Memento Care Limited

Glenesk Care Home

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 13 September 2017 and was unannounced. This was the first comprehensive inspection following the change of ownership of the home in February 2015.

Glenesk Care Home provides accommodation for older people requiring support with their personal care. The service can accommodate up to 22 older people. At the time of our inspection there were 21 people living at the home.

The service had a registered manager. 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. However, the registered manager only worked part time and the provider had been unable to sustain a full time manager to manage the day to day running of the home. This had impacted on the general day to day oversight of the home.

There was not always sufficient staff to meet people's needs in a timely and safe way. Staff interactions with people were good but task focussed. Outside of the interaction staff had with people when providing their direct care there was little positive engagement.

There was no area, a part for a person's bedroom, for people to meet with their family and friends privately. There was a potential for people's confidentiality to be breached as there was no separate area for the managers' and staff to complete records and hold staff handover briefings.

The systems in place to monitor the quality of the service did not effectively pick up on the overall experience of people living in the home.

Staff were supported but the level of induction for new staff needed to be improved and staff supervisions needed to be more consistent. Staff did undertake training which helped them to understand the needs of the people they were supporting.

People received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individualised care plans were in place which were kept under review.

Staff protected people's dignity and demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their

care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

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.

Care plans detailed people's preferences, likes and dislikes and the plans were regularly reviewed to ensure they remained relevant to meeting people's needs.

People were encouraged to follow their interests and there was a variety of activities that people could take part in if they wished. Families were welcomed and encouraged to take part in events with their loved ones.

People's nutritional needs were being met and people were given a choice as to what they ate and where they ate. Support was available if needed and staff sat with people to help encourage people to eat.

Staff knew how to protect people and recruitment practices ensured that people were cared for by staff that were suitable and safe to support them. People could be assured that they were protected from any avoidable harm or abuse.

There were opportunities for people and their families to share their experience of the home. The provider and registered manager were visible and open to feedback, actively looking at ways to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always sufficient staff to meet people's needs in a safe and timely way.

The systems in place for the administration of medicines needed to be consistently followed.

People felt safe; staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe.

Is the service effective?

Requires Improvement

The service was not always effective.

The staff induction programme needed to be improved to ensure that all new staff had the opportunity to gain the skills and knowledge to support people effectively

Staff supervisions needed to be completed more regularly to provide staff with formal supervision.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

Interaction with people was task focussed and staff did not have the time to spend with people outside of delivering care.

People received their support from staff that were kind and friendly and who respected people's dignity.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome at any time.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

Staff knew people well and there were a variety of activities which took into account people's interests and provided stimulation.

People were aware that they could raise a concern about their care and there was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor the quality of the service did not consider the experience of people living in the home so had not identified the lack of interaction with people.

There were not consistent management arrangements in place which meant that actions identified from internal and external audits of the service had not been completed.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Glenesk Care 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 unannounced inspection took place on 13 September 2017 and was undertaken 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. In this instance our expert-by-experience had cared for relatives and supported them to find appropriate care and support.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into consideration as part of our judgement.

During our inspection we spoke with 10 people who lived in the home, nine members of staff including four care staff, an activities co-ordinator, a domestic, the deputy manager, the registered manager and provider. We were also able to speak with three relatives and a health professional who were visiting at the time of the inspection. We observed the interactions of people with staff and undertook general observations in communal areas and during mealtimes.

We looked at the care records relating to three people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance and health and safety audits, training information for care staff, staff duty rotas, feedback from surveys and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Before the inspection we had received information that had suggested there was an expectation that a number of people would be woken up by the night staff and that there was not always enough care staff to meet people's needs in a safe and timely way. During this inspection we found that people were able to wake up when they wanted to however, the staffing levels within the home required reviewing and strengthening. People told us that they got up and went to bed when they wished. One person said "It's good; you can do what you want. It's very good here." Staff also confirmed that there was no expectation that a set number of people were woken up and people were able to get up when they wished to. One member of staff said "There are a number of people who do like to get up early but if they don't wish to they don't have to; today [Name of person] asked to be left so they could have a lie in, they usually get up early, but we left them as they wished." We saw that the person stayed in bed until they were ready to get up. We were able to see from people's care plans that they had been asked about when they liked to get up and go to bed.

A relative told us that when their relative had had a fall in their bedroom they did have to wait for a while as they could not reach their call bell. A member of staff who was not care staff had found them and got assistance. We were unable to establish how long the person had had to wait. A number of relatives also commented that they felt there was not enough staff on, particularly in the mornings. One said "They could do with one or two extra staff in the morning. It's not just getting them up; they need more so they have time to have a bit of a chat." Although, on the day of the inspection the care staff responded to call bells promptly we saw that the care staff had very little time outside of delivering care to spend time with people.

