

Glencoe Care Limited

Glencoe Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Glencoe is a nursing home which offers care and support for up to 20 predominantly older people. At the time of the inspection there were 19 people living at the service. Some of these people were living with dementia. The home is situated on the outskirts of Gwithian, near Hayle. The service is a detached house on two floors with a passenger lift to assist people to the upper floor. Eight of the rooms had en-suite facilities. There were two further bathrooms one with an assisted bath and another was a shower room. There is a rear garden area.

This unannounced comprehensive inspection took place on the 23 April 2018.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The services general environment required decoration where wallpaper had been damaged due to lounge chairs being brushed against them. There was extensive chipping of paintwork throughout the service due to the movement of hoists and wheelchairs. The ground floor carpet was heavily stained in places. At the time of the inspection the dining room was being decorated and there was a maintenance plan in place to improve the environment.

Both sluice facilities were broken in the days before the inspection. One sluice was being repaired on the day of the inspection. The additional sluice required specialist maintenance and this was being sought. Staff had been instructed of the issues and were working to maintain effective infection control measures. Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedures in place to manage infection control risks.

One person was receiving oxygen in their room. The machine holding the oxygen was being stored outside the door of the room and had a hazard warning in place. However, it was not obvious and a more prominent warning would have alerted people to the hazards where oxygen was being used. We shared this with the registered manager who acted to improve signage.

There were no Personal Emergency Evacuation Plans [PEEPS]. The purpose of these is to support people in the case of emergency by providing individual emergency evacuation plans to support staff and emergency services. The registered manager acknowledged the need to improve this and put a plan in place to develop PEEPS with immediate effect.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely. Regular audits were being carried out. However, we found an excess of some prescribed medicines and creams which had been opened without having the date of opening recorded. Meaning the expiration date could not be determined by staff. There was no effective system in place to ensure staff recorded when they had applied creams to people in line with their care plan.

The service had sufficient staffing levels in place to provide the level of support people required. The registered manager told us they made sure they worked a shift at least once a week to "Keep in touch with what's going on". There was limited use of agency nurses to ensure continuity. People told us and we observed staff were responsive and available when they needed them. Call bells were answered quickly.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. There was training available to all staff which met the diverse needs of people being supported and which was regularly monitored.

Care plans included evidence of how people's risks were being managed to ensure they were safe. Records recorded changes in people's level of risk and how those risks were going to be managed.

Care plans were being reviewed regularly and people's changing needs were recorded. Records reporting on people's health including repositioning charts, pressure mattress checks, food and fluid and night checks were not always effectively completed. Mattress pressure checks were ticked with no explanation of what the pressure was or should be. A staff member was not aware of what one mattress pressure should be. This meant the information did not provide staff with the necessary information to support them in delivering care to people.

Some people had restrictions in place to support them safely. While the registered manager had applied for two people to have potentially restrictive care plans, there was not a robust system in place to monitor this. Two applications submitted in 2016 had not been reviewed. No other capacity assessments had been carried out or the best interest processes used assess potential Deprivation of Liberty Safeguards [DoLS] applications. This meant some people who were restricted from leaving the service did not have the necessary 'best interest' decisions in place to ensure that restrictions were the least restrictive option available.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff. The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

People told us they were informed of their care plan. However; there was no evidence this had been consented to. For example consent for sharing information and keeping photographs of the person.

Staff supported people to access healthcare services. These included social workers, psychiatrists, general practitioners (GP) and speech and language therapists (SALT). Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

People told us the food was good and we saw choices were offered to meet people's preferences. When people were identified as being at risk due to poor food and fluid intake they were closely monitored and supported to eat high calorie diets. Kitchen staff were aware of people's dietary needs and preferences and created meals which were appetising.

Staff told us they were supported by the registered manager through regular updates in handovers. However the registered manager acknowledged formal supervision had lapsed for nurses and care staff in recent months.

There were a range of quality assurance arrangements at the service in order to raise standards and drive improvements. However, formal staff and residents meetings had ceased since 2017. Staff told us information was shared on a daily basis with the registered manager and that the manager was available to discuss any issues.

All levels of staff engaged with people using and associated with the service. People's views were taken into account through regular communication and surveys. The results of the most recent survey had been positive.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Stock control for medicines and dating creams when opened were not consistent. We have made a recommendation about this.

There were gaps in some care records and not all records were effective in the information they recorded.

Environmental risks were not always being recorded including Personal Evacuation Plans [PEEPS] and where oxygen was being used signage needed to be improved.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Requires Improvement ●

Is the service effective?

The service was not always effective. The management and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and people's rights were protected. However, the recording systems and management processes in use were not effective.

The maintenance of the service required improvement including decoration of some areas of the service.

People's health care needs were assessed and monitored and advice was sought from healthcare professionals when required.

People's dietary needs were met. The range of food options promoted people's good health and wellbeing.

People were supported by staff, who had been appropriately trained to understand their needs.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs

Is the service responsive?

Good ●

The service was responsive. People had the opportunity to participate in a range of meaningful activities.

People's care plans had been developed to include people's life history and what was important to them.

People were supported to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led. Recording systems and processes were not robust.

There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

The service had systems in place to seek the views of people and to monitor and improve the quality of the service provided.

Glencoe Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

The inspection was undertaken by one adult social care inspector. We spoke with a range of people about the service; this included seven people who lived at Glencoe and two visiting relatives, five staff members and the registered manager.

We looked at care records of three people who lived at the service, training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We asked people who lived at Glencoe if they felt safe living and receiving care there. Comments included, "I feel very safe living here" "I never have to wait if I need staff to help me" and "If I feel 'wobbly' I know the staff are there to help me." Observations made throughout the inspection confirmed people's requests for support were answered quickly and efficiently.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed. There was evidence where a person's mobility had deteriorated with more falls occurring. Staff had responded to the changes by making the necessary referrals to ensure suitable equipment was in place to safely support the person.

Not all care records had been maintained. Pressure mattress checks were ticked with no explanation of what the pressure was or should be. A staff member was not aware of what one mattress pressure should be. This meant the information did not provide staff with the necessary information to support them in delivering care to people.

The service held a safeguarding adults policy. Staff were aware of the safeguarding policies and procedures in place. They told us they were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on safeguarding adults.

Accidents and incidents were recorded, tracked and monitored by the registered manager to summarise what had occurred, outcomes and actions. These were reviewed and audited to identify possible trends or patterns to help minimise the risk of repeat occurrences. For example where a person was at increased risk of falls due to their physical deterioration they had been provided with a pendant to alert staff. This had helped to reduce and manage falls for this person.

People told us they received their medicines on time. There were no gaps in medicine records and people received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely. Regular audits were being carried out. However, we found an excess of some medicines being kept for one person. The most recent audit had not identified that this medicine was not required in the prescribed dose. This showed audits were not effective. The registered manager assured us any future audits would address this.

Some creams prescribed for people were not always being dated on opening which meant the expiration of the creams effectiveness could not be determined. We discussed this with the registered manager who took immediate action to address the issue and took steps to remind all staff responsible for medicines.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

The service were storing medicines that required cold storage. There was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily. However in some instances the temperature was recorded below the recommended range of 2-8 degrees. We were told the fridge could be temperamental.

It is recommended the service ensures the temperature range for the medicines fridge meets current pharmaceutical guidelines.

We observed the service was being suitably staffed to meet people's individual needs. Call bells were responded to quickly. One person told us, "Never have to wait long before they [staff] come and help me if I need them." The level of support that each person required was assessed and used to determine staffing levels. The staffing rota showed there was a satisfactory skills mix on each shift. A staff member told us, "We work really well as a team and where there are gaps we usually manage to fill them with our own staff." This helped ensure consistency of care. □

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic. On the day of the inspection both sluices were out of order. The registered manager and staff told us the first sluice had stopped working a few days before the inspection and the second failed the day before. The registered manager had taken action. During the inspection one of the sluices was being repaired. The second sluice required specialist maintenance and this had been arranged. Staff had been advised of the need to take action to ensure all items requiring sluicing were being managed effectively.

Equipment had been serviced and maintained as required. Records were available confirming gas, electric and fire systems were being maintained and were safe to use. Equipment including moving and handling equipment (hoist and slings) were safe for use and were being regularly serviced. We observed people had their own slings allocated for them; they were clean and stored appropriately so people were safe when moving around the premises.

Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. However there were no Personal Emergency Evacuation Plans [PEEPS] in place which would support people in the case of emergency by providing an individual emergency evacuation plans to support staff and emergency services. We spoke with the registered manager about this and were told the most recent fire service inspection had not recommended this but that the matter would now be addressed.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I have every confidence in the staff. They all seem to know what they are doing." A relative said, "The staff team are very good and I trust them to look after my [Person's name]."

We observed staff continuously engaged with people. Some people chose to sit alone or did not engage with those around them. Staff were observed to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

People's needs and choices were assessed before moving to Glencoe. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Two people told us the registered manager and staff frequently asked about their wellbeing and when they reported they did not feel well staff contacted a relevant health professional. One person told us, "I do have some health issues but they are on top of things and make sure I see the doctor when I need to." Care records showed visits from health professionals including General Practitioners (GP's) and other health professionals were taking place as required. These included dietitians and occupational therapists.

At this inspection we found the premises required attention. We observed some maintenance issue. The services general environment required decoration where wallpaper had been damaged due to lounge chairs being brushed against them. There was extensive chipping of paintwork throughout the service due to the movement of hoists and wheelchairs. The ground floor carpet was heavily stained in places. A recent meeting with the provider showed there was a programme for decoration of the service and this had begun with the dining room. The provider had a maintenance contract so that any issues could be responded to quickly and this was discussed and reviewed during meetings with the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood what restrictions meant and had received training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no authorisations in place. Two applications had been made to the local authority in 2016. However, these applications had not been reviewed since then, meaning the information may not be accurate. The service had a keypad lock entrance and therefore restricted people's choice of movement. Some people had bed rails in place and one person had a pressure mat to monitor their movement at night. There was no evidence of 'best interest' meetings taking place to identify the need for a DoLS application. This meant that there was not a robust system in place for the service to monitor the implementation and management of this legislation.

There was no evidence in care plans that people had consented to their care and treatment, receiving medicines or having photographic ID. Relatives told us they were involved in their relatives care and treatment and a person living at the service told us they were asked their consent before care and treatment was delivered. Care and treatment must only be provided with the consent of the person and where they lack capacity must act in accordance with the Mental Capacity Act 2005.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service assessed people's dietary needs on admission and through regular review. Some people required referral for specialist dietary support especially where people were at risk of choking. Staff followed guidance and the chef was made aware of all special dietary needs. People had choice of meals every day. For example we observed three choices at lunch. People were asked individually what they would like. Due to the dining room being decorated people were being serviced food in the lounges and their own rooms. One person said, "It's not normally like this. Meals are very social and we have a chat."

Staff regularly monitored people's food and drink intake to ensure they received sufficient each day. Staff monitored people's weight regularly as part of monitoring their general health.

Newly employed staff were required to complete an induction before working unsupervised. This included completing relevant training and reading the organisation's policies and procedures. The induction programme covered orientation to the premises and an overview of all health and safety practices. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. A staff member told us they had felt supported when they started to work at the service. "I was made to feel welcome and all the staff supported me. It's a strong team and we support each other."

Training records showed staff were provided with regular training updates the provider considered mandatory such as moving and handling, safeguarding and infection control. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care, diabetes care and care of the dying. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

Staff told us training helped them to provide the necessary support and care to people. They said they were supported by the registered manager through regular communication and supervision. However records showed formal recording of supervision had not occurred since 2017. By not having a record of staff supervision means there is no opportunity to review performance and development. .

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around and a call system which alerted staff through individual electronic devices. Pressure mats were used only as necessary and identified as part of the risk assessment.

Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Is the service caring?

Our findings

People who lived at Glencoe told us they were happy and felt the care provided for them was very good. Comments were positive and included, "I like living here. All the staff are very caring" and "They [staff] are very patient and there for you if you need them." A relative told us, "The staff are always around and they make us feel involved."

Staff knew the people they cared for well. They were able to tell us about their likes and dislikes, background and histories. Staff encouraged people to get to know each other and to share common interests. Relatives told us staff and management were kind and caring and available to them when they needed them. For example, where people stayed in their room's staff were regularly going into them to check they were comfortable and asking them if they needed anything. One person who was bedfast told us, "They [staff] are always popping in to check I'm OK."

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Glencoe were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them, so that people could clearly understand them. Staff were observed encouraging people to take their time when they wanted to communicate.

People told us their privacy and dignity was always respected and this was observed during the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

People said they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However, some people were very frail and consultation could only occur with people's representatives such as their relatives.

The relatives we spoke with said they could visit the service at any time and always felt welcome. Nobody mentioned any restrictions on visiting times. Families had the opportunity to be involved in decisions about their relatives care, but only if they were the person's legal representative.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff respected people's choice in sharing information and one file recorded, 'does not wish to discuss'. This demonstrated staff respected people's choice.

People's rooms were decorated and furnished to reflect their personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms. One person wanted to talk about the memories photos of their family brought them. They told us, "I love having the photos around me because they bring back so many happy memories."

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Is the service responsive?

Our findings

People using the service and family members told us they were pleased with the care and support they or their relative experienced. One person told us, "They are very good and always ask after me and listen to what I have to say." A relative told us, "I am very satisfied with the way [Person's name] gets cared for here. If anything changes they [staff] are onto it."

Each person had a care plan, which was personalised to them. The care plans recorded details about the person's specific needs and how they would like to be supported. It was person centred demonstrating the person was at the centre of identifying what was important to them. It detailed people's choice of daily routines. For example, people's sleep routines and if they liked to take part in activities. This supported staff in how they responded to people's needs. Where possible care plans included details of the person's background, life story, likes and interests as well information about their medical history.

Care plans were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Any sudden changes were shared with senior staff at each handover shift and cascaded to care staff so they could respond.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were observed greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the service where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

There were activities taking place on at least five days a week at the service. A dedicated activities co coordinator was on duty at the time of the inspection. They provided us with information about what they did and how they made daily choices about what activities they would deliver. They took time speaking with people about what they liked to do so their activities were person centred, for example, sourcing specific games or crafts which people enjoyed. Some people chose to stay in their rooms. The activity coordinator visited them to speak with them or provide hand massage. They supported people to use community facilities including church services and one person had an electric wheelchair and was supported to visit the local pond which they had enjoyed doing before living at Glencoe. This demonstrated activities were meaningful to people.

The service took account of individual communication and support needs of people with a disability, impairment or sensory loss. Care plans outlined whether the person had communication needs and how they should be met. This information had been developed over time with key staff and in conjunction with people's families. This meant staff could provide care and support for people that were responsive to their needs.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. Comments included, "No complaints, more than happy living here" and "I have never felt the need to raise complaint but I think that's because I can talk through anything with the manager and staff." People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy.

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager was approachable, readily available and supportive. Comments included, "We [staff] think the manager is always there for us. If you are not sure about something she is there to give us advice" and "We are a strong team and support each other." There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a long standing team of nurses, seniors and care staff.

The registered manager was very visible in the service on a daily basis. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged good communications between nurses, care staff and the registered manager. This helped ensure everyone who worked with people living at Glencoe were aware of people's current needs. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they engaged with people.

There were clear lines of accountability and responsibility both within the service and at provider level. The management team consisted of a registered manager and administrator. Monthly provider meetings took place so the owner was kept informed and up to date about all aspects of the service. A recent meeting had discussed a maintenance and decoration programme for the service. This was seen during the inspection. This inspection identified the need for decoration in the service as well as maintenance of the sluice rooms.

There were systems in place to monitor the quality of the service at Glencoe. However these systems had not identified the issues we found during the inspection. For example, in relation to the management of medicines or the monitoring of fridge temperatures for medicines, some aspects of care recording, systems to check mattresses and fire evacuation plans. This meant that these systems were not fully effective.

The audit processes and monitoring systems in place at Glencoe were not entirely effective. The concerns found at this inspection had not been identified by the registered manager prior to this inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No staff meetings had taken place since April 2017 although staff had requested a meeting to discuss updates about people using the service. Staff meetings are an important opportunity for all levels of staff to share information and receive operational updates.

We recommend the service provides staff with meetings where they can engage with managers and receive updates on operational issues.

There were no residents meeting taking place, where people's views and experiences were sought. Families told us the registered manager and staff regularly communicated with them when they visited. People's views were sought through the use of an annual survey. The most recent survey had thirteen responses. They had been audited and the outcome fed back with the provider at the following monthly meeting. All

feedback was positive with no negative trends.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not ensure that consent to care and support was documented and that the provider was not following the principles and codes of conduct associated with the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems and processes in place to monitor the records held at the service to ensure they are complete and accurate. Information held at the service was not always up to date, accurate and properly analysed and reviewed.
Treatment of disease, disorder or injury	