Mr Amin Lakhani

Glen Heathers

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?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on the 22 and 23 May 2017 and was unannounced.

Glen Heathers is a registered care home and provides accommodation, support and nursing care for up to 53 people, some of whom live with dementia. Support is provided in a large home that is across two floors. Communal areas include two lounges and a dining room. At the time of our inspection there were 22 people living at the home.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 previous registered manager had left employment following our last inspection. A new manager had been recruited and commenced this role on 27 March 2017. They advised us they intended to make an application to become the registered manager which we received following the inspection. Throughout the report we refer to this person as the manager.

The service has a history of breaching legal requirements. Following an inspection in March 2015 multiple breaches of regulations were identified and CQC took appropriate enforcement action and placed the service in special measures. Some improvements were seen during a focused inspection in June 2015 and further improvements were found at the comprehensive inspection in November 2015 when the service was rated overall requires improvement and came out of special measures, although they remained in breach of Regulation 17, Good governance. During the next comprehensive inspection in November 2016, we identified multiple breaches of the regulations which related to providing safe care and treatment, safeguarding, staffing, person centred care and good governance systems. The overall rating following the November 2016 inspection was inadequate and the service was placed into special measures again.

At this inspection we looked at the whole service, reviewed their compliance with the regulations and their rating. Whilst we found some improvements and the overall rating for this service is 'Requires improvement', the service remains inadequate in well led. Services must remain in special measures if any question is inadequate at the next inspection after they were placed into special measures. Therefore, this service remains in Special Measures.

Improvements have been found at this inspection and some previously breached regulations were no longer in breach. However, the provider's history demonstrates that they have been unable to sustain improvements in the past at this service and we were unable to see sustainability at this inspection due to the time scale since the last inspection. Whilst changes had been made to the systems used to monitor and assess the safety and quality of the service, these still required some review to ensure they were fully effective and truly embedded in practice. We found some concerns about these systems and their ability to fully analyse the service and ensure information for staff was clear so as not to pose any potential risks to people.

People told us they felt safe at the home and staff had a good understanding of their roles and responsibilities in protecting people from abuse. They knew what to look for and the action to take if they were concerned. Changes had been made to the system which monitored people for any potential injuries and where injuries such as bruising or skin tears had occurred these were now being investigated and action taken.

The identification of risks for people and implementing plans to reduce the risks had improved, although further improvements were needed to ensure equipment was used safely. The management of medicines had improved. Medicines were stored safely and were available when needed, however guidance for topical creams needed to be clearer. A system of regular audits meant that there was a process in place to promptly identify medication errors and ensure that people received their medicines as prescribed. A safe and effective recruitment system was operated and staffing levels during the inspection met the needs of people.

Staff received support and training to work safely and effectively with people, although the frequency of supervisions had been inconsistent and not all staff had received these. The manager had an improvement plan in place which identified the need for these to take place with all staff more regularly and had begun to do so. In addition, the manager had started to introduce a system to assess staff competency and was aiming to develop their skills and introduce champion roles.

Staff understood the importance of assuming a person can make their own decisions and sought their consent before providing care by asking the person first. Where needed, mental capacity assessments had been undertaken and best interests decision made involving people's representatives.

People and relatives spoke positively about the staff. They were consistently described as kind and caring. One person felt they had never been so well looked after. We were told staff offered choices and respected people's privacy. People and their families felt involved and the manager had ensured they had met with them and planned to do this regularly. They had also planned for relatives to attend reviews of care plans with people, where appropriate and were working with relatives to aid their communication with people. People were supported to maintain a balanced diet and their risk of malnutrition was monitored. Changes had been made to the process of this and we saw that when concerns about weight loss were identified action plans were promptly implemented. Staff responded to changing needs and referrals to other professionals were made as needed.

Some changes to the environment had been made which everyone was very happy with. The manager had used a recognised tool to assess the need for any other changes to promote an environment which would support people living with dementia more effectively. There were no immediate plans to make significant changes but the manager told us this would be kept under review.

We found an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Improvements had been made to the management of medicines which was now safe. Risks for people were now consistently being assessed and plans developed to reduce these risks. However specialist equipment was not always set correctly or functioning.

Staff and the management team understood their responsibilities in safeguarding people from harm. A new body mapping system had been introduced and the manager was checking these. All injuries to people were investigated.

There were sufficient staff to keep people safe. Staff were recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received the support and training they needed to work effectively with people, although the frequency of supervision meetings had been inconsistent and not all staff had received these.

Staff understood the importance of assuming a person can make their own decisions and sought their consent before providing care by asking the person first. Where needed, mental capacity assessments had been undertaken and best interests decision made involving people's representatives.

