

Memento Care Limited

Glenesk Care Home

Inspection report

Glenesk, Queen Street
The Crescent
Retford
Nottinghamshire
DN22 7BX

Tel: 01777702339

Website: www.gleneskcarehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glenesk is a care home that provides personal care for up to 22 people in one adapted building. It is registered to provide a service to older people who may be living with dementia or physical disability. At the time of the inspection 21 people lived at the home.

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

Safety and privacy concerns were identified in regard to electric plugs and the layout of the managers station within a communal area. Records for testing water outlets was not clear.

Risk to people's care needs were monitored and managed effectively. Medicines were administered in a safe way and improvements seen through the introduction of a new electronic system.

Enough staff were available to respond to people's needs in a timely manner. Staff were following current government guidelines for wearing face masks. Accident and incidents were investigated, and measures were in place to prevent recurrence. People were cared for by staff that protected them from avoidable harm.

Staff completed an induction, received relevant training and supervision support for their roles. People's needs were assessed, and people were involved in their care planning. People's choices and preferences were adhered to. People were supported to have sufficient to eat and drink and had a calm and enjoyable dining experience.

The service worked well with agencies and other professionals to provide effective care. The provider was working towards a refurbishment plan to ensure the building would be maintained to a high standard. The provider was working in line with the principles of the mental capacity act.

The care people received was tailored to their individual needs. Care plans reflected people's needs, their preferences and their choices. People were supported to maintain good well-being and reduce the risk of social isolation.

The service had systems in place to monitor and share continuous learning. The management team showed leadership and were clear about their roles and responsibilities. We received positive feedback about the management of the service from people, families and staff. There was a positive culture throughout the service. The management team was open and honest, encouraged people and families to be involved.

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 inspection was inspected but not rated, published on 15 February 2022. The previous inspection was requires improvement published 16 March 2020. Where we issued a warning notice in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the previous inspection published 16 March 2020 to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has changed following this inspection.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

Good ●

Glenesk Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a manager in post who had submitted their registered managers application to CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as the information shared with us by the local authority, such as details of the safeguarding concerns that had been raised. We used all of this information to plan our inspection.

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

During the inspection

We also spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with five members of staff including the cook, senior care staff, care assistant, manager and the provider's representative.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed training data and the provider's quality assurance records.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures, and the provider's quality audits.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our inspection dated 02 September 2019 we rated this key question Requires improvement. At this inspection the rating for this key question has remained the same. 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

- The manager station was in an area of the dining room and extension leads were exposed for the printer and other electrical equipment. This was a potential tripping hazard. There was no privacy and confidential discussions took place and could be overheard when other people and visitors were in the dining room. We discussed this with the management, who told us they would review and make changes.
- Regular safety checks were carried out to ensure the service was safe. For example, water hygiene, gas boilers, electrical and fire safety systems and equipment were tested regularly. However, we found the records for water testing for legionella were not clear or up to date. We asked the provider to review the recording documents and provide an up to date water test which they did. The provider told us they would implement a new recording system to make the records clearer and more concise.
- Risks for people were identified and managed appropriately, including falls, people's weight, infections and oral health care.
- Where people were at risk of falls, we observed staff supporting people with their mobility. We saw relevant equipment was in place in people's bedrooms for those who were at risk of falls to alert staff to their movements.
- Robust systems were in place to analyse and monitor accidents and incidents. Investigations took place to ensure any learning could be shared with staff to prevent further incidents.
- The service had received a food hygiene rating of five. This told us the service was following hygiene processes to a high standard.

Using medicines safely

- At our previous inspection in September 2019 medicines were not managed safely. At this inspection we found improvements had been made.
- An electronic medicine recording system was in place to minimise errors.
- Staff competency was tested annually. Staff and records confirmed they had completed medicine training.
- Staff showed us the medicine process and we observed staff administering medicines to people. The staff told us the system in place was better and mitigated risk because the hand-held monitoring sets notified them when people's medicines were due, which was more effective if the medicine was time specific.

Staffing and recruitment

- We found all staff had completed a robust induction, training requirements and safety checks, such as a

Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.)

