



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Glynn Court

**Fryern Court Road
Tinkers Cross
Fordingbridge
Hampshire
SP6 1NG**

Lead Inspector
Michael Gough

Unannounced Inspection
17th December 2007 10:00

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
- Practise what we preach in our own organisation

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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	Glynn Court
Address	Fryern Court Road Tinkers Cross Fordingbridge Hampshire SP6 1NG
Telephone number	01425 652 349
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Glynn Court Limited
Name of registered manager (if applicable)	Mrs Margaret Patricia Duncan
Type of registration	Care Home
No. of places registered (if applicable)	31
Category(ies) of registration, with number of places	Dementia (31), Dementia - over 65 years of age (31), Mental disorder, excluding learning disability or dementia (31), Mental Disorder, excluding learning disability or dementia - over 65 years of age (31), Old age, not falling within any other category (31)

SERVICE INFORMATION

Conditions of registration:

1. Service users in the category MD and DE referred to above are not to be admitted under the age of 55 years.

Date of last inspection 11th June 2007

Brief Description of the Service:

Glynn Court is a care home providing personal care and accommodation for up to 31 residents who require support due to old age, dementia or a mental health need. The home is owned by Glynn Court Ltd.

Glynn Court is located in a rural area on the outskirts of Fordingbridge in the New Forest. The accommodation is in two separate buildings. The main building accommodates 23 people on two floors, in both single and shared bedrooms, none of which have en-suite facilities. The second building can accommodate eight people; one bedroom has an en-suite bathroom. The building also contains a kitchen with seating for four and a sitting room. There is a bathroom upstairs. Day and night staff are based in the main building. The home has a large garden, which can be used by the residents.

Potential residents are given a brochure and a copy of the home's 'Service Users Guide' that provide information about the services and facilities provided by the home.

Fees at the home range from £520 - £540 per week. The fees do not include the cost of hairdressing; newspapers; chiropody and items of a personal nature.

SUMMARY

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

This report details the evaluation of the quality of the service provided at Glyn Court and takes into account the accumulated evidence of the activity at the home since the last key inspection, which was carried out in June 2007

The inspection took into account the comments received in an improvement plan provided by the home following the last inspection and comment cards received from 4 residents and 4 relatives. Included in the inspection was an unannounced site visit to the home, which took place on the 17 December 2007.

Evidence for this report was obtained from reading and inspecting records, touring the home and from observing the interaction between staff and residents. It was also possible to gain the views of people living at the home and the inspector had the opportunity to speak with 1 visitors to the home, 8 residents, 6 members of staff and by speaking with the homes manager, who assisted the inspector throughout the visit.

The home is registered to provide accommodation and support for up to 31 residents and at the time of the inspection there were 28 people living at the home.

What the service does well:

The home provides a friendly and welcoming environment and those residents spoken to were happy at the home. Comments received were "Its very nice" "they look after me well" "I cannot fault the staff" " I have everything I need" and "the matron is very good". A relative spoken with said that he was always made welcome and that he was happy with the care his relative received at the home. Residents are given choice in their day-to-day lives with appropriate support provided by staff at the home.

There is an effective care planning system in place and each resident has a key worker who assists individuals to be involved as much as possible in this process. The staff were observed to be interacting well with the residents and were noted to be good humoured and sensitive to their needs.

What has improved since the last inspection?

Since the last key inspection of the home a great deal of work has been carried out and there have been a number of improvements made and these include:

- A new manager has been appointed and she has applied to be registered with the CSCI. Comments received in surveys were all positive about the new manager and it was stated by one relative that "that more varied activities have been organised and obvious improvements are being made"
- A new care planning system has been introduced.
- There is a new policy and procedure in place with regard to medication procedures and training has been provided for all staff that administer medication.
- Recruitment practices have been improved and all staff has suitable checks completed before they commence employment at the home.
- A comprehensive training programme has been implemented and staff have the training they need to carry out their roles effectively

What they could do better:

There were no requirements or recommendation made to the home and other points, which need to be addressed to help improve the service provided for residents are contained within the main body of the report, general observations were:

Care plans are made up with the involvement of residents and relatives, however those seen by the inspector had not been signed and the manager said that she would get plans signed to evidence resident's involvement in the care planning process.

