

Four Seasons Health Care (England) Limited Preston Glades Care Home

Inspection report

196 Miller Road
Ribbleton
Preston
Lancashire
PR2 6NH

Tel: 01772651484
Website: www.fshc.co.uk

Date of inspection visit:
14 December 2021
15 December 2021

Date of publication:
31 December 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Preston Glades Care Home is a residential care home registered to accommodate up to 65 people in need of nursing and personal care. Accommodation is provided over two floors with single rooms. All rooms have en-suite facilities. On the days of the inspection there were 56 people living at the home.

People's experience of using this service and what we found

Recruitment processes needed to be reviewed as some pre-employment checks were missing. We have made a recommendation about this that can be seen in the 'Safe' section of this report.

The service made appropriate notifications to us and other authorities of safety incidents.

Medicines were safely administered and people received their medicines as prescribed from well trained staff.

Infection prevention control measures were robust and safe visiting processes were in place to ensure people could see their visitors safely.

People told us they felt safe and were happy with the service they received. We noted good interactions between people, management and staff.

Staff understood how to protect people from abuse and there were enough staff to meet people's needs and to ensure their safety. Staff told us they had received training and support relevant to their roles and when they commenced employment.

Care plan records provided a guide to enable people to retain their independence and receive support with minimum risk to themselves or others. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Where people's needs could not be met, the home worked well with others to ensure people were appropriately supported.

Quality assurance systems, audits and checks were robust and embedded within the service. We did not find any shortfalls around care planning and record keeping. This assisted in ensuring people received proper and safe care.

People, staff and health care professionals were happy with the way the service was managed. Staff felt valued and enjoyed working at the home. People's views and opinions of the service were sought and acted on.

Staff supported people to have access to health professionals and specialist support and the service worked well with external professionals.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 13 October 2020).

Why we inspected

We received some concerns regarding staffing and oversight of the service. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Preston Glades Care Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Preston Glades Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 conducted by one inspector.

Service and service type

Preston Glades Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection.

Inspection activity started on 14 December 2021 and ended on 15 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service. We spoke with two relatives about their experience. We spoke with nine members of staff including the registered manager, deputy manager, an area manager and care workers and two members of the catering staff. We also spoke with two external health care professionals and received their feedback of the quality of the service. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail three care records. We looked at staff rotas, risk assessments, multiple medicine records and four recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 to 'good'. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection the provider had made some improvements around medicines management but these were not fully embedded. At this inspection, substantial improvements had been made. The registered manager, deputy and staff followed safe processes to ensure people's medicines were managed safely.
- The administration of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. One person said, "I get my medicines at the same time every day. The staff are really good." A health care professional said, "Management at the home recently spotted an issue around a person's medicines prescription. We quickly reviewed matters and this helped in providing a better outcome for the person."

Staffing and recruitment

- Some safe recruitment procedures were not always followed. Checks with previous employers in health and social care and some other pre-employment considerations were not complete in some of the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been made.
- There was no evidence anyone had been harmed because of the omissions and some checks were resolved during the inspection. We raised this with the registered manager and provider who was to implement further measures to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. The staffing rotas supported this. People and their relatives told us staff were available to support them appropriately.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. Staff were confident the registered manager and deputy would act quickly to keep people safe if they reported any concerns. One staff member said, "I am confident at raising issues and know I would be supported by the manager and owners."
- People felt safe. One person said, "I am safe here and am looked after." Relatives had no concerns about

their family members safety.

- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

Assessing risk, safety monitoring and management

- The registered and deputy manager and senior staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were recorded and acted on. The registered and deputy manager provided oversight of these incidents. This helped establish if there were any trends or patterns and whether appropriate action had been taken to keep people safe.
- Equipment had been serviced and maintained in accordance with manufacturers recommendations. A range of environmental checks had been carried out to ensure the home was safe and fit for use. This included extensive fire safety checks.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff. We were told all people living in the home had been vaccinated against COVID-19.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating safe visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 'inadequate'. At this inspection, this key question has improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection visit, the provider had failed to implement management systems that were robust enough to demonstrate the service was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found sufficient improvements had been made and the registered provider was no longer in breach of the regulations.

- The provider's systems to monitor and oversee the quality of the care and support to people were effective and had been properly embedded within the fabric of the service.
- The registered and deputy managers were clear about their roles and responsibilities. Their practice, and day to day management of the home served to advance the best interests of people and support staff in achieving this goal. People, their relatives and staff told us the registered and deputy managers were visible, approachable and supportive. A health care professional said, "There has been real improvement in this home. It feels better organised and staff are attentive and focused."
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.
- The provider appointed area representatives to visit the home regularly and conduct audits and checks. These were effective and had spotted some issues that had been resolved before the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care and support. Plans of care were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. They said they enjoyed working at the home and were well supported. One said, "The new manager has helped us all. There is a togetherness and we all feel valued."
- People said they felt staff and management valued their views and acted on this to provide person-centred care and support.

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 registered and deputy managers told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed.
- Where appropriate, we noted the registered manager sent apologies to people and their relatives when something had not gone according to plan. The area manager said this was something that was encouraged and policy on this point was under review. All of this indicated that the principles behind duty of candour were recognised within the culture of the service.

Working in partnership with others□

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. A health care professional said, "The service is good at learning and appreciating the needs of residents. When there are issues, they work with us in the best interests of people."