- People and relatives told us there was enough staff. One relative said, "I feel there are enough staff, I've never thought otherwise on visits anyway." Another relative said, "I'd say there are enough staff, there is always someone around and you don't have to go hunting for them."
- Staff confirmed and we saw there was enough staff to meet people's needs. One staff said, "We have enough staff, although sometimes they could do with an extra staff member. We saw the manager was hands on and the provider also provided support when asked."
- The manager told us they had vacancies and were currently recruiting to fill the shortfalls.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. Staff were seen throughout the day wearing masks and relevant PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy were up to date.

Visiting in care homes

- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- All staff had received safeguarding training to protect and mitigate the risk of abuse for people. Staff had a good understanding of safeguarding and described a situation where they would raise a concern.
- People and their relatives told us they felt safe living in the home and with the staff that cared for them. One relative said, "I do feel [relation] is safe."
- Safeguarding concerns were referred to the local authority and CQC where required. We saw the provider put measures in place to mitigate and manage safeguarding concerns. We discussed recent safeguarding concerns that we had been notified of.

Learning lessons when things go wrong

- There was a process in place to share information with staff when lessons could be learned. Staff confirmed there was a handover meeting at the end of each shift for daily discussions, issues and concerns to be aware of.

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 our inspection on 02 September 2019 we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff files identified staff had participated in an induction. The files also contained evidence of certificates they had gained for completed training and supervision support they had received.
- Training skills and experience were recorded and monitored.
- Staff told us they felt supported in their role and received relevant training to do their job.
- We reviewed the providers training programme. Staff confirmed they were in the process of updating their training needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before care was provided to ensure staff could meet their needs.
- People and their families were involved in decisions regarding their care planning. Care plans contained person-centred information within them. For example, people's likes, dislikes, routines and choices.
- Care plans held specific information within them detailing how the person wanted to be supported. One relative told us, "[Name] does have a care plan in place.

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

- People were supported to have sufficient to eat and drink. There was good choice at mealtimes and one person told us they had just had a late breakfast and continued to explain their mealtime routine. They confirmed they had a choice of food they liked and wanted to eat.
- One relative said, "My relative loves the food. Its lovely, home cooked food. They get extra when they want it." We asked the person and they said, 'I get more than enough!'
- Another relative said, "The food is especially good. During the hot weather they made sure everyone had jugs of iced water that they replaced regularly." This meant people were kept well-nourished and hydrated.
- People's dietary needs were recorded in their care plan. People's weights were audited each month. Where changes were required to people's dietary needs, actions were implemented and care plans were updated. The information was also shared with all staff and the cook to ensure everyone was aware of any extra checks or charts required.
- Meals were as identified on the menu. People were offered a choice of where to sit and what drink they would like. The dining experience was calm, and people mixed and enjoyed their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals. People were referred to appropriate healthcare professionals such as occupational therapists or GPs when required. Staff recorded outcomes and followed advice as needed.
- People's health and support was reviewed and updated in their care records.
- People and their relatives told us they get access to healthcare professionals as and when required. One relative said, "[Name] needed four trips to hospital in their first few weeks. When they were not well staff got the ambulance straight away and the intervention was great. I have confidence and trust in the staff."

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

- Throughout the home there were areas adapted to meet the needs of the people living there, such as quiet areas.
- People personalised their bedrooms to make them feel more at home. Staff told us the home was homely, family orientated and personalised.
- The provider told us they had an ongoing refurbishment plan in place. Due to the pandemic they had difficulty securing contractors. We saw evidence of quotes acquired, but changes were yet to be implemented. However, some areas had undergone refurbishment with new flooring and décor.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA.
- Staff had a good knowledge and understanding of people's capacity. Staff also confirmed they had received training in MCA.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.
- One relative confirmed their relative had dementia and the relative was aware there was a DoLS in place for their relation.

Is the service responsive?

Our findings

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

At our inspection on 02 September 2019 we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed and updated regularly. This meant any changes to people's needs were responded to.

- Staff used handheld devices to ensure people's needs were met in real-time. Care files we reviewed told us people had received personal care, they were repositioned if needed and received their medicines in a timely manner.

- People and relatives told us care was planned to meet their needs.