Recording on care plans was made at the end of each shift and records were clear, however to provide good evidence that appropriate care had been given more detailed information needs to be recorded.

Each resident has their plan of care reviewed every 8 weeks, this is recorded on the plan but currently there is no evaluation on how the plan is working and it would be beneficial if review notes give an evaluation of how the care plan is working for residents

It was observed during a tour of the home that some of the communal areas were in need of decoration and this needs to be carried out to create a more homely environment.

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 & 6

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

Any new residents have their needs assessed prior to moving into the home this allows both the home and the resident to see if the home can meet their assessed needs.

EVIDENCE:

All residents have their needs assessed before they move into the home. The manager carries out a full assessment of prospective new residents to ensure that their needs can be met. This is done using an assessment form, which includes information on; mobility, communication, recreational needs, medical history, sight, hearing, continence, religious & cultural needs, dietary needs, family involvement, history of falls, likes and dislikes, health and personal care and any other particular needs. The home also obtains social service assessments if appropriate. Potential new residents are able to visit the home prior to moving in and then the home and resident can make a decision on whether the home can meet their needs. The inspector looked at the files for

3 residents and these showed that needs assessments were in place and on file.

Intermediate care is not provided by the home.

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 & 10

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

Residents health, personal and social care needs are set out in a plan of care and these give staff the information they need to provide the support that residents need and in the way they prefer. Regular reviews are undertaken but review notes do not always provide clear evaluation of how the care plan is working for the resident. Medication procedures in the home protect residents and they are treated with dignity and respect and their right to privacy is upheld.

EVIDENCE:

The improvement plan provided by the home following the last inspection said that a new care planning format had been implemented and the inspector viewed care plans for 3 residents these contained information on the individuals ability to meet their own needs, social fulfilment, communication, pain control, memory, behaviour, personal hygiene, dressing and undressing, nutritional assessment, sleep patterns, continence, risks, eating and drinking, medication and emotional well being. All care plans were comprehensive documents and these gave information on the support that residents needed and also information for staff on how support should be given, staff spoken to

said that the new care plans gave much better information than those previously used in the home and felt that they were good working documents.

There was evidence that risks assessments had been carried out and these gave information for staff on how identified risks could be minimised. The manager said that residents and families were involved in the compilation of care plans, however the resident or relative had not signed those seen by the inspector.

Recording on care plans was made at the end of each shift and records were clear, however they would benefit from more information being recorded to provide evidence of care delivery. There were regular reviews for resident and these were recorded on care plans. The manager said that reviews are undertaken every 8 weeks or earlier if required and she is looking to get residents and relatives involved in these reviews. Key workers, the deputy manager or the manager undertake these reviews and this is recorded in the individual plan of care, the inspector discussed this with the manager and it was recommended that review notes give an evaluation of how the care plan is working for residents. Annual reviews take place and residents, relatives, care managers and other interested parties are invited to attend.

Service users at the home are registered with a local GP surgery but have a number of different GP's, the manager stated that there was a good relationship with the GP's who visit the home when required. Resident may keep their own GP if they wish. The manager stated that home has a dentist who will visit the home if required, however residents are able to keep their own dentist if they have one. A visiting optician provides eye care and the home has a visiting chiropodist who calls every 6 – 8 weeks. Some of the residents at the home have CPN's and there is a district nurse service who call at the home when required and access to other healthcare professionals is through GP referral.

The improvement plan provided by the home following the last inspection said that a new medication policy and procedure had been produced and this was seen by the inspector and this was a comprehensive document and included information for the receipt, recording, storage, disposal and administration of medication. All staff who are authorised to administer medication have received appropriate training and staff spoken with confirmed that this training had taken place. Medication administration records were inspected and these were all up to date and accurate. The home keeps controlled drugs for one resident and the storage was appropriate. There was a controlled drugs register and 2 staff signed records. At present there are no residents in the home who self medicate and the home uses a monitored dose system from a local chemist

Staff were seen to behave appropriately with residents and the inspector observed staff interacting with resident and their preferred form of address was used. Staff were seen to knock on residents doors before entering and those residents spoken to confirmed that staff treat them with dignity and respect

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 & 15.

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

The home provides a range of activities for residents, which meet their expectations and their religious and recreational interests are provided for. Residents are able to maintain contact with family and friends and visitors are welcome at any time. Residents are supported to exercise choice and control over their lives as much as possible and they are provided with a balanced diet in pleasant surroundings at time convenient to them.

EVIDENCE:

The home employs an activities co-ordinator who works 2 days per week and she arranges a number of different activities which include: Card games, bingo, team crosswords, modelling, musical movement, flower arranging, card making and arts and crafts. Visiting entertainers call regularly and carol singers and bell ringers are booked to call in the next few days. When the activities co-ordinator is not working staff help with activities in the home. Residents spoken to said that since the new manager had been in post the activities at the home had improved and the manager said that she is looking to organise more trips out into the community and will be canvassing residents to see what they would like to do. 2 local churches provide a regular service in the home. Activities at the home are displayed on the notice board and records of who takes part are kept.

The home has a clear visitors policy and there are no set times, visitors sign in at the home and the visitors book is kept in the hallway, residents spoken to said that their visitors were always made welcome and the inspector had the opportunity to speak with 1 visitor to the home who confirmed that visiting times were flexible and he had never experienced any restrictions.

Residents were observed to be free to choose where and how they spent their time and there were no restrictions imposed upon them. The inspector observed staff supporting them and they were consulted about life in the home as much as possible, residents spoken to confirmed that they are able to make informed choices and they said that they were consulted regularly and felt that staff at the home respected their views. The majority of residents had bought some of their own possessions into the home and rooms had been personalised. Some residents had their own telephones in their rooms and they all receive their mail unopened.

The home operates a three-week rolling menu, which is changed regularly. The manager said that after consulting with residents the menu had been recently changed to take residents likes and dislikes into consideration. Residents spoken to were generally happy with the food provided by the home and stated that the food was plentiful and good, residents are offered a choice at meal times and are able to eat their meals in the dining room or elsewhere if they prefer. The main meal of the day is at lunchtime with the evening meal being a snack type meal. The kitchen is open 24 hours a day and residents can request a snack at any time and staff will make this for them.

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 & 18

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

There is a simple, clear and accessible complaints procedure, which includes timescales for the process and any complaints are logged and responded to appropriately. The homes policies and procedures protect residents from any form of abuse.

EVIDENCE:

The home has a clear complaints procedure, which contains all of the required information and residents spoken to were confident about raising any concerns they may have and stated that they would address any complaint they may have to a staff member or to the homes manager. Staff members spoken to were aware of the complaints procedure and said that they would support any resident to make a complaint if they wished to do so. Since the last inspection there has been one complaint made to the home by a member of staff and this was investigated appropriately by the home.

All Staff at the home have received training on adult protection and the home has a whistle blowing policy and also a copy of the Hampshire Adult Protection procedure. The home has a policy of no restraint and staff are trained to use non intervention techniques if any residents is aggressive. All staff spoken to were aware of their responsibilities with regard to adult protection and knew what to do should they suspect any form of abuse had taken place. Residents spoken to said that they felt safe at the home.

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 & 26

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

Residents live in a safe, clean and homely environment that is maintained to a satisfactory level, however communal areas of the home would benefit from re-decoration. The home was pleasant and hygienic with no offensive odours.

EVIDENCE:

The inspector toured the building and the home was clean and tidy with no offensive odours and resident's rooms were homely and personalised. One relative spoken with said that there was a nice atmosphere in the home and that it was always clean and tidy. It was observed during the tour that some of the communal areas were in need of decoration and the manager said that there was a programme of maintenance and redecoration in place and that she was consulting a dementia society for advice on appropriate colour schemes to benefit those residents who have dementia. The communal areas are planned to be re-decorated in the coming months.

The home employs a maintenance man who works five days per week and he is responsible for maintenance issues in the home and also undertakes the responsibility for health and safety. There is a log where any defects are recorded and these are signed off as they are repaired. Resident's rooms are decorated as they become vacant.

The home has a laundry, which provides a full laundry service for residents and this is equipped with 2 industrial washing machines and 2 tumble driers. The home employs a member of staff to carry out laundry duties and she is backed up by care staff who carry out laundry duties in her absence. Dirty laundry is placed in bags and is brought down to the laundry room. Any soiled laundry is put in sealed sacks so that staff are aware of the contents. All areas of the home were clean and there were no offensive odours.

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 & 30

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

The home has a mix of staff that has a range of skills and there were sufficient numbers of staff on duty to meet the needs of residents.

The homes recruitment policy and practice supports and protects residents and staff morale was good and residents benefit from a staff team that has had sufficient training to meet their needs.

EVIDENCE:

On the day of the visit the inspector looked at the staffing levels for the day of the visit and this showed that there are 6 members of care staff on duty between 0800 – 1300, from 1300 to 2000 there are 4 staff on duty and between 2000 – 0800 there are 2 members of staff on duty. These numbers are complemented by a cook and a kitchen assistant, a housekeeper, 2 cleaners, 1 laundry assistant, an activities co-ordinator a maintenance man and also the homes deputy manager and the manager. Staffing numbers were discussed with the manager and she stated that since she has been in post she has increased the staffing levels. All residents spoken to said that they felt that staffing levels were sufficient and comments received included "the staff are very good" "I get all the help I need" "I am well looked after" and "they do anything I ask of them". Staff spoken to also said that they felt that staffing levels were sufficient.

The home employs a total of 25 care staff and has 3 members of staff who have NVQ 3, 1 member of staff is currently undertaking NVQ3 and 21 Staff members have or are in the process of obtaining NVQ2.

Recruitment records were seen for 3 members of staff 2 of these have recently been recruited and their individual files contained all of the required information including application form, CRB, POVA, passport, birth certificate, 2 x references, contract of employment and details of qualifications.

The improvement plan sent to the CSCI after the last inspection stated that staff training would be reviewed and that appropriate training would be provided for staff. The inspector looked at training records and this showed that staff had received training in: Challenging behaviour on 25/9/07, adult protection on 7/9/07, health and safety on 16/11/07, fire training November 07, medication training 6/11/07, infection control 12/11/07, care planning 27/11/07, dementia awareness 25/9/07 and continence training on 7/12/07. There was also evidence of training in fist aid, food hygiene, mental health awareness and NVQ training. The home has skills for care induction booklets, which staff has to complete in the first 6 weeks and foundation training booklets, which need to be completed within 6 months. The manager has produced individual training matrix for each staff member and this gives details of the training undertaken, who the provider was, date of training and also the date for refresher training. Staff members spoken to said that training had improved dramatically since the new manager had been in post.

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 & 38

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

The manager provides effective management of the home and the home is run in the best interests of residents. The financial interests of residents are protected by the homes policies and procedures and the health, safety and welfare of residents and staff are promoted and protected.

EVIDENCE:

The manager has considerable experience and has been running the home since September 2007 and she has applied to be registered with the CSCI. Residents spoken to had no concerns about the management of the home and comments received from relatives and from staff spoken with said that positive changes had been made since the new manager started work at the home. There is a quality control system in place to monitor standards and the home receives regulation 26 visits. The manager said that residents meetings are periodically held and that there are regular staff meetings. Staff consult

residents on a one to one basis and staff feed back information to the manager. The manager said that as a result of these consultations the menu had been changed and that she would be sending out satisfaction survey's to residents, relatives, and health care professionals and to other interested parties.

The home does not manage any resident's finances and any services provided such as hairdressing and chiropody are invoiced to residents or their relatives.

The maintenance man is responsible for health and safety issues in the home and there was a fire risk assessment for the building and the fire logbook was inspected and all required recording and testing had been carried out. Certificates for the testing of equipment was available and these were all in date.

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	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
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	2

STAFFING	
Standard No	Score
27	3
28	3
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

Commission for Social Care Inspection

Hampshire Office
4th Floor Overline House
Blechynden Terrace
Southampton
SO15 1GW

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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