People were supported to maintain a balanced diet and their nutritional status was monitored. Changes had been made to this process and when concerns about weight loss were identified action plans were promptly implemented and referrals to other professionals made as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they and their representatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received care and support, which was responsive to their current and changing needs. However, not all staff had knowledge of people's likes and preferences and care plans did not always reflect these.

A system was in place ensuring any complaints were dealt with.

Is the service well-led?

Inadequate

The service was not well led.

Whilst changes had been made to the systems used to monitor and assess the safety and quality of the service, these still required some review to ensure they were fully effective and truly embedded in practice. We found some concerns about these systems and their ability to fully analyse the service and ensure information for staff was clear so as not to pose any potential risks to people.

There was no registered manager in post. A new manager had recently started working at the home and planned to make an application to become registered. However, they had only been in post for approximately two months. They were open and transparent. They were consistently described as approachable, supportive and willing to listen.

The provider's history demonstrates they have been unable to achieve and sustain improvement in the past and it is therefore essential they can demonstrate this.
Sustainability of improvements was not seen at this inspection.

Glen Heathers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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. This inspection was also carried out to check whether improvements had been made from the November 2016 inspection.

This inspection took place on 22 and 23 May 2017 and was unannounced.

Three inspectors carried out the inspection. Before the inspection we reviewed previous inspection reports and any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with six people, four relatives, nine staff including nurses, care and ancillary staff. We also spoke with the manager, deputy manager and general manager.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home.

We looked at care records for three people in depth and sampled a further three people's records. We looked at the medicines records for eight people. We looked at recruitment, supervision, appraisal and training records for staff. We also looked at a range of records relating to the management of the service such as menus, accidents and complaints, as well as quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy living at Glen Heathers. One told us they "wouldn't be here if it wasn't ok, my family wouldn't allow it." People told us if they needed help staff would come. Relatives told us they felt their loved ones were safe.

At the last inspection in November 2016 we found that people were not always protected against the risk of abuse because investigations and reporting of potential abuse did not always take place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection this had improved and there was no longer a breach of this regulation.

At this inspection we were told there had been no safeguarding issues raised by the home or about the home since our last inspection. Staff had a good understanding of their roles and responsibilities in protecting people from abuse. They had received training, knew what to look for and the action to take if they were concerned.

Changes had been made to the system which monitored people for any potential injuries and where injuries, such as bruising or skin tears had occurred, these were now being investigated and action taken. For example, one person was found with a bruise on their face; the manager had looked into this and a possible cause had been identified. Appropriate monitoring was in place for this person to help protect them from further harm. We asked if the manager had made the local authority aware of this injury, given its nature and positioning. They confirmed that they had not considered this necessary at the time but felt that in hindsight this would have been good practice. They advised they would discuss with the local authority what their criteria was for reporting to them. Following the inspection we spoke to a member of the local authority team who confirmed they would expect to have been notified of this injury.

At the last inspection in November 2016 we found that people were not always protected from harm because risks had not been assessed and plans of care had not been developed to reduce the risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection this had improved and there was no longer a breach of this regulation, although further improvements were needed to ensure equipment was used safely to reduce identified risks.

Risk associated with people's care had been assessed and plans implemented. Falls risk assessments had been completed for people and plans of care were in place to guide staff about how they could reduce these risks. For example, for one person we saw their records contained a mobility care plan, a falls care plan and on the computer there was also a prevention of falls care plan. The prevention of falls care plan detailed episodes of dizziness as a result of a drop in the person's blood pressure when they stood up. Clear action had been taken at the time and nursing staff continued to check this person's blood pressure regularly. However, this was not reflected in the other two care plans held in the paper records that care staff said they accessed daily. Nursing staff were able to tell us about the concerns with this person's blood pressure and care staff knew the measures to take to reduce the risk of injury as a result of falls, including the use of a sensor mat when this person was sat in a chair. However, during the first day of our inspection we observed

a staff member wheel a chair over this person's sensor mat, which did not set off the alarm. The staff had not noticed the alarm had not sounded until we pointed it out. The sensor mat wasn't functioning and this put the person at risk of harm as staff would not have been alerted to the person moving to an unsafe position. The manager ordered a new one and alternative measures of support were implemented while they waited for the new mat to be delivered. We have further addressed this in the well-led section of the report.

