

Saffron Care Ltd

Glenkealey

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Glenkealey is a care home registered to provide accommodation and personal care for up to 15 older people. 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.

This focused inspection took place on 3 and 5 September 2018 and was unannounced. At the time of the inspection, there were 14 people living in the home.

Glenkealey was previously inspected in January 2018 and was rated 'requires improvement'. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were needed as risks to people's health and safety had not always been assessed or managed safely. People's medicines were not being stored safely. Poor infection control procedures and the lack of clear workflow systems within the laundry had placed people at increased risk. Quality assurance systems had been ineffective.

Following our inspection in January 2018 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good. We undertook this unannounced focused inspection of Glenkealey, in September 2018, to look at whether people were receiving safe care and treatment and to check that improvements to meet the legal requirements planned by the provider had been made.

We inspected the home against two of the five questions we ask about services: is the home safe and is the home well led? This was because the home was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At this inspection, in September 2018, we found risks associated with people's care were now being effectively managed. Medicines which required refrigeration were stored safely. Laundry processes had sufficiently improved to help prevent the spread of infection and reduce the risk of cross contamination. However, we found further improvements were needed to ensure people received their medicines as prescribed and that the environment was safe for people to live in.

The home had a registered manager in post. 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 home is run.

People's medicines were not always managed safely. We looked at the Medication Administration Records (MARs) for 14 people. We found people's MARs were not accurate and therefore staff were unable to assure themselves that people were receiving their medicines as prescribed by their doctor. Where people were prescribed medicines they only needed to take occasionally, such as for the management of pain or anxiety, staff had not been provided with guidance to aid their decision making and to help ensure those medicines were administered in a consistent way. There was some good practice in relation to the management of medicines. People were given time and encouragement to take their medicines at their own pace, staff had received training in the safe administration of medicines and people medicines were stored securely.

People were not always protected from the risk of harm as they were living in an environment that may not be safe. Whilst some premises checks had been completed we noted others had not, we found a number of fire doors did not close properly when tested. This would have significantly reduced resistance to the effects of fire and smoke. Where the home had carried out remedial works, this had left holes in the walls and cavities. These had not been filled with a suitable fire-resistant material and as such would not reduce the spread of smoke. We also noted that fire retardant ceiling tiles were missing in the downstairs office and residents' lounge and the home's fire risk assessment needed to be updated.

People told us they were happy living at the home and liked the staff that supported them. Relatives did not have any concerns about people's safety. People were protected from the risk of abuse. The registered manager and staff understood their role and responsibilities to keep people safe from harm and ensure people's rights were protected. Risks associated with people's care had been appropriately assessed. There were enough staff to meet people's needs and checks were carried out on staff before they started work to assess their suitability.

People, relatives and staff were positive about the leadership of the home and told us the home was well managed. The provider had systems in place to review, monitor and improve the quality of care provided. We looked at the home's quality assurance and governance systems and found while some systems were working well, others had not been effective and had not found the concerns we found during this inspection.

The registered manager had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.

We identified continuing breaches in two 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 home was not always safe.

The processes in place to manage medicines had not ensured people received their medicines as prescribed by their doctor.

People were not always protected from risks relating to the environment.

Medicines were stored safely and securely.

Risks associated with people complex care had been assessed.

People were protected from the risk of abuse. Staff were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

People were protected by a robust staff recruitment process.

Is the service well-led?

Requires Improvement ●

Some aspects of the home were not always well led.

Although quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen at this inspection.

People's care records were not always accurate or kept up to date.

The registered manager was well regarded by people, relatives and staff.

Staff were aware of their roles and responsibilities.

The home had notified the CQC of incidents at the home as required by law.

Glenkealey

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 was 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 took place on 3 and 5 September 2018. The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day. We undertook this unannounced focused inspection of Glenkealey to look at whether people were receiving safe care and treatment. And to check that improvements to meet the legal requirements planned by the provider following our comprehensive inspection in January 2018 had been made.

Prior to the inspection, we reviewed the provider's action plan, this showed what they would do and by when to improve the key questions of safe and well-led to at least good. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that effect people's safety, which the provider is required to send to us by law.

During the inspection we met and spoke with six people who lived at the home, two relatives, one visiting healthcare professional, four members of staff, the registered manager and the registered provider. We looked at the care records for five people. We also looked at records relating to staff recruitment, people's medicines and the running of the home. Following the inspection, we spoke with one healthcare professional and two relatives.

Is the service safe?

Our findings

Glenkealey was previously inspected in January 2018, we rated this key question as 'requires improvement'. We found poor infection control procedures and the lack of clear workflow systems within the laundry had placed people at increased risk. Medicines which needed refrigeration were not stored safely and care records did not always include enough information to show how risks were being managed or mitigated.