The provider had a system in place which was used to assess the level of support people needed which determined the number of care staff deployed. Although the provider had made the decision to assess everyone as if they had higher care needs they had not taken into account the other duties outside of the direct care tasks the care staff were expected to undertake. Care staff were expected to change and make beds and to do the laundry. The provider needed to take into consideration the additional tasks the staff undertook which took them away from delivering care. We spoke to the provider about this and they agreed to review the staffing levels and duties.

People received their medicines, as prescribed. We observed that staff spent time with people explaining their medication and ensured that they had taken their medicines. However, people did tell us that staff did not always stay with them while they took their medicines. One person told us that although they were confident that their medicines were given on time, they had some concerns that the person giving their medication did not always stay with them while they took it. They said "I think there should be someone with you when you take your medication, even though I took them by myself at home." We saw that staff undertook competency tests in relation to medicine administration and discussed the administration of medicines at senior staff meetings; however the provider needed to ensure that all staff who administered medicines consistently followed the home's medicines policy and procedure so that they could be assured that people had received and taken their medicines.

Medicine records provided staff with information about a person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely and there was a system in place to safely dispose of any unused medicines. Regular audits were undertaken which ensured that if any errors had been made that these would be identified and appropriate action taken.

At the time of the inspection there had been a number of people who had been ill with sickness and diarrhoea, the home had had to restrict visitors and infection control measures had been put in place. We checked that the staff understood how to protect people from infection and what measures had been put in place. We were satisfied that the provider had taken all appropriate steps and was following the correct advice.

People looked relaxed and happy in the presence of the staff. People said they felt safe in the home. One person said "I feel safe, I'm quite happy here." A relative commented that they and their family felt confident that their family member was safe; they said "I've never seen anything wrong when I've been in and my [Relative] has said the same."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. Staff told us that if they had any concerns they would speak to a senior member of staff or the provider and if they were not satisfied with what happened they would report the incident outside of the home. There had been no notifications in relation to safeguarding raised by the provider.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people who had limited mobility and needed to use a hoist had a risk assessment in place which detailed the type of hoist and sling required and how many staff were needed. Measures were in place to monitor the skin integrity of people to ensure they did not develop pressure sores.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at Glenesk Care Home.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people such as hoists were stored safely and regularly maintained.

Accident and incidents were recorded and appropriate action taken to address any recurring themes. The deputy manager had the responsibility of completing a monthly audit which ensured any recurring themes could be addressed. For example a referral to the Falls Team when it had been identified a person had had a number of falls over a period of time.

Requires Improvement

Is the service effective?

Our findings

There was a need to improve the level of induction available to new staff. A number of staff commented that the induction comprised of two days basic orientation of the home, policies and procedures followed by a couple of days of shadowing more experienced staff. Although manual handling training was given as part of the induction any further training came later. This meant that new staff had not received all of the training that they needed to provide people with consistently effective care and support. One member of staff said "If you have done care before the induction is okay but if this is your first job in care it is not enough." The provider had introduced the requirement for all new and existing staff to complete the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. However, it was unclear as to when new staff would start to complete it and whether any existing staff had completed it. We saw that there was training available to staff and that there was an expectation that staff undertook refresher training in areas such as safeguarding and manual handling. The provider needed to ensure that the level of induction training was sufficient to meet the needs and experience of new staff.

People told us they felt the staff had the skills and knowledge to support them. One person said "The new ones [Staff] may get in a bit of a muddle, but apart from that they are quite good." Another person said "The staff know what they're doing, they notice if anything's wrong, they're up to date with what I need." A relative said "The staff are trained; they know what they are doing."

Staff were supported and participated in individual supervision sessions; however there was a need to ensure that all staff received supervision consistently. We saw from information that the provider shared with us that there was some disparity in the frequency of supervisions and staff confirmed this. Those staff that had worked at Glenesk for more than 12 months had appraisals. The provider also made us aware that they had recently introduced Personal Development Plans for staff which helped to identify areas of personal development and training.

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 decisions 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support. If people were unable to give their consent the registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the

management team were waiting for the formal assessments to take place by the appropriate professionals.

People were regularly assessed for their risk of not eating and drinking enough; staff used an assessment tool to inform them of the level of risk which included monitoring people's weight. At the time of the inspection no one had been assessed at being at risk. When there had been any concerns about people not getting enough nourishment referrals had been made to the dietitian and speech and language therapist for advice and guidance. We saw that food was specially prepared for those people who had difficulty swallowing and moulds were used for purified foods to try and enhance the appeal of the food and retain its flavour. People were encouraged throughout the day to stay hydrated, hot and cold drinks were offered and we saw that jugs of water were available in people's room if they chose to stay in their rooms.