Assessments of the risk of skin breakdown for people were in place and reviewed monthly. Care plans had been developed and these guided staff to the actions they should take to reduce the risks, including the use of pressure relieving equipment and supporting people to reposition when in bed. Staff were required to check the setting of mattresses daily and were able to tell us how they did this. However, we found one person's mattress was set incorrectly. We asked a staff member to check the settings of all pressure relieving mattresses in the home and they confirmed to us that three other people's mattresses were also set incorrectly but they had rectified this when they found it. It is important these mattresses are set correctly to ensure they are fully effective. We could not be sure how long these had been set incorrectly. The manager told us, following the inspection, that they had introduced further checking procedures of these mattresses which required nurses to check them at medicine rounds as well as care staff checking them. We have further addressed this in the well-led section of the report.

At the last inspection we found that one person who had moved into the home had no plans to mitigate identified risks for them, including malnutrition risks, falls risks, risks associated with health conditions and the use of equipment such as bed rails. Since this inspection no one had moved into the home as the provider decided they would not admit anyone until the service had improved. However, we did check this person's records and saw that they now had detailed plans of care in place which identified the risks for them and the actions staff should take to reduce the likelihood of the risks presenting. Staff were aware of these and we saw where action was required, for example, regular checks of the person's blood sugars, this was being completed.

At the last inspection we found that information for the fire service about the use of oxygen for one person was not clear and the risk assessment lacked detail about the management of this. At this inspection we found this had improved. The plan of care was detailed and gave clear guidance to staff. The personal emergency evacuation plan had been updated to reflect the use of oxygen for this person.

At the last inspection we were concerned that where people's weight was being monitored, action was not always taken when unexplained weight loss was identified. This had also improved. People's risk of malnutrition was completed monthly by the deputy manager and action plans attached to these provided clear information. Where needed, the monitoring of people's weight had increased, discussions had taken place with other health professionals, supplements were provided, meals were fortified with additional calories and care plans provided clear instructions to staff. All staff were aware of people's nutritional needs.

At the last inspection in November 2016 we found that the management of medicines was not always safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection this had improved and there was no longer a breach of this regulation. However, further work was required on the guidance to care staff about the use of topical creams.

Where people required creams to assist with their skin care, topical MAR sheets were in place. Whilst we saw these creams being applied, the guidance lacked detail for care staff. For example, these stated for two people that the creams were to be applied "as required". However there was no information to detail what was meant by 'as required' and how staff would know when and how to often to apply the creams. We spoke to a nurse and the deputy manager who told us they would review these instructions. We have further

addressed this in the well-led section of the report.

We saw that a system of regular daily, weekly and monthly audit checks of medication administration records had been implemented since our last inspection. This was working well and meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

At the last inspection medicines were not always stored safely. Action had been taken to rectify this. The cabinet used to store controlled drugs (CD) had been moved to an alternative locked room and secured to an appropriate wall. Medicine trollies and fridges were kept locked in locked rooms. Fridge and room temperatures were checked daily and remained within a safe range. We saw staff dispose of refused medicines appropriately, recording them in a returned/disposed book.

At the last inspection we found that medicine required in an emergency was not easily accessible by nursing staff. We did not find this at this inspection and medicines that were required were available. Medicines were administered safely to people. People's medication administration records (MAR) contained no gaps, indicating that people received their medicines or that other action was taken such as disposal. People required staff support to enable them to take their medicines. When administering medicines the nurses locked the trolley whilst they were away from it and they wore a tabard asking not to be disturbed whilst they were administering the medicines. Medicines were given in a dignified and safe way.

We found the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service. The provider was using a number of agency workers in the home on an ongoing basis to provide consistency. Checks were held on file of agency workers including their DBS checks and references. Records of registered nurses' professional registrations were also on file and checked regularly. Staff confirmed they did not start work until all recruitment checks had taken place.

Everyone we spoke with including staff felt there were enough staff to respond quickly and meet people's needs. A dependency assessment tool to aid the provider with assessing the staffing levels needed was in place and reviewed monthly. At the time of the inspection the home operated with five care staff and a minimum of two registered nurses during the day. At night they had three care staff and one registered nurse. The manager worked during the week as supernumerary and the deputy manager also provided supernumerary support throughout the week. In addition, activity staff, kitchen staff, domestic staff, maintenance staff and administration staff were employed. The manager confirmed that the use of agency workers in the home was high and we noted that there were only two permanent registered nurses employed. Our observations showed staff responded to people's needs in a timely way. However, one person did comment that due to changes in staff they did not always know their choices and preferences. The manager told us how they had recently recruited additional care staff, who had yet to start and had discussed different ideas to support the recruitment of permanent nurses with the provider's senior management team.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy living in the home and relatives confirmed this. A relative told us how their loved one's experience since living at the home had been positive for them and their family. People spoke positively of the food. They expressed how they were offered choices and their decisions were respected.

