



## Enter and View Visit Report Glanmore

Visit date: 21<sup>st</sup> February 2020

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*156 Holyhead Road, Wellington, Telford, TF1 2DL*

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## Acronyms and Terminology

CQC	- Care Quality Commission
DoLS	- Deprivation of Liberty Safeguards
GDPR	- General Data Protection Regulation
HWE	- Healthwatch England
HWT&W	- Health Watch Telford and Wrekin
T&W	- Telford and Wrekin



## About Healthwatch Telford & Wrekin

Healthwatch Telford & Wrekin (HWT&W) is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

## What is Enter & View?

HWT&W gathers people's experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'partially announced' or 'unannounced'. 'Partially announced' visits mean the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people's views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a 'purpose'.



## Details of the Visit

Visit Details:	
Service	Glanmore
Provider	Accomplish Group
Date and Time of visit	21 <sup>st</sup> February 2020 at 14.00pm
Visit Team	x2 HWT&W Enter & View Authorised Representatives
Service contact details	Name: Kyle Hughes Phone: 01952 251975 Address: 156 Holyhead Road, Wellington, Telford TF1 2DL

## Purpose of the Visit

How dignity, respect, quality of life and independence is being respected and supported in the person’s care, and how ‘activity-based’ care supports people to continue to be as active and independent as possible.

We want to hear about resident experiences and those of any relatives and visitors present, and we will observe the residents engaging with the staff and their surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

We are also visiting services for people with Learning Disability, Mental Health or Substance Misuse.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all users of the service and staff, only an account of what was observed and contributed at the time.



## Context of the Visit

In August 2017 Healthwatch England published a report: ‘What’s it like to live in a care home?’ Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people’s experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme HWT&W will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. Individual visit reports will be published on each Home visited. Over-arching theme reports will be published focusing on person-centred care and the quality of life experienced by residents, relating to their dignity and respect and exploring topics such as activity-based care, access to health professionals, and living with dementia.

Glanmore, located in Telford & Wrekin, is currently rated ‘Good’ by the Care Quality Commission (CQC).



The visit was **'announced'**, we told the Manager the date and time of our visit. This visit was arranged differently to normal Enter and View visits; dispensing with the pre-visit Manager's meeting - due to the small size of the service - the Manager's meeting and visit were carried out one after the other.

## What we were looking at

The focus of this visit was to find out if the residents of Glanmore were happy living in the home. We wanted to learn about:

- the environment - accessibility, activity
- supporting people to be as active and independent as possible
- choices available to people
- staffing levels and staff training



## What we did

When we arrived at the Home, after signing-in, we spoke to the Manager. Our questions about the home were answered and we took advice on whether any residents should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent. The Manager showed us around and introduced us to the residents and staff.

We spoke with any residents present in the Home who were willing to talk to us. We spoke to 2 residents in the lounge. The Manager received permission for us to view the self-contained flat. The Manager also asked residents if they wished to speak to us. 1 resident did not wish to talk to us but they were out of the home with staff at the time of our visit.

We spoke to 2 residents and 1 staff member.

## What we found out

### About the Home

Glanmore is a converted detached house, probably built at the turn of the 20<sup>th</sup> century. From the outside it appears as a normal large house there are no signs that make it stand out as a Care Home.

Access to and exit from the Home was through a locked front door, which was unlocked/locked, as required, by a member of staff. The Manager, when asked what would happen in the event of a fire, explained that the front and back doors were remotely connected to the fire alarm system and opened automatically when the alarm was activated. All residents had their own front door key, unless they had a Deprivation of Liberty Safeguards (DoLS) in place. A Visitors' signing in book was evident in the hallway.



Glanmore has recently undergone a full refurbishment and offers a modern but homely environment for people with Mental Health needs. The home caters for Learning difficulties, Self-harm and Substance abuse.

They support and assist individuals in developing coping techniques which can make a noticeable difference in their everyday lives.

The Home consists of 6 bedrooms with ensuite and 1 self-contained flat on the top floor. The flat is used to help transition residents to independent living in the community.

Glanmore's mission statement is: 'to make tomorrow better than today'. They aim to achieve this through their innovative and person-centred approach. They empower people to live their lives in the way they want to and support them to make this happen.

The Manager has been at the Home for two years, initially as the Deputy Manager, and subsequently as the Manager for the last six months. The CQC carried out a routine inspection the week after his position as Manager was confirmed.

Most residents have regular contact with their families. 1 resident had gone to visit their family and would be returning later. One resident's family visit 2/3 times a week. 2 residents do not have contact with family at this time.

Manager and staff have good relationships with families that visit.



The Manager informed us that 1 resident had used the Advocacy Service and that they had no problems in accessing the service. We saw information on a notice board in the hall giving information about the availability of Advocacy Services.



Residents were encouraged to go out into the community and to access the range of suitable activities that were on offer. Some would only go out with staff support. 1 resident liked to go out daily, except on a Sunday, regularly going into town or to a pub which was a short walk from the home.



One resident had a Deprivation of Liberty Safeguards (DoLS) in place and couldn't access the community on their own without staff support.

We observed the Manager going out to pick up a resident who had gone out earlier.

## Views of the residents

### Topic 1 - Dignity and quality of life respected in person-centred care

We were advised that residents chose when they got up, what they wore and when/what they ate. Choices and person-centred care were evident on our visit.

Residents told us:

“Feel so much more cared for, this home is more caring than any other I have been in”

“They help us work towards our independence”

### Topic 2 - Choices and preferences, including meals, personal care, activities, & meals

All activities were individually based enabling residents to engage with a particular activity on an agreed day. There was no fixed activities programme.