People told us they enjoyed the food and there was plenty of it. One person said "I once sent my food back because it was cold, but they were very on the ball and sorted it out at once and brought me something else." A relative said "They have very good cooks, the food's good." Another said "My family member has a very limited diet and they cater for that very well."

There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. The food looked appetising and people were able to have further portions if they wished to. Staff assisted people when needed but there was very little interaction outside of this during the mealtime.

There were systems in place to monitor people's health and well-being. A District Nurse visited daily and relatives told us that their family member would be able to see the GP as and when necessary and that professionals were called without delay when required. One relative said "The GP will come quickly and the manager will phone and let me know what's happening. "Another relative confirmed that there was a regular chiropodist and an optician who visited the home. A health professional told us "The staff are good at identifying what is needed and will seek advice and assistance appropriately. Their basic first aid skills are good and we can come in whenever we like."

Requires Improvement

Is the service caring?

Our findings

People told us that all the staff were kind and caring. One person said "The girl's [Staff] are wonderful; they will do anything for you." A relative said "We are very pleased with it here, they're very caring. "There was a warm and friendly atmosphere around the home and people looked well cared for and relaxed.

We observed some good interactions between the staff and people. One member of staff had taken time to find a particular fleece blanket for a person who was feeling cold and brought it to them, spending a few moments chatting as she made them comfortable. However, other than when doing something for a person we saw no care staff spending time just chatting with people, interactions, whilst warm and friendly seemed task focussed. One relative said "It would be nice if someone could take [Relative] for a walk sometimes, but they haven't time, even one more carer in the morning would be good." We observed that other than providing people's direct care, staff were focussed upon other tasks within the home which limited their ability to engage positively with people. The provider needed to ensure that the care staff did have the time to spend with people outside of delivering care.

People's confidentiality was maintained and staff knew not to talk about people in open communal areas; however, there was a potential risk that individual's confidentiality may not be always maintained as the administration area was at the back of the dining room. There was no actual office for staff to use, therefore when staff handovers were undertaken there was a potential they could by overheard and computer screens holding people's information could potentially be seen. There was a need for the provider to review this and find a more appropriate place to keep records and complete administrative tasks away from communal areas. The provider told us that they were in the process of looking at a redesign of the building to create a separate office space; this needed to be a matter of priority.

Staff knew people well and respected people's individuality. Staff responded to people by their chosen name and were able to tell us about people, what they liked to do and their past history. One member of staff said "[Name of person] is feisty they love to go to local pubs and take part in any of the activities if they can." There was information in each person's room 'This is me' which gave some brief information about the person which helped the staff to engage with people.

People were treated with dignity and respect. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. People told us that staff protected their dignity and staff described to us how they covered people during personal care and encouraged them to do as much for themselves as possible. Staff spoke politely to people and asked people discretely if they needed any assistance. We saw staff trying to put someone at ease as they used a standing hoist they said "[Name of person] you need to stand up with this when you are ready; tell us when you are ready; one, two, three go." The person was quite anxious and the staff were receptive to this and suggested they used a different type of hoist.

People were encouraged to express their views and to make choices. Care plans included people's preferences including people's end of life plans. People confirmed that their wishes were respected and staff

involved them in decision making and choices. One person said "I get on well with all the staff; I said I didn't want male staff and they sorted it out straight away."

People had been encouraged to bring in personal items from home to help them feel more settled. Some bedrooms were light and bright and reflected people's individuality, others however were in need of refurbishment. The provider was aware of this and had a plan in place to address this; whenever a room became available it would be redecorated and the furniture replaced.

There was information available about advocacy. The provider was aware that if a person was unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them. At the time of the inspection there was no one who needed an advocate.

Visitors were welcomed at any time, although appropriate restrictions had been in place at the time of the inspection due to the sickness bug. We observed visitors being offered drinks and made to feel welcome. One relative told us that their relative was able to come and have tea with their loved one whenever they wished to and had had their Christmas meal at the home.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The deputy manager went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess the level of support they needed. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw that the information gathered was used to develop a care plan which detailed what care and support people needed incorporating their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. There was information about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to supporting people living with dementia effectively. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. An electronic record system was in place which ensured that staff were kept up to date with people's needs and enabled the provider to closely monitor people's wellbeing. Care plans were reviewed on a regular basis and adjustments made if people's care needs changed. Relatives told us they were kept involved with the care plans, one said "I look at the care plan as and when, they do keep me informed."