At the last inspection in September 2016 we found a lack of training had been provided to ensure staff were competent to deliver care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there was no longer a breach of this regulation.

At the last inspection staff were required to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the necessary skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Following class based workshops, work based competency assessments were required, however they had not been done. At this inspection competency based assessments had started in relation to the care certificate standards. The manager had also begun to introduce additional competency assessments. They had given these out to staff for the subject of safeguarding and would assess staff response and observe their practice. The manager told us they intended to roll out competency assessments for a number of other subject areas.

At the last inspection not all staff who supported people had received up to date moving and handling training. This was a concern as records suggested possible injuries were as a result of moving and handling practices. At this inspection we found this had improved and all staff had received moving and handling training. Practice observed was seen to be safe and we observed a staff member talking a new member of staff through the use of a hoist. This was detailed, accurate and clear. Staff reported they felt confident using the moving and handling equipment in the home.

The rota and training matrix provided to us showed that at the time of the inspection 19 staff were employed on a permanent basis to provide direct care and support to people. Staff continued to be encouraged and supported to complete a vocational qualification in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Other training was provided for staff. For example, 12 of 19 permanent staff had completed a dementia awareness course. Nine had completed an awareness course regarding behaviours that may present challenges and four had completed a dignity champion certificate. Registered nurses were supported to complete additional training including catheterisation, pressure area care and phlebotomy (taking blood from people). The manager told us they intended to develop staff skills based on their preferences and would be introducing champion roles in the future.

The manager planned to meet with all staff and had developed a management plan which included this. They said they had started to meet with staff but had not yet formally met with everyone. At the time of the

inspection records showed that 10 of 19 permanent staff had received supervision and three had received an appraisal. Agency staff were used on a regular basis and we were told by the general manager that these staff were to be treated the same as the provider's own staff and receive supervisions. However for two of these agency workers no supervisions had taken place since they started working in the home, although one of these had received an appraisal. The manager felt they did not know staff well enough to fairly carry out an appraisal with staff but planned to do these in the future. However, all of the staff we spoke with told us they felt very supported by the manager. They said they had supervisions and one told us the manager planned for senior staff to carry out supervisions with care staff. They were confident to approach the manager at any time and said they did not need to wait for supervision meetings to take place to request support.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection we recommended the provider and registered manager review the processes in place to ensure capacity assessments were reviewed and the information available to staff about deprivation of liberty safeguards was correct.

At this inspection, we found the manager was aware of their role and responsibility in relation to DoLS. They had reviewed whether these were needed for people living at the home and had begun the process of assessing people's capacity in relation to any deprivation and submitting applications to the supervisory body. The handover sheet given to staff provided information about who had a DoLS in place. The detail of these was stored in their care records and care plans had been developed. Where DoLS had been approved no conditions were in place.

Staff understood the importance of assuming a person can make their own decisions and sought their consent before providing care by asking the person first. Although one staff member told us they did not all know what the Mental Capacity Act was, saying they thought "someone is on one". We saw they had not received training in this subject. The training matrix provided to us showed that nine staff employed on a permanent basis to provide direct care and two employed on an as required basis had completed this training". People told us staff asked first and always offered them choices, which we observed during our two day visit.

Where people were able to provide written consent this was requested. Where people had others who had the legal authority to make decisions on their behalf, this was also recorded and staff knew the importance of ensuring they understood what decisions could be made. The manager told us how they had begun having discussions with families and the need to apply the MCA and best interests approaches even when lasting power of attorneys (LPA) were in place. An LPA is a legal authority that allows an appointed person to make decisions on behalf of another when the person lacks capacity. Where required mental capacity

assessments had been carried out to assess people's ability to make decisions about sharing of information, using photographs, using bedrails, consent to care plans and having medicines managed by nursing staff.

Everyone we spoke with including people, relatives and staff told us how the manager had made changes to the dining room. We saw the changes included; moving the tables, ensuring they were laid, placing condiments on the tables, with table numbers and a centre piece. This had had a positive impact on people who spoke very positively about this change. The manager said this had encouraged more people to eat in this area and said some people were now calling it the restaurant.

People were given choices of meals and told us if they didn't want something from the menu, or changed their minds, something else was always available. We observed one person refusing their meals and staff offering them an alternative.

The cook was aware of people's needs, likes and dislikes. They knew who needed meals to be fortified and those who needed a specialised diet and soft or pureed. They had this written on a white board in the kitchen and told us nursing and care staff kept them up to date. A communication book had been introduced to support this, however we noted that one person who should have been receiving a high calorie diet in line with their nutritional assessment was not included on this board. Kitchen staff however, told us they knew this person needed a higher calorie diet.

