

ABLE (Action for a Better Life)

Glanmor

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

About the service

Glanmor is a residential care home providing personal care. It is registered to provide personal care and accommodation for up to seven people with mental health and associated health needs. At this inspection six people were being supported by this service.

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

Individual risks were assessed, and action plans devised on minimising the risks. Some risks assessments lacked detail on how to reduce the risk.

Fire safety checks were occurring as required but further action was needed to ensure the safety of people in the event of fire. There was action outstanding in relation to replacement of fire doors.

There were parts of the building that were well decorated but delays in replacing fire doors meant repairs and redecoration had not happened. Better cleaning routines need to be developed. The manager had audited the cleanliness of the property and cleaning schedules were to be developed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We recommend the provider considers current guidance on the legal authority that must be in place before best interest decisions can be taken on behalf of people by their relatives.

Care plans were person centred but lacked detail on how to support people. People knew a care plan was in place.

There were monthly monitoring visits from the director to ensure improvements were taking place. Audits were completed. Further action was needed to pull shortfalls from the audits and from the improvement plan together into a development plan. We have made a recommendation about ensuring reporting of notifiable incidents are reported to CQC.

People we spoke with said they felt safe living at the home. The staff had attended training and knew the procedures for safeguarding people from risk.

Staffing levels were in line the commissioner's assessment of people's needs. There were two staff and the manager on duty throughout the day. At night there was one member of staff sleeping in the premises and staff said there was "good support from the on-call system."

Medicines were safely managed. People had access to the GP and to community NHS facilities.

People told us they liked the staff and said they "liked living at the home." People told us the staff were

caring. We saw the staff have good interaction with the people. The staff knew it was important to develop relationships with people and understood how to support people in their preferred manner.

The staff were supported to develop their skills and with their performance. There were regular one to one meetings with the line manager, annual appraisals and team meetings. The staff said morale had improved and there was good team working. They said the manager was approachable and improvements had taken place.

The person we spoke with said they would approach the staff if they had concerns. Complaints were investigated, and the complainants received a response on how their concerns were to be resolved within the timescales.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 31 December 2018). There were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made however there were other parts of the regulations that were breached. This meant there was a continued breach of regulation.

This service has been in Special Measures since 28 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glanmor on our website at www.cqc.org.uk.

Enforcement

At the inspection dated December 2018 we identified breaches in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the providers registration. This meant monthly action plans had to be submitted on the audits and any actions taken or to be taken as a result of those audits. This was to demonstrate how service users' needs were being identified and met. The provider has met the conditions on the notice of decisions imposed.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.
Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Glanmor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Glanmor is a 'care home'. 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.

The provider has a condition to have a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection a registered manager was not in post. The current manager was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced and took place on the 24 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with three members of staff as well as the manager and director.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This key question was rated Inadequate at the last inspection.

At this inspection this key question has now improved to Requires Improvement. While we found enough improvement had been made there is continued breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found no evidence that people had been harmed. However, fire systems were not robust enough to demonstrate safety was effectively managed. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Fire doors needed to be replaced. Although the replacements fire doors had been approved this action was outstanding for a significant period. This meant people were not fully protected against the risk of fire.

Due to the environment and systems in relation to the replacement of fire doors people were placed at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans were in place and detailed the action needed to assist people with safe evacuation of the premises. Fire safety checks and practices took place to reduce the likelihood of fire risks occurring.

- Variations of the same risk were divided into separate risk assessments which meant all the information was not detailed into one comprehensive assessment. Some risk assessments lacked detailed on how to minimise the risk while others were very detailed but difficult to follow on the most up to date actions.

- Risk assessments for when people showed signs of anxiety and frustration in their behaviour were detailed, but the most relevant guidance to staff was not made clear. A member of staff told us positive behaviour care plans were being developed. They told us staff knew people well and how to respond when people showed behaviour the staff found difficult to manage and stated " [We] make sure we are safe, and everybody is safe." The manager and director told us positive behaviour care plans were being reviewed.

- A risk assessment was devised for one person who didn't return to the home at the agreed times. The social skills care plan stated that this person may at times not tell staff the length of stay away from the home. While the risk assessment detailed the professionals and emergency services to contact when the person had not returned for extended period of time, the actions needed to be more specific. For example, how staff were to keep in contact and the actions to take at specified times.

