



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Glen Marie Rest Home

**2/4 Harrow Place
New South Promenade
Blackpool
Lancashire
FY4 1RP**

Lead Inspector
Mr Kevan Royston

Key Unannounced Inspection
29th November 2007 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Glen Marie Rest Home
Address	2/4 Harrow Place New South Promenade Blackpool Lancashire FY4 1RP
Telephone number	01253 406869
Fax number	01253 346308
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Cynthia Winifred Gallagher
Name of registered manager (if applicable)	Mr John Daniel Gallagher
Type of registration	Care Home
No. of places registered (if applicable)	39
Category(ies) of registration, with number of places	Old age, not falling within any other category (33), Physical disability (6)

SERVICE INFORMATION

Conditions of registration:

1. The home is registered to accommodate a maximum of 39 service users to include: Up to 33 service users in the category OP (Old Age, not falling within any other category) Up to 6 service users in the category PD (Physical Disability)

Date of last inspection

Brief Description of the Service:

The Glen Marie is registered for older people and people with a physical disability. The home is situated in the South promenade area of Blackpool with sea views and close to tram and local bus routes. South Shore shopping centre is approximately half a mile away. The premises are on three floors with lift access to all floors. The bedrooms have en-suite facilities with sufficient bath and toilet facilities available on all floors. There is a large lounge area, a small second lounge with a dining room leading off which is situated on the ground floor. Aids and adaptations are available where required and a treatment room is available for district nurses to use. The front of the building provides wheel chair access with seating for residents.

There is a statement of Purpose/Service user Guide, which is given to all prospective residents. This written information explains the care service that is offered, who the owners and staff are and what the resident can expect if he or she decides to live at the home.

The fees for the home range from £297-£340 per week. Additional charges are for hairdressing and chiropody, which varies due to personal choice.

SUMMARY

This is an overview of what the inspector found during the inspection.

This was an unannounced site visit that took place on the 29/11/07 as part of the inspection process.

We spoke to the manager, senior carer, staff members, three residents, relatives visiting the home and briefly to a group of residents in the lounge to get their views of the home.

As part of the inspection process we talked to people using the service and asked staff about those peoples needs. We also looked at their rooms, care plans, records and daily notes this is called case tracking. Other residents are invited to pass their opinions to us if they wish.

We had responses from surveys/questionnaires sent to relatives and residents for their views on how the home is run. Mostly comments were positive and some are included in this report.

Every year the person in charge or manager is asked to provide us with written information about the quality of the service they provide, and to make an assessment of the quality of their service. We use this information, in part, to focus our inspection activity.

We looked at recruitment and training records of two staff members. We also walked around the building and watched people living and working to see how everyone supported and talked to each other.

What the service does well:

There has been little change in personnel since the last inspection and the home continues to have a settled staff team who work well and support each other ensuring the resident's receive good care and attention. This was confirmed through watching staff talking and helping the residents. We spoke to both staff and residents and comments included, "We are one big family" And, "The staff are very good its nice to see the same faces all the time they get to know how I am". Also, "We all seem to get along and support each other".

We looked at training records and talked with staff and the manager and found as of the previous inspection there are excellent training opportunities for all staff to attend and access courses in relation to their job role. This is made easier by a training facility available at the home for staff to attend in-house courses. One senior member of staff is a qualified trainer in "Moving and handling" and "safeguarding adults". Staff spoken to said, "It is very handy to

have a teacher working here". Another said, "The training room is good because we get outside trainers coming in to provide courses which is easier for us to attend".

We looked at the updated assessment process for people considering to live at the home and found the procedure is thorough and ensures the manager and staff get all the information needed to develop a care plan and provide the support and care required for each resident. A relative visiting the home spoken to said, "I was very impressed at the beginning with the attention to detail of the information they wanted to make sure they could provide a nice home for my wife".

We saw staff helping and talking to residents in private and with respect, joining in with conversations and helping with personal care needs in a sensitive manner ensuring resident's feel valued and supported. Comments from residents included, "We have good staff here that show interest in us". And, "Nice respectful people working here". A relative wrote, "They look after everyone well".

What has improved since the last inspection?

The recruitment procedures for staff has been updated so that application forms for potential staff ask for a full employment history with any gaps explained to ensure suitable personnel are employed.

Redecoration and refurbishment is ongoing and improvements have been made to the lounge and communal areas, which have been painted, and new carpets provided to improve the surroundings.

What they could do better:

Further redecoration and refurbishment should be done in some areas of the home in particular bedrooms, hallways and general paintwork, to provide comfort and a pleasant home for people to live in. One survey from a relative said, "The bedrooms need updating".

We looked at staff records and to improve the system start dates for staff to commence work would be better recorded on the front of each individual file to ensure the recruitment checks have been cleared and dates checked before any one starts to work at the home.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3. Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

The admission and assessment procedures were very clear to ensure the care needs of residents are identified and met.

EVIDENCE:

A new system for gathering information during the assessment procedure has been put into place so every detail of the resident's health and social welfare is recorded to ensure the right care and support is given for the individual to reach their maximum potential. One visiting relative spoken to said, "My mother has settled really well I was impressed before she was admitted about the care and information they requested".

Qualified staff members complete the initial assessment. All the information is recorded so the manager is able to make sure they can meet the resident's needs and provide support. One member of staff spoken to said, "We have a comprehensive document to make sure we get the right information so we can provide the care to help each individual". Social Services assessments had been obtained prior resident's moving in the home. The manager spoken to

said, "We invite people for lunch if possible and start our assessment process then".

This home does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 and 10. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Promotion of health is taken seriously. Resident's welfare is closely monitored and health needs are identified and met.

EVIDENCE:

Records of resident's looked at, were accurate and had good information about their health, welfare and social care needs that supported staff to maintain and monitor each individuals needs. Care records of resident's had been developed in great detail, with every aspect of the resident's care needs recorded.

Risk assessments have been completed and are constantly reviewed and updated reflecting any changes that have especially in the environment due to the alterations recently completed ensuring risk is kept to a minimum. Care plans were up to date and regular reviews taking place with involvement of the residents and relatives where possible with good information of care provided, ensuring the welfare and general wellbeing of residents is continuously monitored. One relative wrote, "I am always kept informed of my husband's care". A member of staff spoken to said, "We keep up to date with the reviews of the resident's".

We looked at medication with a senior carer and observed medicines administered at lunchtime. Records of residents examined accurately reflected their medication being given out. As a course of good practice individual photographs are placed on their medication sheet for a safety check that the right medication is given out. A member of staff said, "Only those of us who have medication training administer medicines".

Residents spoken to said the staff team respected their privacy and they could spend time on their own if that was their wish or join in with the daily routines. One resident spoken to said, "It is nice and relaxed you are respected in what you want to do".

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14 and 15. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Social activities and meals are both well managed, creative and provide daily variation and interest for people living in the home.

EVIDENCE:

Residents and staff spoken to said routines within the home were flexible and they were able to make their own decisions about how to live their lives. One resident said, "I join in with things going on if I want to or I keep my self to my self". A member of staff said, "We try and keep a relaxed atmosphere and let the resident's choose what they wish to do".

The cooks provide a varied and balanced diet for residents. We spoke to one of the cooks and had a look into the kitchen area where home baked sponge had been prepared for lunch. The cook said, "Where possible fresh food is used". The cook was also able to confirm she had information about residents with special diets and personal preferences. Residents spoken to were happy with the choice and standard of meals available. One resident said, " Very good food". Another said, "Always plenty". A relative wrote, "The meals always look appetising and I know he enjoys almost all he has". Meal times were served in a relaxed manner in a new refurbished dining area. Staff members were observed being very attentive and sensitive to residents needs at meal times.

Residents spoken to were very happy with the arrangements in place for social activities. These were varied, arranged individually and in groups to suit preferences of people living at the home. Weekly entertainment is provided from outside the home and a physiotherapy exercise class is put on every month. One resident spoken to said, "There is always something going on".

There is a visitor's policy, which allows friends and relatives to come and go any time of the day. One relative spoken to said, "They always make me welcome".

We looked into some resident's rooms and found personal belongings including family photographs, and furniture to help residents settle and feel at home.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Complaints are handled well and taken seriously ensuring people feel listened to.