For people whose nutritional intake may be small an effective way of ensuring they receive sufficient calories is to provide regular snacks throughout the day. Staff told us that people were always offered biscuits, cakes, chocolate bars and homemade milkshake at tea rounds. To support people who were on a soft or pureed diet to have sufficient calorie intake, alternative options were available, including yogurts and pureed cakes.

Observations over the lunch time period showed that staff provided support to people who needed this. Those people who required a specialised diet such as soft or pureed were given this and these people were monitored by staff throughout their meal.

People were confident that medical attention would be sought and that a GP or emergency services would be called if needed. People were supported day to day by registered nurses. They required support from staff to access other health professionals and relied on staff's judgement to make appropriate and timely referrals, which we saw took place. Records showed people had accessed mental health teams, GP's, chiropodists, speech and language therapists; in addition, referrals to tissue viability nurses had been made.

Glen Heathers support a number of people who are living with varying stages of dementia. Following our inspection in November 2015 we recommended that the service explored and implemented relevant guidance on how to make environments used by people with dementia more 'dementia friendly'. At this inspection, we found some changes had been made to the environment. We were told by the general manager staff would be accessing dementia training and dementia champion training. Whilst staff had received dementia training, a champion had not been appointed at this inspection. Additional signage had been implemented in the home and the layout of the dining room had been changed which would enable those with dementia to understand the purpose of the room.

Since commencing their role at the end of March 2017, the manager had completed an environmental assessment tool which looked at whether the home was dementia friendly. This identified a number of additional things that the provider could do to improve the environment for people living with dementia, including; the use of contrasting colours for light switches, handrails, crockery; the use of larger signage and

pictures or art work which reflected the purpose of the room. The managers improvement plan developed on 18 May 2017 identified that the assessment had been carried out but due to the current needs of people living in the home it was "more favourable" to produce a "homely" environment. A maintenance plan for the whole home was in place which included redecoration, replacement of windows and refurbishment of some rooms. A further plan was shown to us which related to the 'unit'. This was a smaller area of the home where the bedrooms of some people who were living with dementia were located. It also had a small lounge and dining area. The plan for this included feature walls, the handrail painted in a contrasting colour and some equipment such as door knockers and coffee tables, however this included no dates for completion.

Good

Is the service caring?

Our findings

Everyone we spoke with including people and their relatives consistently told us about a kind a caring service. They told us staff were helpful and always there to listen. They described staff as respectful and felt fully involved. They told us how staff respected their privacy and always knocked on their doors before entering. One told us "I've never been so well looked after in my life". One relative told us they couldn't fault the staff or the home and have always felt this way.

At our last inspection in November 2016 we recommended the provider and registered manager review and take action to improve the process of involving people in making decisions about the service and their care. At this inspection we found action had been taken.

The manager had held meetings with people and their relatives to discuss aspects of the home and their care. They had looked at what it was that people wanted and had made changes. For example, they held a meeting to discuss the dining room and made the changes we saw based on people's feedback. At the time of the inspection the manager was working on implementing "this is me" packages into people's rooms which would provide staff with an overview of the person. The manager also said this would give ideas to aid relatives with communication as they had received feedback that some families found it difficult to keep communication going with their loved ones. This work was in progress at the time of our visit.

Most staff were knowledgeable of people's life histories, preferences and needs. Staff recognised when people needed reassurance and provided this in a positive manner. On one occasion a person was upset while seated in the lounge. An agency member of staff was sat with them attempting to calm them down but their attempts were unsuccessful and they told us they did not know the person's name. We found the manager, who spent time with this person before ensuring they were supported by a member of staff who had a better knowledge of the person. Staff responded to people's requests promptly. For example, one person requested a door be closed as they were cold and this was acted upon immediately. Another requested an alternative drink and this was provided promptly.

We observed positive and caring interactions with good communication between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction, with laughter and jokes. Staff didn't talk down or over people, they mostly explained what they were doing, and they encouraged people to be independent. However, we did observe on one occasion a staff member advising another staff member on the use of a hoist. Whilst they gave clear direction to the staff member they did not engage the person using the hoist in any conversation related to the actions they were about to take. On another occasion we observed the same member of staff supporting another person to move without communicating with them. The manager told us they would address this.

People told us staff respected their privacy and maintained their dignity. They told us staff knocked on their door before entering their room and spoke to them appropriately. Glass on doors was covered so these could not be seen through. Where people had made specific requests such as to only be supported by female care staff, or not to be disturbed during certain times, notices were on their doors and staff respected

these. Where people had a specific religious need care plans were in place to guide staff. For example, one person's care plans detailed their religion, what this meant and what staff needed to be aware of.

