

Mr Damian Salter and Mr Daniel Salter

Glencairn House Retirement Home

Inspection report

16-17 Cornwall Road
Dorchester
Dorset
DT1 1RU

Tel: 01305268399
Website: www.glencairncare.co.uk

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16 October 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 15 and 16 October 2018 and was unannounced.

Glencairn House Retirement 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.

Glencairn House Retirement Home is registered to accommodate 23 older people. The Home is split over three floors with the first and second floor having access via stairs or lift. On the ground floor there is a large lounge which leads into a dining room. There was level access to the outside patio area at the rear. There were 23 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. Staff had received an induction and continual learning that enabled them to carry out their role effectively.

Staff received regular supervision and felt supported and confident in their work.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with daily and monthly audits to ensure safety with medicines.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.

Accident and incidents were all recorded and analysed by the registered manager. Lessons learnt were shared with staff through monthly meetings.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required.

The service worked well with professionals such as doctors, occupational therapists and social workers.

People had their eating and drinking needs understood and were being met. People had mixed views about the quality, variety and quantity of the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs. Their life histories were detailed and relatives had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home actively encouraged feedback from people, their relatives and professionals.

People's end of life needs were assessed and detailed. Records showed that people and their relatives had been involved in these plans. Feedback received by the service showed that end of life care provided was of a good standard.

Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt.

The service understood their legal responsibilities for reporting and sharing information with other services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service had improved to good.

Is the service well-led?

Good ●

The service was good.

Glencairn House Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 15 October 2018 and was unannounced. It continued on 16 October 2018 and was announced. The inspection team consisted of one inspector and an expert by experience on day one and a single inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and four relatives. We spoke with two health and social care professionals, five staff, an external trainer and the chef.

We spoke with the proprietor and the registered manager. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt safe living at Glencairn House Retirement Home. Staff told us that people were kept safe, they felt confident about this, with one staff member saying, "I feel people are safe, there is 24-hour care and we all work as a team". Risk assessments, policies, audits, quality assurance and support systems were in place. People told us, "I feel safe here, they don't stop me from doing anything", "I am very happy here and have no worries, everything is taken care of for me" and, "I feel safe and well cared for. I don't worry so much as I used to since coming in here". A relative told us, "I do feel my loved one is safe here".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were all trained and had had their competency assessed by the management staff. Medicine Administration Records (MAR) had a photograph of the person, their medical conditions and allergies. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. We observed a member of staff explaining to a person what each medicine was for when supporting them. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Body maps were used to show where prescribed creams needed to be applied.

The service had enough staff to meet people's needs. The registered manager used a dependency tool to determine how many staff were needed and each person's needs were assessed. A person told us, "There are enough staff, there is always someone about". Another person said, "There are enough staff. There have been a few times I have had to wait when I ring my bell but they always come and apologise if I have had to wait". A staff member told us, "There are enough staff, I don't feel under pressure, I don't feel rushed". A relative told us, "There are plenty of staff". A professional said, "Staff are genuinely caring with a good personal knowledge of residents. There seems to be a low turnover of staff".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. The service employed domestic staff. A relative told us, "The home is clean and the cleaning girls are very good". We observed staff changing gloves and aprons throughout the day. There were gloves and apron supplies in various places throughout the home. Staff received training in the prevention and control of infection and could tell us their responsibilities. A professional said, "The home is clean I have no issues with that".

All staff members prepared and served food from the kitchen and had received food hygiene training. The

service had received the highest rating of five from the Food Standards Agency which meant that conditions and practices relating to food hygiene were very good.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member said, "I would look for changes in a person's behaviour, they may have physical signs or confide in me". The registered manager was very clear of the home's responsibility to protect people and report concerns. A professional told us, "I do not have any safeguarding concerns about Glencairn House".

Accident and incidents were all recorded and analysed by the registered manager and the director. Actions were taken and lessons were learned and shared amongst the staff through monthly meetings. This helped to reduce the likelihood of reoccurrence. Where people had fallen and remained at home the service had sought medical advice and observed that person for 24 hours afterwards to note any changes in their condition.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed regularly, or as things changed, and staff had access to them each day when delivering care. A staff member told us, "We check risk assessments each day and are involved in updating them".

Environmental risk assessments were in place which assessed risks in the home such as heating, hot water and equipment. The proprietor managed health and safety within the home and carried out various visual and maintenance checks both weekly and monthly. All electrical equipment had been tested to ensure its effective operation. The service had recently purchased new moving and handling equipment to support people in the home when checks had shown it was no longer safe. A professional told us, "When we have recommended specific equipment for people the home has purchased this for them and it's in place". People had personal emergency evacuation plans (PEEP) which told staff how to support people in the event of emergencies such as flooding or a fire. All staff had received fire safety training by an external fire safety company.

Is the service effective?