EVIDENCE:

There is a detailed complaints procedure, which is made available to all residents on admission and written in the Statement of Purpose and Service User Guide. Residents and relatives in surveys returned confirmed they are aware of the complaints procedure and who to complain to. Comments included, "I have never had to complain but would speak to the manager". And, One relative wrote, "I have had no need to complain but would know what to do and who to speak to". There has been one complaint since the previous inspection investigated through the homes complaints procedure. Examination of records found complaints had been dealt with appropriately following there procedures with outcomes and where appropriate letters sent to the people involved explaining the investigation and what action if any taken.

We examined records and found there is a procedure and policy for dealing with allegations of abuse and safeguarding adults to protect people living at the home. A senior member of staff is qualified to provide training in "Abuse Awareness" issues. The manager said, "We ensure we train staff regularly in abuse procedures". One member of staff spoken to said, "I have had abuse awareness training updated since I have been working here.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

A planned maintenance and renewal programme for the redecoration and refurbishment of the home ensures residents live in a comfortable, homely, clean and safe environment.

EVIDENCE:

We had a walk around the building and found it to be clean, tidy and free from offensive odours. There is some redecoration and refurbishment that should be done in areas of the home in particular bedrooms, hallways and general paintwork to provide comfort and pleasant surroundings for the residents. One resident spoken to said, "They have done a lot of work already and some bedrooms are still being painted". We did see new carpets had been fitted in some areas of the home, which also had been re-decorated.

Hot water temperatures throughout the building and in resident's rooms were checked and found to deliver water at a safe temperature in line with health and safety guidelines.

There are policies and guidance for laundry processes and for the control of infection ensuring the home is kept clean, pleasant and hygienic. There is a system for washing and cleaning clothes and the new laundry area has a sluicing facility.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 and 30. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The procedures for the recruitment of staff have improved ensuring suitable staff are employed. The deployment of a well-trained staff team throughout the day is sufficient to meet the needs of residents.

EVIDENCE:

We looked at rotas for working, and discussion with the manager and senior carer confirmed there were sufficient numbers on duty day and night to ensure the resident's needs are being met. Staff members spoken to said although they were busy they were happy with their workload and satisfied they were meeting the needs of the residents. One member of staff spoken to said, "Yes we cover each other well and have enough carers for the day".

We looked at two staff files and confirmed the recruitment procedures of the home have improved. The application form now asks for a full employment history with any gaps explained ensuring suitable staff are employed. Staff records include, application forms, Criminal Records Bureau (CRB), Protection of Vulnerable Adults (POVA) disclosures, medical checks and references.

Records show all staff members have a structured training and development programme ensuring the residents are being cared for by a well trained and

competent staff team. The training room facility is used for in- house training and provides excellent opportunities for staff to attend courses from outside agencies using the facility. Staff spoken said, "It is very handy to have training courses provided at the home". Another said, "Any courses put on we are encouraged to attend". In addition over 90% of staff members have achieved National Vocational Qualifications (NVQ) ensuring the residents are in the safe hands of qualified and competent staff.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35 and 38. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home is managed well, with systems and policies in place for the protection and safety of staff and residents.

EVIDENCE:

Records looked at show the manager has good systems to gather staff, residents and relative's views to enable ongoing improvements to the home. Staff and resident meetings are held regularly and recorded. Relative surveys are sent out every six months to gather their views on how the home is being run and what can be improved.

The manager has the necessary skills, qualifications and experience required to support the staff and residents and enable the home to meet its stated aims, purpose and objectives. Staff and residents comments included, "The manager

is easy to get on with and nothing is to much bother". Also, "A very well run home". A relative wrote, "Very satisfied with the overall care".

We examined records of residents and found they are comprehensive, well written and up to date ensuring the correct information is available and health and welfare needs are continuously monitored.

Looking at records we found regular tests to emergency lighting, fire procedures, electrical appliances, the lift and fire extinguishers had been carried out ensuring the safety of residents and staff is maintained.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	4
4	X
5	X
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No.

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP19	To make sure people living at the home live in comfortable pleasant surroundings the refurbishment and redecoration programme should continue.

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