

Harmony Care Enterprise LTD

# Glencoe Care Home

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Glencoe Care Home is a residential care home providing personal care to people aged 65 and over, some of whom were living with dementia. The service has three floors. Glencoe Care Home can accommodate up to 19 people. At the time of this inspection, 16 people lived at the service.

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

Risks to people were not appropriately managed or recorded. Equipment had not been checked at regular intervals to ensure it remained safe and fire risks had not been adequately assessed or managed.

The service did not have sufficient infection prevention and control measures in place. Government guidance in relation to Covid-19 had not been followed which placed people at increased risk.

Medicines had not always been managed safely. Staffs medicine training was not up to date and their competencies in medicines had not been assessed. The provider failed to ensure staff had the appropriate skills and knowledge to carry out their roles. Staff had not been provided with sufficient training or support.

There was not always enough staff on duty to ensure they could meet people's needs. Safe recruitment processes had not been followed.

There was a lack of quality assurance processes in place to monitor the quality and safety of the service. There was a clear lack of provider oversight and they had not ensured effective and competent management was in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 February 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 December 2019. A breach of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glencoe Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

### Enforcement

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control, medicines, environmental safety, staff recruitment, staffing levels and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Glencoe 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 carried out by one inspector. An Expert by Experience contacted people and relatives via telephone following the site visit to ask their views on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Glencoe 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. However, the registered manager was no longer employed at the service. We are taking action to address this outside of the inspection process.

A new manager was in post, but they were not yet registered with CQC. We have referred to them as the 'manager' throughout this report.

#### Notice of inspection

This inspection was announced. We gave a short notice period of the inspection to allow us to discuss the

safety of people, staff and inspectors with reference to Covid-19.

#### 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 and other professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the manager and looked at two staff recruitment files. We also looked at medicine records, health & safety checks and servicing, accident and incident records as well other records relating to the management of the home.

#### After the inspection

We requested further documents from the provider. These included staff training records, staff rotas, audits used to monitor the service and records relating to people who used the service.

We also contacted three people who used the service, six relatives and a further two staff via telephone to ask their views on the service.

Due to the concerns found during the inspection site visit we also contacted the fire authority and local authority to highlight the concerns we 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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not appropriately managed or recorded.
- Fire risks were not adequately managed. For example, there was no fire risk assessment in place and testing of the fire alarm system had not been completed on a regular basis. Staff had not received any recent fire training or completed fire drills to ensure they could safely evacuate the building in an emergency. Following this inspection, we contacted the local fire authority and highlighted the concerns we had found.
- Equipment had not been checked at regular intervals to ensure it remained safe. For example, call bells had not been serviced and bed rails had not been checked to ensure they remained safe for people to use. Water temperatures had not been monitored prevent the risk of scalding.
- Risks in relation to inadequate fire prevention measures, checking of water temperatures and servicing of equipment had been highlighted to the provider following the last inspection; they had failed to take action to address the issues and the concerns remained at this inspection.
- Accidents and incidents had been recorded but were not fully investigated by the manager.

The provider failed to assess the risk to the health & safety of service users and do all that is reasonably practicable to mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action following the inspection to ensure all health and safety concerns were addressed.

Using medicines safely

- Medicines had not been managed safely.
- Where people were prescribed as and when required medicines, appropriate protocols were not in place to guide staff on when these should be administered.
- Staff had not received appropriate medicines training or had their competencies in medicine management assessed. When medicine errors had occurred, appropriate action had not been taken to ensure staff skills, knowledge and competencies were reassessed.

The provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured the provider had appropriate processes in place in relation to infection, prevention and control.
- No infection prevention and control audits had been completed.
- We were not assured appropriate guidance was implemented and being followed in relation to Covid-19 and outbreak management. Staff were not wearing personal protective equipment (PPE) appropriately and suitable facilities to enable staff to change their PPE were not in place.
- We have signposted the provider to resources to develop their approach and asked the local authority and Infection, Prevention and Control (IPC) team to support with required improvements.

The provider failed to ensure guidance was implemented in relation to the prevention and controlling of the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Appropriate processes were not followed in relation to employing staff. Interviews were not recorded and suitable references had not always been requested prior to employment commencing.

Failure to operate effective recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rotas showed there was not always an appropriate number of staff on duty. The information being used to calculate staffing levels did not correspond with people's care and support needs.
- Visiting professionals raised concerns over staffing numbers and staff we spoke with confirmed this. One staff member told us, "Staffing levels have been reduced and we just do not have enough time. We are expected to do cleaning and cook meals too."
- Staff had not been provided with suitable training and support. Training in areas such as health and safety, safeguarding and first aid had not been provided on a regular basis to ensure staffs skills and knowledge remained up to date.

Failure to ensure a sufficient number of suitably qualified, competent, skilled and experienced staff are deployed is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action following the inspection to ensure sufficient staff levels to meet people's needs.

#### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm.
- Not all staff had received training to ensure they had the skills and knowledge on how to report concerns appropriately. Staff did not have a full awareness of their roles and responsibilities in relation to safeguarding people.
- The manager had taken action to report safeguarding concerns to the local authority.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective systems and processes to monitor and improve the service and failed to keep complete, accurate, contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Effective quality assurance processes were not in place. The lack of systems and processes in place to identify concerns or shortfalls within the service placed people at increased risk. For example, a lack of risk assessing in relation to the environment, poor management of medicines and failure to ensure appropriate infection prevention control measures were in place.
- Audits that were in place were ineffective. They failed to identify the concerns we found during the inspection and did not address all areas of the service.
- The provider failed to ensure there was effective and competent management arrangements in place. They had a lack of oversight of how the service was being run.
- The provider had not visited the service consistently during the Covid-19 pandemic. Despite this, they did not consider implementing additional governance checks to allow them to monitor the service remotely.
- Shortfalls had been highlighted to the provider at our previous inspection, but appropriate action had not been taken to improve the service and the service had deteriorated further.

Failure to establish and operate effective systems and processes to monitor and improve the service was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a clear lack of oversight from the provider which impacted on the outcomes for people.
- The provider did not effectively involve and engage with people. People, relatives and staff had not been

asked their views on the service provided.

- Staff did not feel supported within their roles. They had not been provided with sufficient training to ensure they had the skills and knowledge they needed. They expressed concerns over the lack of provider engagement and reduced staffing levels within the service.
- Guidance from other professionals in relation to Covid-19 had not always been followed, which put people at increased risk of harm.

Failure to seek and act on feedback from people and staff was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not have effective systems in place to allow them to identify concerns and shortfalls. This meant issues and concerns were not responded to in an open and honest way.

Failure to assess, monitor and improve the quality and safety of the service provided was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The provider failed to assess the risk to the health & safety of service users and do all that is reasonable practicable to mitigate such risks. 12(2)(a)(b)
	The provider failed ensure the proper and safe management of medicines. 12(2)(g)
Accommodation for persons who require nursing or personal care	The provider failed to ensure guidance was implemented in relation to the prevention and controlling the spread of infections. 12(2)(h)
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider failed to establish and operate effective systems and processes to monitor and improve the service. 17(1)
Accommodation for persons who require nursing or personal care	The provider failure to assess, monitor and improve the quality and safety of the service provided. 17(2)(a)
	The provider failed to seek and act on feedback from people and staff. 17(2)(d)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure recruitment procedures were established and operated effectively.  
19(2)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure there was sufficient number of suitably qualified, competent, skilled and experienced staff deployed.  
18(1)