Our findings

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 home met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "Everyone is deemed as having capacity unless it is proven they don't".

Consent to care was sought by the service from those that had capacity and this included consent for photographs. People's records showed signed consent for care or decisions made in people's best interest if required. A person told us, "They know what to do and they always ask my permission". Another person said, "They always ask for my consent before doing anything for me".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of MCA and applications made under DoLS had been completed where necessary. The applications were reviewed monthly and the registered manager communicated with the local authority mental capacity team. A person told us, "They have never restricted me with anything". Another person said, "Nobody stops me from doing anything. You only live once".

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many of the staff told us they held or were completing the Care Certificate and national health and social care diploma's which were supported by the home.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "We have training questions every month, it keeps us updated". People told us, "Yes we think they [staff] are well trained". "They pretty well know what to do, most are trained and they are wonderful". A relative said, "They [staff] are trained here".

Staff told us they had regular supervision and appraisals. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the registered manager and staff. One staff member told us, "I feel appreciated, the supervisions are a conversation, we talk about further training". Another staff member said, "It's nice to have feedback, I always ask how I can improve".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal care, medication, bathing, nutrition, expressing sexuality and pressure care. Records showed people were involved in these plans. A relative said, "My loved one and I have been involved in their care plan, they have involved the GP when things needed to change".

People were supported to eat and drink enough but there were mixed views about the food. We discussed this with the proprietor. They said they ask for regular input from people regarding the food and said they would ask for people's views and suggestions again. People had regular involvement in menu choices. We observed staff supporting people to eat and drink by giving various levels of support. Staff had a good understanding of people's needs regarding food intake and special diets. People had input and assessments by Speech and Language Therapists (SALT) and their instructions were being followed. The chef told us, "I have a list of the special diets and it is updated when things change". People and relative's comments about the food included; "The food is excellent, I have bacon and egg every morning", "The food here is adequate", "The food is fine and well cooked", "My relative is not too keen on the food", "The food is so plentiful, I don't need snacks". Some people had arrangements with the registered manager to purchase their own meals and receive reimbursement which gave them more choice and promoted independence.

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. Food looked appetising and plentiful. A selection of soft drinks was available and offered to people throughout the meal. There was a fresh fruit bowl in the dining room for people to help themselves throughout the day. Tea and coffee were served with biscuits and cakes.

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and were comfortable seeking their input when needed. A person told us, "If I needed to visit a doctor they would come with me". A relative said, "They ring my loved one's surgery if in any doubt or the district nurse". A professional told us, "Glencairn House contact us in a timely manner, they follow treatment plans well and escort us to see our patients".

The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a lift in place for access from the ground floor to the first and second floors. There was level access to the rear patio area and out onto the pathways at the front of the home.

Is the service caring?

Our findings

People, their relatives and professionals thought staff were kind and caring. One person told us, "They are all kind and caring here, they have to be to put up with all us oldies". Another person said, "They are kind to me". Relative comments included; "Yes they are kind and caring, they seem to know us well now" and, "Some of the carers are excellent, very caring". A visitor told us, "Staff are all very friendly, approachable and kind".

People were treated with dignity and respect. We observed many respectful interactions. Staff were attentive to people when they asked for them. A relative said, "On the whole they treat my relative with dignity and respect". A visitor said, "They show respect to people. They are good communicators". Staff members told us they knew how to respect people. One staff member said they did this by "Giving someone privacy, talking to them. Knowing their preferences is giving someone dignity and respect". Another staff member said they achieved this by "Acknowledging them [people], giving choices and privacy".

People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files and they were supported to attend religious services which visited the home monthly.

People told us they were happy with the care they received. Comments from people and their relatives included; "There is a nice ethos here and all the staff smile and say hello, it makes for a nice ambience", "The staff are kind and know what I like", "I can't fault them [staff]" and, "Staff are lovely and they pay attention". A professional told us, "Care seems to be attentive. They are friendly, caring staff".

There was a calm and relaxed atmosphere in the home. We observed staff spending time with people individually and in groups in the lounge and dining areas. A member of staff was singing together with a person on their way down for breakfast. A visitor told us, "I enjoy coming here, everyone is nice". A professional said, "It's a nice care home to come to, there is a warm atmosphere". Another professional said, "I think it is excellent. A homely environment with genuinely caring, professional staff".

People were encouraged to make decisions about their care. People and their relatives were as involved as they could be in their care plans. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened regularly. Life histories contained information that was important to people. People and their relatives told us, "I choose when I go to bed and things like that and what to wear each day" and, "We do discuss what time I want to get up and what I wear but I choose". A professional said, "They [staff] are really helpful and go above and beyond".