Staff treated information confidentially and care records were stored securely. The manager advised that they had removed some care records from people's rooms to ensure their personal information was protected. They had discussed this with relatives and explained the reasons why.

Requires Improvement

Is the service responsive?

Our findings

People spoke positively about the service. One person said they "couldn't be looked after better". Everyone felt staff understood their needs and supported them well. People and their relatives told us they had no complaints.

At the last inspection in November 2016 we found there was a lack of involvement of people in the development and review of care plans, together with the lack of clear care plans and actions when concerns were present. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some action had been taken and there was no longer a breach of this regulation. However, further improvement was still needed.

At the last inspection we found that the provider's policies regarding pre-admission assessment and care planning were not followed and not everyone who had moved into the home had appropriate information to guide staff about people's needs, wishes and preferences. One relative also told us they had not been involved. No one had moved into the home since the last inspection as the provider had decided to stop any new admissions whilst they made the improvements needed to meet the requirements of the regulations. The manager had developed a plan, however, which had included the need to review the preadmission process to ensure a more robust and effective assessment of needs. This plan had been developed on 18 May 2017 and they planned to complete this within three months.

Care records indicated that people or their relatives were involved in the development of their care plans and in their reviews. "This is me" records contained information regarding people's life history. People and their relatives told us they were involved in making decisions about their care and felt the staff always involved them. The manager told us how they had made arrangements for appropriate relatives to be involved in the next review of care plans with people. We also saw examples where relatives had been involved in the best interests' decision-making process.

Most staff had a good knowledge of the people they cared for, although on the second day of our visit one member of staff did not know the name of the person they were supporting. Staff mostly knew what people liked and disliked and gave us examples of how they supported people dependent upon their individual needs. However one person told us "The main down point is there's too many changes with staff, which has a knock on effect." They explained how some staff did not know how they liked a cup of tea (they had just been brought one but it was too strong for their liking). Care plans in place contained sufficient information for staff to know the support a person needed, although they lacked information about a person likes, dislikes and preferences at times. For example, Care plans regarding people's nutritional needs did not contain information about likes and dislikes. The manager said they recognised this and had begun to audit care plans to look at how person centred they were. This formed part of the manager's development plan and we saw some completed audits reflected the need to include more personalised information. For example, this identified the need to include things such as the types of finger foods a person might like and the types of activities they liked to do. The manager told us how they planned to share these audits with staff and ensure this information was discussed in review meetings and incorporated into people's care

plans.

Staff and the manager were able to demonstrate how they responded to people's needs and requests. For example, we saw that the main lounge had been moved around to try and encourage communication with people. However, people had said they didn't like this change and so it was changed back. For one person we saw how staff had involved a health professional following a series of falls. Medicines reviews had taken place and plans developed to monitor for the cause of these falls and reduce the risks. When concerns presented about a person's ability to swallow, staff implemented additional measures of support while waiting for a speech and language therapy review.

People told us they enjoyed activities and that these included going out, puzzles and quizzes. A meeting had been held with people to discuss activities in the home to gather their ideas about what they wished to do. A new activities coordinator was in place and they organised activities for the afternoon, based on people's feedback, including external entertainers. During our inspection this staff member was not working and we observed very few activities taking place with people and there was no activity plan on display. One staff member was seen to spend time with people in the garden and using a hula hoop, whereas most others spent time without staff presence unless direct care was being provided. We saw an activity plan was in the process of being developed. We discussed the lack of activities with the manager who told us they would be working with care staff to encourage them to participate in activities with people.

People and relatives told us they had not needed to make a complaint about the service, however, they all knew how to do this and who to speak to. They said they were confident if they had any issues the concern would be dealt with. One person told us how they had raised some concerns and these were dealt with to their satisfaction. A complaint procedure was in place and the manager knew how to ensure these were investigated and action taken where needed. However there had been no complaints made since our last inspection.

Inadequate

Is the service well-led?

Our findings

People and relatives told us they had met the new manager and that they found them to be approachable and easy to talk to. They said they felt confident that if needed the manager would respond appropriately to any concerns raised.

Since the introduction of the changes to the way in which CQC inspect locations, Glen Heathers has not achieved an overall rating of good or a rating of good in the well led question. Following the inspection in March 2015 multiple breaches of the regulations were identified. Well led was rated inadequate and the overall rating was inadequate. Glen Heathers was placed in special measures and CQC took appropriate enforcement action. At this inspection we found a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 which relates to the governance systems. During the inspection in November 2015 improvements had been made, the service was rated requires improvement in well led and overall but remained in breach of Regulation 17. It was at this time removed from special measures. However, when we carried out a further comprehensive inspection in November 2016 multiple breaches of the regulations relating to safe care and treatment, safeguarding, staffing, person centred care and good governance systems were found. The service was placed into special measures again as the overall rating was inadequate. The concerns we found regarding governance systems was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection in November 2016, the well-led section of the report was rated as inadequate as the provider, their senior management team and the registered manager (at the time) had not identified the concerns we had through their quality assurance processes. The registered manager had not ensured that the provider's policies were adhered to and had not ensured people's needs were assessed prior to admission to the home. Little action had been taken to address our previous recommendations about the environment and we could not be confident that information that was shared with us was accurate.