People were encouraged to follow their interests and join in any activities being offered. A number of people told us about the activities and were appreciative of the activity coordinator who we saw working with energy and enthusiasm for much of the day. There was a range of different activities which many people joined in with. We saw people taking part in music and movement chair exercise session and a quiz. "A number of people had formed a choir within the home. Relatives told us that the activities were appropriate and met individual needs. One relative said "My family member thinks the singing is wonderful, they do lots of things, there's a good atmosphere. They also enjoy solitary activities, such as reading and listening to music and they are supported in following these pursuits as well." Another relative said "There are plenty of activities, there's something every day."

The home had a nicely laid out garden and we saw people make use of this during the day. One person liked to regularly go outside and feed the birds. We were told the summer house turned into Santa's grotto at Christmas.

We spoke to the staff about how they met people's cultural and spiritual needs. They spoke about respecting people as individuals and finding ways to support them. Care plans contained information about people's beliefs. A Communion service was held each month which anyone could attend. The provider informed us that if people wished to attend their local church they would support them to do this and would make whatever arrangements that were needed to support people to follow their beliefs. At the time of the inspection there was no need for any specific arrangements to be in place.

People told us they knew who they would speak to if they had a complaint, but no one had needed to, however they felt they would be listened to. A relative told us "If there was a problem I would speak to the

manager or the assistant manager, when I had concerns about the timing of medications it was addressed straightaway." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Any learning from complaints was shared with staff; we saw that in a recent staff meeting that when a person had raised a complaint this had been fully discussed and used as a learning opportunity for staff around their practice.

Requires Improvement

Is the service well-led?

Our findings

The systems in place to monitor the quality of the service did not fully take into account the experience of people living in the home. The provider had not observed that staff were task focussed and that people would benefit from more interaction with staff outside of care tasks. The tool in place to assess the care needs of people which identified the level of staffing needed did not take into account a more holistic approach to supporting people.

People were supported by a team of staff that had not always had the consistent managerial guidance and support they needed to do their job. The provider spent a lot of time around the home and was approachable and the registered manager was available once a week, however, there had not been a consistent manager in place to manage the day to day functions of the home. This had impacted on the development of systems to continually monitor the standard of the home. We saw where the local authority had raised concerns and actions agreed, these actions had not all be followed through as there was no consistent management structure in place. The provider told us that a new manager had been employed and was due to start in October 2017. They would be applying to become the full time registered manager which would enable the current part-time registered manager to step down. We could see that the provider had plans in place to develop and improve the service but had been unable to do so due to the inconsistent management arrangements. The staff too had expressed their frustration with the lack of a consistent manager.

Although the home itself was homely it was in need of refurbishment. Areas looked worn and the decoration looked tired. There was a lack of space for people to meet with their families other than their bedrooms. Staff did not have an appropriate place to complete their records or undertake supervision. The provider did have a plan in relation to refurbishment which they had started to action. People had recently been involved in choosing decoration in their rooms and new furniture.

The provider was proactive in encouraging feedback from people and their families about their experience of living in the home. We saw from a recent survey people were overall very satisfied with the care they received. Some of the comments we read included '[Relative] always appears clean, tidy and happy.' 'On entering the home it is always smells clean and looks tidy.' 'The staff are always kind and friendly and understanding.'

There were regular meetings held with the people living in the home and relatives. We saw from the minutes that the topics discussed ranged from activities, events, food to laundry issues. People and their families felt listened to. One relative said "There are regular residents' meetings they will talk about anything and they do make changes. The manager [provider] takes an interest in what is happening." Another relative said "The manager [provider] is very open; we've had some good discussions. We come to the regular residents' meetings."

The culture was open and transparent; demonstrated through the way the provider worked with staff and supported them to strive to deliver the best possible care. Staff meetings included opportunities to share

experiences and work together to develop best practice. We read in a recent set of minutes that the provider had led a discussion following a negative experience a person had had with the way a situation had been handled. This demonstrated that the provider was committed to improving practice amongst the staff and gave everyone the opportunity to reflect on how they could improve practice.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. However, the provider needed to ensure that all the relevant statutory notifications were sent to the Care Quality Commission, for example following the recent outbreak of sickness within the home which led to restrictions on admissions and visitors the provider had not completed a notification. We spoke to the provider about this who agreed to ensure that they completed all statutory notifications.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing' and safeguarding and there were up to date policies and procedures to support them.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were kept and well maintained. Records were securely stored to ensure confidentiality of information but needed to be stored in a more appropriate place.

The home encouraged visits from different organisations such as local schools and churches and families were encouraged to visit. There were regular fundraising events which families could join in; the most recent event had financed a trip to the seaside for people. We saw pictures of the trip which was enjoyed by all.