The service had received many compliments about the care they give. These included; 'I think Glencairn is a truly exceptional home', 'We would like to thank you for all the excellent care and kindness you have given to our relative [name] in the past five years', 'I was so pleased they were in such a nice place. I never minded leaving them after a visit as I knew they were in such good hands' and, 'Thank you so very much for all that you have done for our relative [name] in the last two and a half years. Your great care has meant the world to them and us'.

Is the service responsive?

Our findings

During our last inspection in June 2016 it had been identified that, at times, there was little or no stimulation available to people and activities were limited. At this inspection we found improvements had been made.

People told us that there were a lot of activities inside and outside of the home. The home had a variety of activities for people to enjoy and the walls in the lounge had photographs of past events. The service produced a four-week plan of activities and employed two activity staff. People and relatives' comments about the activities were; "We have a monthly activities list and I enjoy the Zumba", "They have quizzes, we do what we like to do", "They seem to have a lot going on here" and, "There are plenty of activities and enough to keep us engaged". A professional told us, "They are proactive with activities, there is always something going on". There was a minibus trip arranged for the afternoon and people were excited about going out to the garden centre.

The service arranged both group and individual one to one activity sessions for people. They had conducted a recent activities survey with the results evenly split in terms of the preferences for group and one to one activities. The registered manager told us, "We continually ask people what they want to do". There was a quiz in the lounge area with people encouraged to join in. It was well attended and people seemed to enjoy it there was lots of chatter and laughter.

People received personalised care that was responsive to their needs. Care plans were in place and regularly reviewed. A relative told us, "I am involved in my loved one's care plan. They keep me updated". Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs.

People knew how to make a complaint and the service had a policy and procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A person told us, "I would go to the manager if I had concerns". A relative told us, "I have not made a complaint but I feel confident to speak to the manager if I did". Another relative said, "I have made a couple of complaints and they have been resolved straight away. The registered manager is on the ball".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. People had an accessible information care plan where it stated their individual needs.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were recorded by the service in their care plan. Some people had made advanced care plans. The registered manager told us they worked very closely with the palliative care nurses and the GP to create a plan as required for end of life. A professional told us, "I have had a number of patients receive end of life

care at Glencairn. There have been clear lines of communication. This has avoided delays and mistakes, ensuring excellent clinical care at such a delicate time". There were compliments about the service regarding their end of life care and support. One read, 'It was so reassuring to us that our relative [name] was able to remain in familiar surroundings and pass away peacefully just how they would have wanted'.

Is the service well-led?

Our findings

There was 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 service is run.

The proprietor and the registered manager had a clear vision for developing the service. The registered manager told us, "I want people to be happy, feel safe and be well cared for, to feel like a family". The home had undergone a total refurbishment and the proprietor told us improvements were ongoing. The registered manager said, "I want to make sure they [people] do what they want. To keep them as independent as possible, that's good care".

The registered manager had created an open working culture and told us, "It's a pleasure working here, I love the home". People, relatives and staff told us that the registered manager was "always there". The registered manager told us, "Our staff are brilliant. I want to build their confidence and bring them along, I'm proud of that".

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included; "I know who the manager is, they are very approachable", "I know the manager, they are easy to talk to", "The manager puts a lot of hours in and is very dedicated", "The registered manager [name] is lovely, friendly, understanding, they are respected" and, "They are a good boss". Professionals who worked with the service told us, "The registered manager is here all the time, is so helpful and goes above and beyond", "The manager is always approachable, always spends the time with people", and, "The registered manager [name] is central to the success of Glencairn".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. The service had conducted various surveys with people and relatives. Recent surveys had included a focus on general satisfaction, menus and activities. Survey results showed that satisfaction of the service was rated 'good or above' by 94% of people. The results were analysed and action plans created. An example from an action plan was changes to the menu for some people who preferred a set menu rather than have too much choice.

The service had made links with various community organisations such as local churches, day centres and charitable organisations. The registered manager told us, "Some of our residents go to the local day centre and we have them visit people here. It depends what they want to do". People and staff had been involved in fundraising and recently held a coffee morning for a charity supporting cancer care. We overheard various conversations between people about the event mainly about the different types of cake they had enjoyed. One person said, "We had an event in aid of a cancer support charity the other day they had a chap in to sing it was good".

Learning and development was important to the management of the service. The registered manager and

director had, between them, attended regular registered manager network meetings, learning hubs, care home provider forums and used online guidance and publications to keep updated. The registered manager and director had recently explored changes in relevant legislation to keep them updated.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us recent records. The registered manager told us they were supported well by the proprietor.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.

Systems were in place for learning and reflection. The registered manager and proprietor had completed various audits such as food, daily care records, falls, accidents, incidents and health and safety. We saw accident reports and changes to care plans in response to this.

The service had good working partnerships with health and social care professionals. They told us, "They work well with us and are always involved in our reviews". "The registered manager and their team provide a welcoming home at Glencairn that caters for individual needs and ensures high quality holistic care when it most needed. They should be very proud of their achievements".