- There were people at the home who smoked in their bedrooms. The smoking care plan for one person described their understanding of the health risks around smoking. Other associated risks with smoking in the bedroom included carbon monoxide due to poor ventilation. The measures included assisting the person to empty ashtrays, fire retardant bedding and safety checks such as reminding the person to improve

ventilation. Measures to detect poisonous carbon monoxide were not in place and were not part of the action plan. The manager gave us reassurances that stickers to detect carbon monoxide in the bedroom will be purchased while detectors were installed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us the staff gave them a sense of security. The staff knew safeguarding procedures which included the types of abuse and reporting their concerns.
- Allegations of abuse were reported to the local authority safeguarding. The manager said there were good working partnership with the safeguarding team and their advice was sought on the reporting of abuse. They said all safeguarding referrals were closed.

Staffing and recruitment

- Safe recruitment procedures were followed. Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the home. Checks included a Disclosure and Barring Service (DBS) check, references from previous employer and identity. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- There were enough staff on duty throughout the day. There were two staff and the manager on duty between 9am and 10pm when the sleeping in staff came on duty. Staff said where the need arose a second sleeping staff was deployed. A member of staff said there was "good on-call support" for staff lone working at night.
- One person said, "[There] is enough staff on duty always at least two staff. There have been brief periods when only one staff were on duty."

Using medicines safely

- Medicines were safely managed. Individual profiles were kept in the medicine file along with the medication administration records (MAR) and other information on safe medicine administration. Individual profiles included people's photographs to ensure staff were able to identify the person, details of registered GP and any known allergies.
- MAR were signed by staff to show medicines administered. The MAR confirmed medicines were administered as prescribed.
- Protocols were in place for medicines prescribed to be taken "when required" (PRN). Protocols detailed the purpose of the medicines, the maximum dosed to be administered and possible side effects. For example, where people experienced anxiety, the signs of anxiety were listed with guidance on when to administer this medicine.
- A record of medicines no longer required was maintained and records confirmed the medicines for disposal to a local pharmacy.

Preventing and controlling infection

- The improvements in the décor and repair of the property were delayed due to the replacements of fire doors.
- We noted there were areas of the property that needed better cleaning regimes. There was a housekeeping audit by the manager which shows there were areas of the home that were not clean. The manager said, "we have two cleaners and these staff have been deep cleaning and once this is complete there will be cleaning schedules".

Learning lessons when things go wrong

- Accidents and incidents were reported. There were inconsistencies in the reporting of incidents. When

incidents were reported to the safeguarding team not all events were reported to CQC. Monthly audits by the director had identified that not incidents of potential harm were reported to the safeguarding adult's team.

We recommend the provider consider current guidance on reporting of accidents and incidents is followed by the staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People received coordinated support when they were referred to use the service. Their support needs were assessed by staff before an admission to the home. Where care managers had input into people's care needs, assessments plans were provided.
- Support was not always delivered in line with legislation or good practice guidance. People were at risk of potential harm as fire safety doors were not installed although their replacements was approved. Repairs and infection control guidance was not fully followed because of the delays in replacing fire doors.
- A social care professional told us the staff made appropriate contact for issues that impacted on people's care management. This professional told us, "I usually arrange my visits to the home before hand, so staff and residents are aware of when I will be coming and who I need to see and why. There is always a member of staff to speak to me and available to talk through any concerns or plans we may need to discuss." A healthcare professional told us referrals were made in a timely manner and their guidance was always followed.

Ensuring consent to care and treatment in line with law and guidance

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.

- The capacity assessment for one person stated they lacked capacity to make decisions regarding their care. but had consented for the safekeeping of their money. A capacity assessment was not completed to ensure this person had capacity for their finances to be held in safekeeping. Documentation showed the staff were approaching a family member without legal authority to make decisions.

We recommend the provider consider current guidance on lasting power of attorney and the legal authority that must be in place before best interest decisions can be taken on behalf of people by their relatives.

- Capacity assessments were completed for living at the service which included information sharing and for taking photographs. The staff had attended MCA training and had a good understanding of the principles. A member of staff said they were "enabling people to make decisions. We need to make sure we support people."

- People made day to day decisions. One person said the staff will advise them, but they made all decisions.
- People at the home were able to leave the home without staff support.