At this inspection, in September 2018, we found risks associated with people's care were now being effectively managed. Medicines which required refrigeration were stored safely. Laundry processes had sufficiently improved to help prevent the spread of infection and reduce the risk of cross contamination. However, we found further improvements were needed to ensure people received their medicines as prescribed and that the environment was safe for people to live in.

People's medicines were not always managed safely. We looked at the Medication Administration Records (MARs) for 14 people. We found two people's MARs were not accurate and therefore staff were unable to assure themselves that people were receiving their medicines as prescribed by their doctor. For example, staff recorded receiving 33 pain relieving patches for one person. Records showed that staff had administered 22 patches. This meant there should have been 11 left in stock. When we counted the stock, there were 12 patches. We also found a discrepancy with the stock of another person's medicine.

Records relating to these medications were not accurate.

Where people were prescribed medicines they only needed to take occasionally, such as for the management of pain or anxiety. Medication Administration Records (MARs) did not contain any guidance for staff as to when these should be used. This information is necessary where people may not be able to verbalise how they are feeling. It provides staff with information, such as symptoms a person may display if they were in pain and helps to ensure those medicines are administered in a consistent way.

We discussed what we had found with the registered manager who was unable to tell us how this had happened. They assured us they would undertake a review of all people's medicines, staff competencies and ensure guidance is provided where necessary.

People were not always protected from the risk of harm as they were living in an environment that may not be safe. During a tour of the home we saw a number of fire doors did not close properly when tested. This would have significantly reduced resistance to the effects of fire and smoke. Where the home had carried out remedial works, this had left holes in the walls and cavities. These had not been filled with a suitable fire-resistant material and as such would not reduce the spread of smoke. We also noted that fire retardant ceiling tiles were missing in the downstairs office and residents lounge.

We reviewed the home's fire safety precautions. Records showed that routine checks on fire and premises' safety were taking place. The provider had in place a Fire Risk Assessment, which is a legal requirement under The Regulatory Reform (Fire Safety) Order 2005.

Upon reviewing this document, we found it was not up to date and did not identify or reflect all the risks associated with the environment, or potential sources of ignition. This meant the provider did not have in place systems to ensure they had identified all fire hazards and/or taken action to reduce the risks of those hazards causing harm.

We discussed what we found with the registered manager who confirmed they had arranged for a new Fire Risk Assessment to be completed by an external contractor prior to our inspection and assured us they would address any environmental concerns.

Accidents and incidents were recorded; however, the provider did not have a systematic approach to ensure this information was collated and analysed. To look for any trends or identify measures to minimise the risk of further occurrences as the records lacked sufficient detail.

The provider failed to take sufficient action to ensure people received their medicines as prescribed and to ensure that risks arising from the environment or accident and incidents were being mitigated or managed. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People told us they were happy living at the home. Relatives we spoke with did not have any concerns about people's safety. One relative said, "I have absolutely no concerns about my mum's safety, she is well looked after and safe." People were protected from the risk of abuse. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at three staff files which showed a full recruitment process had been followed which included obtaining disclosure and barring service (police) checks.

There was some good practice in relation to the management of medicines. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Staff had received training in the safe administration of medicines and records confirmed this. Medicines were stored securely and the home had appropriate arrangements in place to dispose of unused medicines. At our last inspection in January 2018 we found medicines which required refrigeration were not being stored safely as the temperature recorded by staff were not in line with recommended values to ensure medicines were safe and effective in use. Following that inspection, the home bought a new medicines fridge. Records showed the temperature was recorded daily and was now within the recommended range.

At the previous inspection in January 2018, we found staff had not completed a full assessment of one person's needs prior to admission. People were at risk of not having their needs met in relation to long-term health conditions and we identified concerns over the management of risks to people from poor hydration. At this inspection in September 2018, we found improvements had been made and risks, such as those associated with people's complex health and social care needs, had been assessed and were being managed safely.

We looked at the care records for five people with varying healthcare needs. People's care records contained a number of assessments to identify risks to people's health and safety. These included assessments for risks associated with moving and handling, falls, malnutrition, choking and skin integrity. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or

at an increased risk and action staff should take in order to minimise these risks. Some people had been identified as needing support to manage long-term health conditions, for example, hypotension, heart failure or specific types of cancer. Records showed the registered manager had sought specialist advice and information had been provided for staff on how to recognise signs and symptoms that would indicate the person was becoming unwell and what action staff should take.

At the previous inspection in January 2018, we found that a lack of management oversight had placed people at increased risk of not having sufficient quantities of fluids to maintain their health. At this inspection in September 2018, we found people's records were clear as to the recommended daily amount of fluid each person needed to maintain a good level of hydration. Records showed that staff had recorded the exact amount people consumed each day in mls. Staff were guided to contact the Gp when a person's daily intake fell below the expected level and records showed that this was happening. We spoke with a visiting healthcare professional. They did not have any concern about the care people receive and said staff were proactive in seeking advice and support.

At the inspection in January 2018, we identified that poor infection control procedures and the lack of clear workflow systems within the laundry had placed people at increased risk. At this inspection in September 2018, we found improvements had been made. Staff we spoke with were clear about workflow systems within the laundry and understood how to prevent the spread of infection and reduce the risk of cross contamination. Soiled and dirty linen was kept in separate wipe-clean wash baskets and carried down to the laundry in separate bags. Staff used gloves to handle dirty linens then remove them and washed their hands before sorting through clean linens, which were in an area marked for clean linen only. Clinical waste was stored in a separate bin with a lid using the appropriate yellow bag and bins throughout the building were emptied regularly. We saw staff wearing personal protective equipment (PPE) such as gloves and disposable aprons appropriately. Each bathroom/ toilet had a box of gloves, hand soap, hot water and antibacterial gel for staff and people to use to keep their hands clean.

The provider told us further Improvements to the laundry were scheduled to start in October 2018. Plans included a new handwashing sink so care staff would not need to use the handwashing sink in the kitchen. A new roof, new flooring that could be mopped and a door to separate the laundry area from the kitchen.

Glenkealey is an adapted and extended period property. The home was generally clean and tidy, people's bedrooms were decorated with their own furniture and items of importance. However, some areas of the home needed redecoration. For example, some carpets were worn and stained, paintwork and walls were marked and some windows need to be replaced. The outside garden area was quite extensive, but poorly equipped with seating etc which limited the opportunities for people to spend time outside. We spoke with the provider and registered manager about what we had found. They were aware of our observations and showed us a copy of the home's refurbishment plan.

Systems were in place to ensure equipment was regularly serviced and repaired as necessary. The provider employed contractors to carry out a range of safety checks, for instance, gas safety checks and electrical testing.

Is the service well-led?

Our findings

At our previous inspection in January 2018, we found people could not always be assured of safe or high-quality care because the systems in place to manage risks and to monitor the quality of the care provided had not been effective. At this inspection, in September 2018, we found action had been taken and improvements had been made. However further improvement was needed.

Glenkealey did have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. The provider used a variety of systems to monitor the quality of the care provided. These included a range of meetings, audits, and spot checks. For instance, checks of the environment, care records, medicines, nutrition, infection control, health & safety, and accident and incidents. However, we found the systems in place to manage risks and to monitor the quality of care provided by the home were not robust. While some systems were working well, others had not been effective and had not identified the concerns we found during this inspection. For example, whilst some premises safety checks had been completed, these had not been effective in identifying the issues relating to fire safety.

Accidents and incidents were recorded in an accident book, which was regularly reviewed. However, these records lacked detail. This meant the reviewer would not have been able to identify any themes and take any necessary action to reduce the risk of reoccurrence. Where incidents had occurred, we found the registered manager had not always sought professional advice before making decisions about a person's care. For example, records showed that following a recent medicines' error, the registered manager had taken a decision without first seeking medical advice. Following the inspection with spoke with this person's doctor. They told us that the action taken by the home was reasonable. However, this would not have been the advice they would have given, but it was unlikely the person would have suffered any ill effects from the action taken. They did state they would have expected to have been contacted before this decision was taken.

Quality assurance systems in place had failed to ensure people's medicines were managed safely. Although there were checks and medicine audits in place, staff had not identified that people's medicine stock levels did not tally with the numbers of medicines recorded on their medicine administration records, or that staff had not been provided with PRN protocols.

Failure to ensure systems were effective in assessing, monitoring and improving the home was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection, the registered manager and senior staff were open, honest and transparent. We met with the provider and registered manager and discussed what we had found. Whilst they had not been aware of all the concerns we found they were aware of the need to improve. Following the inspection, the registered manager confirmed they had contacted the local authority's quality assurance and improvement team (QAIT) for guidance and support.

People, relatives and a healthcare professional told us the home was well managed when asked. Comments included: "I have no concerns about my relative's care, it's clean and tidy," "Very well managed" and "Absolutely." One relative said, "I think they work very hard, the care is excellent, mum is happy there and the manager is lovely."

Staff told us they enjoyed working in the home and felt supported by the management team. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about the day-to-day running of the home. Staff knew who they needed to go to if they needed help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. Staff meetings were held regularly, these meetings helped the sharing of information and gave staff a forum to share ideas and the opportunity to discuss specific issues or raise concerns. We saw copies of the minutes from these meetings were freely available to staff who were unable to attend.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The previous inspection report and rating had been displayed within the home and on the providers website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the safe management of medicines. People were not being protected from risks associated with the environment. Regulation 12 (2)(b)(d)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to assess, monitor, and mitigate risks to people. Records were not accurate, complete, or well maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)