluid intake were clearly recorded and followed.
- Lunchtime was observed across the four units. Some people were in the dining rooms, others in their rooms. Staff were familiar with people's needs and preferences. When people required assistance, adapted cutlery and plates these were available.
- People told us they were happy with meal choices. One person told us meals were, "Excellent, good choice, varied, roots [vegetables available] coming out of my feet." One person did not want to choose from the menu and asked for a pork chop instead. This was prepared and served as an alternative. One relative said, "We were there on Friday and it was fish on Friday which was great."
- The chef had also trained as a pastry chef and would make fresh pastries for breakfast. Mince pies and Christmas scones had all be freshly prepared in readiness for the Christmas Pantomime the next day.
- People had access to and were offered refreshments and snacks throughout the day.
- The service had systems and processes in place for referring people to external health care professionals when needed, such as the speech and language therapist (SALT) and dietician.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is rated good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- Most people we spoke with were happy with response times to calls bells. One person told us, "Yes absolutely without fail they always come." Some people mentioned there had been occasions when call bells were not responded to in a timely manner at night. This had already been recorded in safe and shared with the registered manager to action and monitor.
- Staff had a good rapport with people. Staff worked in a nice, relaxed and calming atmosphere. All voices with staff and residents were calm. One person said, "[Staff] look after me very well, always cheerful."
- Care and support were person centred. Staff understood people's wishes and preferences and people we spoke with confirmed this. One person said, "[Staff] are caring, very, very caring."
- At the last inspection people did not always receive pain relief in a timely manner. At this inspection this had improved and people told us they were supported with pain relief when needed. One relative told us, "Of course [my relative] would be supported with pain relief." □□
- When supporting people to move, staff supported people safely and explained what they were doing and explained how the person could assist.

Respecting and promoting people's privacy, dignity and independence

- People were well supported and their privacy and dignity respected and promoted. We saw people being supported by staff who showed a caring and respectful approach. One person told us, "Personal care and dressing they [staff] are so brilliant." One relative told us, "In terms of [relative's] dignity, they're excellent and they go the extra mile."
- Privacy and dignity was respected, and doors were closed and knocked on and answered before staff entered the rooms. A relative said, "I would highly recommend the care; I have been trying to persuade my [other relative to move in] as well. No smells, it feels like a hotel and that is what I like about it. The attitude of the staff is so good."
- Private information was held securely. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is now rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments were well written, person-centred and reviewed regularly.
- Where people were multilingual this was recorded in their care plan. Some staff were able to speak with people in languages other than English.
- Staff knew people well and were able to tell us about people's care needs, interests and how people liked to receive their care. We observed staff having positive interactions with people. One person told us, "I can walk down the corridor and speak to her [manager], she always says she has time for me."
- People and staff we spoke with told us they were happy with their care and spoke highly of the registered manager and her team. One relative said the registered manager was, "Excellent very understanding and has an open-door, she goes out of her way."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access a broad range of meaningful activities whether at the service or in the community. A relative told us, "They have a great range of a activities, great praise for the guy who organises the activities he is so good and so encouraging." The relative then shared when they are on the phone to her relative, they can hear the activity coordinators pop into her room to try and get their loved one to join in.
- People, relatives and staff spoke highly of the activity coordinators. We observed one playing dominoes with a person in their room. Another person was having their nails done.
- During our inspection there had been a dress rehearsal for the Christmas pantomime, planned for the next day. Staff, people and their relatives were all involved and a very positive festive atmosphere was experienced by all.
- We observed relatives visiting their loved ones throughout the day. Interaction between staff and relatives was free flowing and comfortable. One relative said, "We're invited to all social events and they have loads."
- We observed some people were able to access the community freely with their mobility scooter. One person told us, "I go to bowls and cribbage with a another resident every week."

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans recorded how people communicated and their preferred method of communication.
- Staff understood people and this was supported with our observations when staff spoke and communicated with people. At times when people became anxious or showed signs they were distressed, staff quickly responded and reassured people.
- Staff teams stayed in dedicated teams for each unit. This allowed and supported continuity of care for people when meeting their care and wellbeing needs.

End of life care and support

- End of life care plans were in place and being reviewed. People's wishes and preferences were recorded.
- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms were in place and very detailed. A ReSPECT form creates a personalised recommendation for clinical care in emergency situations where a person is unable able to make decisions or express their wishes.
- Advanced directives were in place and the ReSPECT form followed those wishes. One relative told us, "No concerns at all. Everything is in place."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is now rated good.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made sufficient improvements, and the service was no longer in breach of the regulation.

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

- Quality assurance and monitoring processes had significantly improved at this inspection. At the last inspection areas such as medicines records, MCA records, using PPE safely, care, shortage of staff and record keeping required improvement.
- A relative said, "The manager is great and gets things done, she doesn't just stand still, she is proactive." A member of staff member told us, "Leadership has very much improved – they [manager] want what's best for the residents they are approachable and listen to you."
- One area noted at this inspection that required better monitoring were call bell responses during the night. The registered manager had already taken steps to resolve this. Assurances were given and evidence shared post inspection to confirm what steps had been taken to monitor this, as noted in the safe section of this report. The call bells system was being updated to allow for data to be analysed over prolonged periods to identify for any themes and trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the home. One person said, "We [me and deputy] have had lots of chats together, she is very nice to speak to." Relatives spoke positively about the management.
- People told us they were listened to. A person told us, "To anybody [who wants to know]; I just love it, I feel it's just lovely and a harmonious place and clean." Relatives shared similar views and one relative said, "I can't speak highly enough about the service; I am so pleased that my [relative] is here."
- Relatives said communication with staff was good and they were confident staff would contact them if there were any concerns. Relatives we spoke with knew there were regular relative meetings they could attend. A person said, "I'm encouraged by the manager to tell her what I think of my friend's care." A relative explained staff would contact them about their relative, "Staff are very good and will contact me if my [relative] is distressed or has concerns."

- People were involved in decisions about their care and the running of the service. People were able to attend residents meetings held every 2 months. One person told us, they were the chair and representative for people at the service, "I was nominated as a 'Superintendent' and the voice for residents."
- People were invited to complete surveys and questionnaires to give feedback on the care provided to them. These were currently being analysed. Feedback and actions to be shared with people and relatives once completed. We also saw 'You said, We did,' boards which could be viewed by people living at the service and any visitors.
- Staff felt listened to. A staff member said they were going through a difficult time and said, "[Manger] and all staff have been amazing and so supportive!" Another staff member said, "This has been the best team I have worked under. This is absolutely lovely, everybody is kind and supportive. We are a family, we have something different to bring. I love my job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood the need to be open and honest with people if anything went wrong with their care. Where complaints had been made these had been investigated appropriately following the provider's policy and procedure.
- A couple of relatives had shared some concern with us after our inspection. We shared these with the registered manager who investigated these and shared their findings which confirmed no further action was required. The registered manager agreed they would speak with the relatives and share their findings with them.

Working in partnership with others

- The registered manager and her team have started building and creating strong relationships with health professionals. One health professional told us, "I visit Glenholme on a regular basis and have no concerns about the home or the care provided. All staff seem to have a good understanding of the patients needs and senior management are supportive and engage well with us here at the GP practice."
- The local authority had recently completed an audit which showed improvements had been made at the service. The local authority officer told us, "I was impressed with the management structure and the tracker system to record all areas of business including supervisions, appraisals, training and audits."
- GPs and other health professionals, such as TVNs, dietician, physiotherapist and SALT teams for eating and drinking, were involved in the home and had regular input to people's care. This information was recorded in people's electronic care plans.