Staff support: induction, training, skills and experience

- Arrangements were in place to support people with the expectations and responsibilities of their roles. New staff attended an induction when they started work at the home. A member of staff said their induction covered the Care Certificate standards and shadowing more experienced staff. This member of staff stated that they "didn't do anything thing alone until confident to do so."
- Staff said the training was "good and more consistent." Staff said there were opportunities for specific training such as the types of mental health conditions. A member of staff said, "we talked about our training needs and suggested more mental health training. We have training development plans. If we struggle, we can ask for help." Staff said there were opportunities for further vocational qualifications.
- There were audits of the mandatory training attended and staff were reminded to attend this training when it was due.
- One to one supervision meetings with a line manager were regular for staff to discuss concerns, personal development and their performance. The audit of supervision and appraisals showed staff had regular and consistent support from senior managers.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good. One person said they were able to prepare snack and drinks between meals. We saw people had access to parts of the kitchen and were preparing their refreshments.
- Menus were devised from people's suggestions on their preferred meals. Each person made a suggestion for a meal to be included in the weekly menu. Alternatives were served when people requested other options.

Adapting service, design, decoration to meet people's needs

- People at the service were able to move around the home independently and without the need of signage to help them find their way around the home.
- There were areas of the home that were well decorated. However, repairs and redecorations in other areas were delayed due to the overdue replacement of fire doors.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their ongoing healthcare needs. A record of healthcare appointments was maintained and included was the nature of the visit with the outcome of the appointment. People had access to the GP and to community NHS facilities. At the time of the inspection, there was a chiropodist visiting people.
- People were supported with their mental health care needs and there was input from community psychiatric nurse.
- Hospital passports gave guidance on how the person was best supported by medical staff in the event of an admission. For one person the hospital guidance lacked guidance on how medical staff were to communicate effectively when immediate action was not possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff were caring and "liked living at the home". One person told us the staff "were helping me to get better." Another person told us, "the staff are definitely caring. They are kind." This person told us at times they used behaviours deemed to be challenging to express feeling of frustrations and anxiety. This person said, "there is some challenging behaviour. I have anger issues, and sometimes [I] can be unpleasant. Staff understand that some people can't help it. Most of the times I take it on the chin. I take myself away and calm down. The staff will check I am ok once they have given me time."
- The staff told us how they showed kindness and compassion towards people. A member of staff said people felt safe because they "listen and understand them." This member of staff said a keyworker system was in operation where staff were assigned specific people to help resolve issues and to support them with everyday life. They said one to one keyworker times ensured people "felt respected". One person said there was one to one keyworker time.
- Staff told us training, facilitating activities and people's participation in care planning ensured people's care was compassionate. A member of staff said they kept people informed and "keeping up to date with people".
- The manager described how they ensured staff were caring towards people. The manager said the staff were "passionate" wanted to help the home improve. There were observations of staff competencies and independence was encouraged. The manager said, "staff sometimes need to be reminded that people living at the service are adults."
- We saw people and staff spending time together in the garden chatting and discussing the day ahead. We also saw staff playing video games with people.

Supporting people to express their views and be involved in making decisions about their care

- The views of people were gathered during monthly house meetings. At the monthly house meetings people were made aware of reports from regulators and were supported to plan activities and menus. One person told us they attended house meeting and stated these forums were social occasions where snacks were served.

Respecting and promoting people's privacy, dignity and independence

- People's rights were respected. People told us the staff respected them and their privacy. A member of staff said "we have to make sure support is done in a dignified way and according to their wishes and their beliefs. We know the client and about their preferences."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were aware of having care plans on how to meet their needs. The manager told us the care planning process was being improved. The local authority quality assurance team were supporting the staff to develop person centred plans. Care plans were audited, and action plans developed on how shortfalls were to be met.
- Overall care plans were person centred. Some care plans lacked detail on how to support people and where there were variations of the same need separate care plans had been developed. This meant staff had to read multiple care plans on how to manage the same situations. For example, for one person there was a mental health care plan and another for substance abuse which included self-harm as a trigger and a sign of deteriorating mental health.
- Where people had mental health needs care plans were in place. For one person the mental health care plan described the sign of deteriorating mental health and the person's abilities to manage their mental health. The action plan gave staff guidance to contact professionals when there were concerns regarding deteriorating mental health.
- 'About Me' information included aspects of people's care that was important to them along with the support needed from staff. The "good day and bad day" documents helped staff understand how to support people to consistently have a "good day" and how to avoid a "bad day". For example, for one person, isolation was a "bad day". Personal profiles detailed people's preferred appearance and some guidance on how the person will present in the community when their mental health was deteriorating.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plan described people's abilities to express themselves and the support needed from the staff. For example, one person needed assistance from staff with "official correspondence and making phone calls."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to access the wider community and to maintain contact with their friends and relatives.