- One relative said, "They do quite a lot of activities and [Name] mostly joins in. If they don't like doing an activity, they will tell them!" Another relative told us their relation had been involved in some activities. They said, "The staff have brought [Name] out of their shell a lot. They are getting more stimulation. They like to sunbathe and last week they were out in the garden."

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.

- Staff spoke to people in a way that they understood.

- The provider had policies and protocols in place to provide information in an accessible format which could meet a variety of communication needs.

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 maintain links with family and friends. We observed one person being supported by staff to face-time their relative.

- We saw evidence of activities that had taken place.

- People told us about a day where exotic pets were brought into the home. People were enthusiastic to describe how the animals felt, the texture of their skin and how pleasing they were to touch.

- Relatives confirmed there were meaningful activities that stimulated people. One relative said, "Activities wise, the co-ordinator is there every day. [The co-ordinator] does a newsletter and there is always something going on. They have singers, a zoo, guide dogs, they give people the choice if they want to join in with everything."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place to respond to complaints.
- People told us they knew who to raise a complaint with and felt confident to do so.

End of life care and support

- Care plans identified people had the opportunity to discuss their wishes for their end of life care.
- Relatives confirmed people received good care when they were receiving end of life care. One relative said, "[Name] was on end of life care, but they picked up a bit. If anything changes, they [staff] will ring straight away."

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 our inspection 02 September 2019 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At a previous inspection in September 2019 the provider failed to ensure there was adequate leadership and quality monitoring in the home. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning Notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Medicine management had improved. The service used an electronic system which in turn minimised errors. Staff were notified when a person's medicines were due, this meant the risk of missed medicines were mitigated and the required action was taken.
- Staff confirmed the new system was more effective. We saw when a person refused their medicine, guidance was sought from a pharmacist or GP.
- More staff had been trained to administer medicines. The manager told us they wished to increase medicine competency checks for staff to ensure they had they right skills to administer and manage medicines. There was improved oversight from the manager.
- At our inspection in September 2019 we identified cleanliness concerns within the service. The cleaning regime had been increased. There was less clutter around the home. There was evidence of a refurbish plan and no malodours.
- Sensitive information was stored securely within the managers station.
- Staff handovers had improved. Staff felt they had sufficient information to ensure people received the care and treatment they needed.
- The electronic care planning gave good oversight and governance to ensure records were kept up to date.
- There was a new manager at the service, who had submitted their application to register with CQC.
- There were good governance systems in place and the provider had given a good oversight of how the home was run. The manager discussed further improvements they wished to make.
- Regular quality assurance was undertaken by the manager and the provider. This covered areas such as the environment, safety measures, infection control, and improvements the provider was making, such as a new sluice room and refurbishments to the downstairs bathroom and other areas of the home.
- The manager understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.

- The provider was enthusiastic to make improvements to the service. They responded well when we raised concerns regarding water testing and proactively sought direction and guidance. All of the above told us enough had been done for the service to have met the regulation.

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

- There was a positive person-centred culture within the home. One staff said, "Management are really approachable, anything I've raised, I've had a response back."
- We observed people interacting with the staff, manager and provider. The impact was positive with a family atmosphere in the home.
- Relatives confirmed the home had a positive culture and provided person-centred care. One relative said, "Management are really good. I have no qualms about asking them anything." Another relative said, "I'd feel comfortable if I had to raise concerns, but I haven't really had any. I've been to relative meetings. It was more difficult with COVID, but you can speak if you want to and I feel they do listen to what we have to say and act on it where they can."

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

- The provider and manager understood their responsibility to be open and honest when things go wrong.
- Relatives confirmed they were always kept updated and informed.

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

- People, relatives and staff felt involved in discussions about people's individual care needs and what was specific to them.
- The provider shared a newsletter with people and relatives. There were opportunities to feedback about the service. We reviewed the last service survey with had positive responses.

Working in partnership with others

- The service had a good working relationship with healthcare professionals.
- Staff took part in meetings to discuss people's needs at the weekly MDT (multidisciplinary team) meetings, (The MDT is a group of health and care staff working together to make decisions regarding the treatment of individual people.)
- We received positive feedback from the local authority regarding the service provided.