At this inspection, we noted the previous registered manager had left and no longer worked for the provider. A new manager had started but only commenced their role on 27 March 2017. During the inspection they told us they planned to submit an application to become the registered manager with CQC. This application was submitted following the inspection visit. Improvements have been found at this inspection and some previously breached regulations were no longer in breach. However, the history of this service demonstrates that they have been unable to sustain improvements in the past and we were unable to see sustainability at this inspection due to the time scale since the last inspection. Some changes had been made to the quality assurance systems used and the new manager had developed improvement plans. However, this manager was not registered with CQC and had only been in post for almost two months at the time of the inspection. Further improvements were still needed to some quality assurance systems to ensure these were fully effective and records were accurate.

Care plan records had improved, but further improvements of other records were needed. For example, topical medicines administration records required detail for staff to know when and where to apply creams. Fluid charts were not consistently totalled at the end of the day and it was unclear what action was to be taken when a person's fluid intake had been low. Although staff told us this was discussed in handover

meetings, clearer records would leave no room for misinterpretation about a person care delivery by staff.

At the last inspection the system used to monitor accidents and incidents for people was ineffective in identifying concerns and taking appropriate action. Changes had been made to the systems through the use of body maps containing clearer information and a clearer line of responsibility. We saw body maps and incident records were completed and investigated; however, the system used to monitor these was not fully effective in identifying trends. The provider had sent us an action plan following the last inspection which stated that a trends analysis protocol would be implemented. The general manager was unable to provide us with a copy and the manager told us they had not seen this. The general manager showed us a sample of completed body maps and some associated logs however these did not reflect an analysis. They then told us they had adopted a "Falls Huddle" which was a post falls assessment tool. Accident and incident logs for April 2017 did not record all accidents/incidents for people. For example, we saw an incident occurred for one person on 13 April 2017 which did not feature on either of these logs. For another person the accident log reflected one injury, whereas the actual incident record noted two injuries. Skin integrity body maps for this person also recorded a further three injuries which did not feature on the log. They had been investigated and action had been taken, however they had not been recorded on the logs which meant the overall analysis did not reflect a true picture of what was happening to ensure fully effective learning.

The provider's action plan told us that the senior management team would carry out weekly audits of staff supervisions from the 9 December 2016 to ensure they were completed for staff. The general manager told us they had checked these were being completed but was unable to show us any records of these audits and resulting identified actions. Record showed that only six of 19 staff had received a supervision prior to the manager commencing their role. The manager had commenced supervisions with staff but the only record to reflect audits made available to us was a spreadsheet document containing a date at the end of April 2017 and another record dated 20 April 2017 which recorded nine had been completed. There were no records prior to this. The action plan said weekly audits of supervisions would take place, the document shown to us said these were monthly and the general manager later told us these audits were three monthly. The frequency of auditing supervisions to ensure they were taking place was unclear and records did not reflect the audits were happening in line with the provider's plan.

The manager told us that the general manager visited the home two to three days a week and carried out an audit every four weeks. The general manager was unable to show us any audits they had completed and told us unless there were concerns found from their audits they did not produce a report. They did show us a spreadsheet which recorded a date under "GM Check" for a number of areas. They said this was their record of their audits. The general manager showed us an "Audit check book" which the provider had introduced following our last inspection. This stated it was used to provide evidence of audits undertaken within the home. At the time of the inspection they told us they had not yet filled this out for April 2017 and said April 2017 was the first month this was used at Glen Heathers. They sent us this following the inspection visit. This identified some actions were needed; for example, checking with staff that the content of training was appropriate for them, developing the recording of histories of people and improving the social aspect of the care provision but did not set timescales. The audit check book asked the question "Are there effective supervision /appraisal records available?" The response recorded that the new manager "will be using this system to formally introduce herself to staff". We were advised following the inspection that this document was a tool for general manager and once completed an action plan would be developed and shared with the manager if actions were identified by the general manager as needing to be completed.