One resident was looking at finishing their GCSE at Shrewsbury College, another resident was going to start a woodworking course and guitar lessons.

We were told that most of the residents shopped for and cooked their own food. They ate when it suited them, with staff support; if and when required. We observed a member of staff taking residents shopping, the home had two diabetics; so their meals and mealtimes had to be more structured. Staff joined residents at mealtimes.





Residents were also supported with doing their own laundry and the upkeep of their rooms, staff encouraged and assisted.

### **Topic 3** - Experience of care meeting the needs of those living in the home

We were told by residents that staff assisted them when required and they were supported to be as independent as possible. They were encouraged to go out into the community one resident told us:

“I go into Wellington but not on my own staff go with me”

The Home uses the Recovery Star Model, which is an outcome-based measurement tool. This supports a person’s recovery by measuring progress in areas including: managing their Mental Health, enhancing living skills, building and maintaining social networks and building self-esteem to maximise Independence.

A resident said:

“They teach me independence skills”

### **Staffing levels and training for staff**

Staffing levels were: x4 (am), x3 (pm), x2 evening/night.

The Home used agency staff at times, at present they were using 1. They used the same Agency to cover their shifts.

At present all staff were female. The manager stated he found it hard to recruit male carers. The present composition of residents at the time of our visit was 3 males and 3 females. Staff turnover was acceptable. We did note that one staff member had been at the home 11 years.

New staff completed the following training before they commenced employment:

2-day staff induction course.

3-day training course - studio 3 training (challenging behaviour).

1-day First Aid course.

Additional training was given in Manual Handling, Fire, Health and Safety, Mental Health, Epilepsy, Diabetes, Self-Harming. Additional training was provided if a resident came into the home with a new condition.

Medication training, staff were mentored until they were confident.



Staff received training throughout their employment.

1 member of staff told us:

“That the staff training was good”

“We do online training also some in house training in Birmingham”

“I have also done epilepsy training”

The Manager told us that he supported his staff 24/7 and was well supported by the Area Manager.

## Observations

During the visit the Authorised Representatives observed interactions between staff and residents, and looked at the physical environment

### Staff interactions with the residents

All staff interactions with residents that we observed were warm and respectful.

Residents told us that:

“The care staff were very caring”

“The Manager and staff will sit and talk to you; you can tell them anything”

“Feel so much more cared for, this home is more caring than any other I have been in”

“The Manager’s door is always open even when he is busy”

### The environment of the Home

The house is on a main road a few minutes’ walk into Wellington Town Centre

The Home consists of 6 bedrooms with ensuite and 1 self-contained flat on the top floor. The flat is used to help transition residents to independent living in the community. There is car parking at the front and rear of the property.



The home was clean and bright, it had a very warm homely feel. The Home has a lift to the first floor, access to the flat was by a steep and narrow staircase. They were plenty of handrails and grabrails round the home .



We only saw one notice board in the Home, in keeping with the family homely feel.

The communal areas were very homely and consist of a kitchen, laundry area, two dining areas and a large conservatory. There is a garden area to the rear which houses two rabbits. The home is very animal friendly in addition to the rabbits, they have a hamster and one resident will be getting some turtles soon. The home also has a neighbouring cat which visits and is loved by some of the residents. The manager told us they are looking into getting a small dog for the home, probably a Chihuahua.



We were told by one resident that they would give the home 11 out of 10

“Some homes appear very sterile, not here”

## Additional Findings

The Home used The Wellington Medical Practice but felt they were not responsive enough.

Residents used the Dentist and Optician in Wellington town when needed.

The Home holds a residents’ and families’ meeting, which is accommodated during a whole day, we saw this advertised on the notice board. The Manager said they found this more effective than holding it at a set time.

We spoke to a resident who was moving in shortly, they had been visiting the home regularly and couldn’t wait to move in, hopefully soon.

We asked about Data and Cyber security.

All information was kept in the cloud nothing on hard discs, all access required a login.

Firewalls and antivirus were maintained by the groups Information Technology (IT) department.



Files and any paper care plans were kept in a locked cabinet and information stored in compliance with General Data Protection Regulation (GDPR)

Wi-Fi for staff and residents was password protected.

The Home used a hospital passport, if a resident was admitted to hospital it provided all the resident's relevant details. The Home was unaware of the red bag scheme, they would investigate it to determine whether it was appropriate for their residents.

Staff would support any resident admitted to hospital, they would stay with them until they were settled.

English was the main language spoken in the home although the Manager spoke some Welsh.



## Summary of Findings

- Glanmore was very homely.
- Home was clean and tidy in all communal areas.
- Friendly and relaxed atmosphere.
- Residents were well supported by staff members and management.
- Staff felt well supported.
- Residents were encouraged to access the local community.
- Resident made the choices about their daily routines.

## Recommendations

- Continue with the positive interactions between staff and residents.
- Maintain the homely and relaxed feel of the Home.

## Service Provider Response

HWT&W received the following response to this Enter & View visit and report from the Manager of Glanmore in *(April 2020)*.

“Thanks for this review, I feel it reads well”.

“With regards to recommendations, there do not appear to be any significant recommendations to respond to so we as a home are simply grateful for the feedback and will strive to continue as we are and strive for further improvement that could lead to outstanding outcome for the people we support”.



## Acknowledgements

HWT&W would like to thank the residents and staff of Glanmore Care Home for their contribution to the visit and our Enter and View programme.

### Get in Touch

Please contact Healthwatch Telford and Wrekin to share your views and experiences of this service or any other health and social care service in Telford and Wrekin or received elsewhere by people living in Telford and Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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