

Amicura Limited

The Glen Care Home

Inspection report

Gleneagles Drive
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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 caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

The Glen Care Home is a nursing home providing nursing and personal care to 44 people at the time of the inspection. The service can support up to 48 people. The home is a single storey building which has individual accommodation and there are communal areas for people to enjoy.

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

People were not always protected from avoidable harm. Improvements were required to ensure people's medicines were managed safely and that safe recruitment processes were followed. People, relatives and staff gave negative feedback about the staffing arrangements at the home.

We have made recommendations about the management of medicines, safe recruitment practices and staffing arrangements which can be found in the 'safe' section of this report.

Risks were assessed and people told us they felt safe. Staff were aware of how to raise concerns if they suspected people were at risk of abuse and systems were followed to ensure the risk of infection was minimised.

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; the policies and systems in the service supported this practice.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision was arranged to ensure staff had the skills to carry out their role. People said the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

Staff treated people with dignity and respect and staff told us they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes.

People were consulted and asked their views on the service provided. The registered manager provided people with surveys, any comments were actioned whenever possible. A complaints procedure was displayed at the home and documentation showed complaints were responded to and resolved. The registered manager and provider had promoted an open, caring culture within the home. Staff and the registered manager worked closely together, and with external health professionals, to help enable people to have the best outcomes possible. The registered manager carried out regular checks on areas such as medicines, infection control, accidents and incidents and the environment to ensure shortfalls were identified and actioned and successes celebrated.

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

Rating at last inspection

This service was registered with us on 26 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in accordance with our published methodology.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

The Glen 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Glen Care Home 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 service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and three relatives. We spoke with 12 members of staff including the registered manager, deputy manager, regional manager and three care staff. We also spoke with two housekeepers, one activities co-ordinator and one maintenance person.

We walked around the service to check it was a clean, safe place to live and carried out observations of interactions between people and staff. We reviewed a range of records. This included four people's care records and a sample of medication records. We looked at four staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed documentation about staffing, policies, and correspondence from the registered manager. We also spoke with a health professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Staffing and recruitment

- Safe recruitment procedures were not consistently followed to ensure suitable staff were employed to work with vulnerable people. Gaps in employment histories were not always explored and documented to ensure a complete employment history was obtained. We discussed this with the registered manager who took action to address our concerns.

We recommend the service seeks and implements best practice guidance in the exploration and documentation of essential employment information.

- The registered manager did not always deploy staff effectively. A staffing tool was used to calculate the number of staff required, however people told us they had concerns with the time staff took to support them. Two people described their feelings when they did not receive support promptly as, "cross" and "frustrated." A further person told us staff sometimes attended their room when they used their call bell and turned it off, explaining they would be back later. This was confirmed by speaking with staff. Relatives spoken with confirmed staff were busy.
- Staff told us they felt more staff were required to support people in an effective way. We discussed this with the registered manager who told us they constantly reviewed staffing levels and were in the process of altering the staffing deployment to effect change.

We recommend the service seeks and implements best practice guidance on the implementation of staffing that supports people's individual needs and wishes.

Using medicines safely

- Medicines were managed safely and in line with good practice. However, processes for recording of medicines were not yet consistently embedded. For example, processes for managing 'as needed' medicines needed reviewing to ensure consistent processes were followed. In addition, when multiple medicines were prescribed to manage pain relief, protocols did not always make it clear what medicines were to be given in what order. We highlighted this to the registered manager, and they took immediate action.

We recommend the service seeks and implements best practice guidance in the safe and consistent management of medicines.

- Staff were trained in the management of medicines and their competency was checked.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. The provider had policies to guide staff on how to report concerns of neglect or abuse.
- Staff had received training in safeguarding awareness.
- People felt safe. People told us they liked staff and staff were kind to them.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff assessed risks to people and actions to minimise risk were documented and reviewed. Changes were made to promote people's safety as needed.
- The provider minimised the risk and spread of infection by providing training and personal protective equipment to staff.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to identify trends. The registered manager shared any lessons learned with staff to improve the safety of the service.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Staff assessed people's needs and developed plans of care to ensure the care provided met their needs and preferences. Staff knew people well and could explain the care people needed.
- Care records contained best practice information to guide staff, if people lived with health conditions.
- Staff supported people to access healthcare services such as hospital appointments.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent. The provider ensured staff received induction and refresher training to maintain and update their knowledge. This included training in clinical skills appropriate to registered nurses.
- The registered manager completed supervisions with staff to review their performance and staff told us they could seek guidance from management at any time.