The provider had commissioned an external company to carry out quality audits of the service in December 2016. An action plan was in place following this which the manager had taken over since they commenced their role and was working through the actions. One of the actions identified the need to ensure a timely

review of 'do not resuscitate' documents for people which was recorded as completed in March 2017. However, at the time of our inspection we found the system used to identify this could create confusion for staff. The handover sheet contained information for staff about whether a person was to be resuscitated in the event of a cardiac arrest. The home used a symbol placed on people's bedroom doors to indicate this as well. We checked this information with the signed resuscitation forms held in the home and found that this was not always accurate. For example, one person was not included on the handover sheet and did not have a symbol on their door indicating they were not for resuscitation. Five people were included on the handover sheet as not for resuscitation but they did not have the symbols on their doors. One person had a sign on their door indicating they were not for resuscitation; however, there were no records to confirm this decision had been made by either the person or a medical professional. Staff told us the signs on the door had not been changed following a room move for the person due to decoration. The manager confirmed after the inspection that this had been rectified and all information about people's resuscitation status was accurate. This had not been identified until we pointed this out and whilst there were care plans in place there was no process to ensure that the systems used to inform staff about a person's resuscitation status were checked and accurate. This did pose a potential risk to people's safety.

During the inspection we identified that equipment used to monitor the safety of people was not functioning. We were concerned this went unnoticed by staff until we pointed this out, reflecting that the systems used to check equipment were not fully effective.

Whilst changes had been made to the systems used to monitor and assess the safety and quality of the service, these were not robust or embedded in practice. The continuing failure to operate effective systems to assess, monitor and improve the service was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified multiple concerns regarding care plans and risk assessment. The registered manager at the time, told us they did not audit care plans. Following the last inspection the provider completed an audit of all care plans and risk assessments. The general manager told us that, since these audits, the provider had commissioned an external company to carry out a further audit of care plans in March 2017; however, they told us they had returned these audits to the company as they were not accurate. In addition, the provider had commissioned an external person to carry out a follow up care plan audit. It was clear whose records had been audited, the actions that were required to be completed by the then registered manager and the timescale for completion. At the time of this inspection the nursing staff were working through these and were in the process of completing the actions. The manager had also commenced an audit of care plans which they had not yet completed. They advised us they intended to do this on a monthly basis and intended on focusing on care plans being more person centred.

Weekly reports from the manager were submitted to the general manager for review. These included information about the use of agency staff, any accident or incidents, safeguarding, staffing issues, medicines errors and complaints. The aim of these reports was to enable the senior management team to have an overview of what was taking place in the service.

Since commencing their role the new manager had made attempts to quickly get to know staff, people, and relatives and understand what was needed in the service. They had held multiple meetings with staff to ensure they were aware of their roles and responsibilities and expectations were set. They explained to families what changes had been made since the last inspection, what changes they had identified as needing to be made and how they intended to take this forward. No further surveys had been carried out with people since the last inspection; however, the manager told us how they planned to do this in the near future. Feedback surveys had been completed by relatives in May 2017 but no formal analysis of these was

recorded at the time of the inspection. Feedback was generally positive with one comment made about staff appearing under pressure. Staff feedback had been sought and analysed in May 2017. This showed that staff felt improvements could be made in the frequency of supervisions, that they had not always felt listened to and that teamwork could be stronger. The manager had developed an improvement plan specifically relating to staff support which included regular contact with staff through supervisions, staff meetings and an open door policy. In addition, the manager had developed a short and long term overall improvement plan. This detailed what they had achieved since commencing their role and the plans to move the service forward. This included enrolling staff on specialist courses, introducing champion roles, implementing more person centred care planning, reviewing the admissions process, improving family engagement and ensuring stability and consistency within the service. They told us they had attended a provider's management meeting and felt the provider was committed to making any improvements needed. The manager was keen to work with the local authority and had ensured staff linked in with meetings held with other local nursing homes to share practice and ideas. They had also attended the local authority care home forum meeting and said they would continue to do so.

Staff spoke highly of the manager. They felt she was knowledgeable and supportive. One told us the home was much improved. They said the manager was good, "Firm but fair". Another told us how the manager how made improvement with the introduction of allocations of tasks for staff, making care plans more accessible and stated that nurses were more helpful. They also said they felt people were happier because staff were happier. One told us that they were now able to see that there were issues which needed to be addressed and although they were "not impressed" with some of the changes made, they could now see that they had worked well and changes to the routine had meant staff were used effectively to meet people's needs. They said they "have faith in the new manager as they are getting things done".

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The continuing failure to operate effective systems to assess, monitor and improve the service was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We imposed a condition on the provider requiring them to undertake audits of people's care records, to undertake analysis of incident/accidents, to audit staff supervisions and report to the Commission on the action taken as a result, every month.