- There were a range of in-house activities and on developing independent living skills. For example, laundry, cleaning their bedrooms and cooking. Staff told us there was a programme of activities but not all the people participated.
- One person told us the staff supported them in the wider community due to their anxieties. This person told us "I struggle to leave the home and the staff support me to integrate in the local community." This person also told us they had visits from friends at weekends and staff made their visitors welcome.

Improving care quality in response to complaints or concerns

- People told us they would approach staff with complaints or concerns. There were two recorded complaints from people. Records showed that complaints were investigated, and the complainants were told about the actions taken to resolve their complaints.

End of life care and support

- Care plans were devised on people's advance wishes for their end of life care and funeral arrangements.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was more consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was not in post. The current manager's application to register with CQC was in progress. A member of staff said the "manager is new she has been here a couple of months. We knew her, and we were pleased about the appointment."
- Audits were used to assess the delivery of care which included staff's competence, care planning, medicines and cleanliness of the home. However, a consolidated action plan from the audits was not in place. There were monthly visits from the director to monitor that improvements were occurring as required. This meant a consolidated action plan was not devised from the audits and from the monthly monitoring visits.
- While the provider had taken some action to the recommendations made by the fire safety authority there was outstanding action. Fire doors were not replaced although this action had been agreed. There were fire safety checks and practices to ensure the safety of people and staff.
- The staff said the team worked well together. A member of staff acknowledged that there had been "failings" but there had been improvements. They said the "team is good." A member of staff said there was a "good positive atmosphere" and the manager was "easy to approach. The team has a lot of respect for her. We provide day to day support. We promote people's independence and help them fulfil their potential. Activities are meaningful".
- The staff received feedback from the manager on the actions they need to take. There were regular team meetings and currently they occur every two weeks. People and housekeeping are discussed at alternate meetings. At the housekeeping meeting Health and Safety, repairs and replacements fire doors were discussed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home had improved and there were better outcomes for people. Staff told us they felt valued by the manager and senior management team. A member of staff said the "management of the home has changed". This member of staff said they were kept informed about the previous inspection report and rating. There were more "organised activities and the support is more specific and tailored to people. Some things need to change to meet regulation, but the vibes are good".
- Another member of staff said they were more able to support people and the team were "very supportive of people which was an improvement". They said the atmosphere had improved and stated they had the

training needed to manage situations, "procedures are in place and staff follow them. The home is well managed". This member of staff told us the changes had given them and people a sense of security. They said the on-call support for when staff were lone working was good. There was more time available to spend with people and there were good working partnerships with external professionals.

- One person told us they knew who the current manager was. This person said "[Name] is great. I knew her from before. She did bank work" and staff covered vacant shifts across the organisation.

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

- Accidents and incidents were not always reported as required by Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Safeguarding referrals were made to the local authority but not all these events were reported to CQC. The manager and the director reassured us CQC and the safeguarding team were kept informed of allegations of abuse and about potential harm.

- Daily reports and copies of incident reports showed the staff were open about all events with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people, staff and visitors was gathered about the service. The surveys about the service were positive. The manager said these surveys were the most recent and undertaken by the registered manager. We discussed an anonymous comment about "retribution". The manager told us at the time the staff didn't feel able to bring up their concerns. The manager said staff morale was improving and staff were raising concerns.

Continuous learning and improving care; Working in partnership with others

- The manager told us, "Our main aim is for people to feel this is their home, feel supported and are helped to have the life they want". The manager told us staff "morale is better than it has been." The focus has been on the improvements from the previous inspection report to deliver person centred care and keyworker time was introduced to ensure people had more individualised care. This manager stated, "I want us around more. People are happier and they like for staff to join them."

- The manager explained their style of management which ensured they had a presence in the home and their previous work experience was used to develop the service. This included helping staff to develop the way they promote independence and taking suggestions from staff and people seriously.

- Social and health care professionals told us the staff knew people well and understood the triggers when people's mental health deteriorated. A health care professional said there was partnership working and had joined workshops led by the community mental health team. They said when they went to the home the manager always made time to discuss the outcome of their visits.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The delays in replacing fire doors continue to place people and staff at risk of harm if there was a fire in the home.</p>