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

- Staff supported people to eat and drink enough to meet their needs. Staff completed nutritional risk assessments to identify people's individual needs and sought advice from health professionals if needed. Care records recorded the support people needed to eat and drink.
- People told us they were happy with the meals provided. One person described the food as, "pleasant and palatable." Alternatives were available for people if they did not want the main meal.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with GP's, specialist nurses and external nursing teams.
- In the event of people going to hospital, essential information was provided to support decision making.

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

- People lived in a warm and homely environment which was bright, clean and well maintained. People's personal possessions were displayed in their private rooms.
- The provider had considered best practice guidance and visual signage was displayed to help people living with dementia identify the lounge, dining room and toilets.

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.

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).

- People's capacity to make decisions had been assessed in line with the principals of the MCA. The registered manager submitted applications to deprive people of their liberty to the local authority. These were currently awaiting assessment.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- Staff supported people with dignity and respect and had a caring approach. Staff were gentle with people and spoke respectfully to them.
- People told us staff were caring. One person described staff as, "Friendly and warm natured."
- Staff supported people's rights to live individual lives. One person was supported to celebrate their birthday in the way they wanted to do so. Photographs showed the person was laughing and smiling.

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

- People could decide their care needs and where this was not possible relatives were engaged in the care planning process. Relatives told us they were involved in discussions about their family member's care and a sign at the reception of the service invited relatives to do so.
- Staff asked people their opinions and views. People were asked where they wanted to sit, what they wanted to do and what help they needed.
- The registered manager told us they would inform people of local advocacy services that were available if people needed support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff closed doors when they entered people's private rooms and conversations about people's individual needs were held in private.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, staff supported people with their mobility and encouraged them to walk when this was possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated 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

- Staff assessed people's individual needs and care records reflected the support they required and their wishes. These were reviewed regularly, and changes made to help ensure people received person centred care. People and relatives confirmed they were as involved as they wanted to be.

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.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs. For example, if people needed equipment to help them hear, see, or speak this was recorded.

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

- Staff supported people to engage in meaningful activities. We saw people were supported to sing and dance. People were laughing, and it was evident people enjoyed this.
- Individual talents and skills were supported. One person explained it was their responsibility to help visitors familiarise themselves with the environment and this meant a great deal to them.
- Staff supported friendships. People chose who they spent time with and relatives were welcomed. A relative commented they had celebrated a special occasion with their family member at the service.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. Complaints were responded to in the timeframe described in the policy.
- There was also a comments box which was accessible to people, so they could raise concerns if they wanted to do so.

End of life care and support

- Staff had received training in end of life care and further training was being arranged. There was a policy in place to guide staff and peoples wishes for their end of life were documented.

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. This is the first inspection for this newly registered service. This key question has been good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture in the service. One relative said they were confident they could approach the manager, Staff told us the registered manager worked closely with them. One staff member commented, "I like it here. We all work like a team."
- The registered manager told us they sought to have an open and transparent culture. Documentation showed that if things could have been done differently, investigations were carried out and an apology was made.

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

- The registered manager completed regular checks of the service. These included checks on medicines, infection control, care records and the environment. The registered manager identified and actioned areas of concern.
- The registered manager had notified the Care Quality Commission about events that occurred within the service. This was required by regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager sought feedback to improve the service. People and relatives completed satisfaction surveys and the registered manager responded to any comments. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views.
- There was a learning culture within the service. Analysis of incidents and accidents showed lessons learned were considered and cascaded to staff to improve the safety and quality of the service.
- The registered manager sought to engage with external professional agencies and maintain positive relationships with them. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes.