Glenside Manor Healthcare Services Limited

Limetree

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Limetree on 7 November 2018. After the comprehensive inspection dated 30 and 31 August 2018 we received concerns in relation to staff not having appropriate checks before starting employment, language barriers of staff, poor working and living conditions for staff working as agency staff, competency of staff undertaking maintenance checks and lack of equipment across the Glenside Manor site. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Limetree on our website at www.cqc.org.uk.

The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Effective, Caring and Responsive through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Limetree provides care for adults who require long-term nursing intervention and support because of an acquired or traumatic injury, or other neurological condition.. Limetree is one of six adult social care locations at Glenside which also has a hospital that is registered separately with CQC. Glenside Manor Healthcare Services is not close to facilities and people may find community links difficult to maintain. 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.

Each of the services is registered with CQC separately. This means each service has its own inspection report. The ratings for each service may be different because of the specific needs of the people living in each service. While each of the services are registered separately some of the systems are managed centrally for example maintenance, systems to manage and review accidents and incidents and the systems for ordering and managing medicines. Physiotherapy and occupational staff cover the whole site. Facilities such as the hydrotherapy pool are shared across the whole site.

A registered manager was 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.

At the previous inspection dated August 2018 we found a breach of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider following the inspection

to tell us how they were going to meet this Regulation 9 and 12. The provider failed to report on the actions to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation on how regulations were to be met. At this focus inspection we found Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were not being met.

The CQC following the inspection formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. We received some of the information requested but not all.

Quality assurance systems were inadequate. Audits were not robust and did not provide an accurate assessment of the quality of care delivered. Action plans were not developed to drive improvements. The CQC was not notified of accidents and incidents reportable under the Care Quality Commission (Registration) Regulations 2009: Regulation 18. Reports of incidents for other locations which included theft and medicine errors were not included in the incident reports we received on the 22 November 2018. The provider had also failed to report an incident where fire safety services were called to the Glenside Manor site. This supports the findings that GEMS was not monitored adequately. Due to this we could not be assured that any incidents at Limetree had been recorded, reviewed and reported appropriately.

Recruitment procedures did not ensure the staff employed at the home were suitable to work with vulnerable adults. The CQC received whistleblowing concerns about staff not able to speak sufficient English and that agency staff were working without appropriate checks. We found there were some staff working across the site without the appropriate disclosure and barring checks or references in place. Relatives also expressed concerns about staff not able to speak or understand English.

Agency staff were used to maintain staffing levels. The provider information records (PIR) dated 29/08/2018 revealed that a significant number of agency staff were used to maintain staffing hours for the 28 day period before the 29 August 2018. The manager's meeting minutes dated 18 September 2018 stated that "agency usage is the highest and recruitment was ongoing". This indicated that new staff or agency staff were being used to maintain staffing levels.

New staff did not always have an induction to prepare them for the role they were employed to perform. The training matrix provided during the inspection showed five staff were undertaking an internal induction. However, there was no evidence in five staff files of the induction completed or in progress. We were not able to verify that these staff had an appropriate induction before starting work. We were informed that not all staff had received an induction or mandatory training due to the level of the English they spoke and understood. It was said that the training staff would be unable to sign these staff off as their English was so poor. Staff responsible for training were not able to sign new staff as competent due to their English speaking skills being poor.

There were people whose behaviours had changed due to their brain injury or neurological conditions. This meant some people presented with difficult behaviours when they expressed their frustrations and anxiety. The undated physical intervention report listed five incidents of significant risk in relation to one person. We noted where it was documented that verbal de-escalation was not effective. While the training matrix demonstrate that all staff had attended MAPA training not all staff including agency staff were included in the training matrix. MAPA (Management of Actual or Potential Aggression) programme teaches management and intervention techniques to help staff manage escalating behaviour in safe manner.

Staff morale was poor and staff told us they feared about their jobs as they had witnessed other staff being dismissed almost daily. The staff survey indicated that 13 of the 38 staff responding would recommend the

home.

The CQC received whistleblowing concerns about the competency of the staff undertaking maintenance checks of systems and equipment. The CQC requested proof of the competency of these staff from the provider. The documentation provided did not give CQC reassurances that staff undertaking maintenance checks were skilled or competent.

Feedback was received from relatives regarding concerns about care and treatment delivered to their family members. These concerns related to other Glenside Manor locations. However, the concerns from these relatives were not consistent with the Glenside complaints log provided under section 64.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 safe

The staff were not all trained on how to manage some difficult behaviours triggered by people's brain injury or neurological conditions. As the staffing levels were being maintained with staff from other locations and agency staff this statement is applicable to Limetree.

Recruitment was not managed safely and staff were working across the site without appropriate checks.

There was insufficient equipment for transfers.

Repairs of the property were not undertaken by staff that had the qualifications or specific skills.

Is the service well-led?

Inadequate

The service was not well led

The quality assurance systems in place were not effective. Audits were not robust and did not assess all areas of service delivery. Action plans were not developed on driving improvements.

CQC were not notified about incident and accidents of events reportable by legislation.

Staff morale was poor and they were fearful for their jobs.

Limetree

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.

The inspection was prompted by whistleblowing concerns. These involved staff not having appropriate checks before starting employment, language barriers of staff, poor working and living conditions for staff working as agency staff, competency of staff undertaking maintenance checks and lack of equipment across the Glenside Manor site.

Information of concern was shared and consultations were held with CQC colleagues in the hospital directorate, Wiltshire Council Safeguarding and Commissioning and Clinical Commissioning Group (CCG). Associated agencies that that have regulatory powers for the safety of the premises and staff were made aware of concerns.

This inspection took place on 7 and 15 November 2018 and was unannounced.

The inspection was carried out by two inspectors.

We observed people with staff in communal areas. We spoke with the registered manger and a deputy manager and registered managers from other locations. We spoke with rehabilitation assistants including senior rehabilitations assistants. We also spoke with the office manager, quality and safety lead, HR assistant, maintenance staff, night manager, catering staff and chef.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection dated August 2018 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found medicines systems were not safe. We asked the provider following the inspection to tell us how they were going to meet this regulation. Following the inspection, the provider failed to report on the actions to meet the Regulation 12 of Health and Social Care Act 2008, its associated regulations, or any other relevant legislation At this focused inspection we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC following this inspection formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. We found gaps in the information received.

Glenside Manor recruitment procedures did not ensure the staff employed at the home were suitable to work with adults at risk. Before the inspection the CQC received Whistleblowing concerns that staff were working at Glenside Manor without appropriate checks. There were staff known as "agency staff" introduced to the provider by recruitment agencies but not directly employed by Glenside Manor Healthcare Services Limited. The HR assistant was not able to show that agency staff recruited were suitable to work with adults at risk. The five staff files we checked did not have satisfactory evidence of previous employment or the qualifications and skills in caring as required by Regulation 4 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

There were agency staff working across the site including Limetree without the appropriate disclosure and barring checks. Disclosure and barring service (DBS) checks makes sure unsuitable staff were not employed to work with adults at risk. Records of DBS checks were not available at the time of the inspection for all agency staff working across locations. The managers meeting minutes dated 18 September 2018 stated that three "agency staff" were working at the home.

Staffing levels were not maintained by staff employed by Glenside Manor Healthcare Services Limited. There had been a significant turnover of staff in the last 12 months and some staff confided they were unhappy and were considering alternative employment. The HR assistant told us 240 staff across the Glenside Manor and hospital had left since 2017. There was an expectation from the provider that agency staff were to be used to maintain staffing levels.

The staffing list provided showed 15 staff were delivering direct care for up to 22 people and one person was one to one support. The provider information records (PIR) dated 29/08/2018 detailed that 11 staff were employed to deliver the regulated activity and at the time there were seven vacancies. This PIR revealed that a significant number of agency staff were used to maintain staffing levels in the 28 day period before the 29 August 2018. The manager's meeting minutes dated 18 September 2018 confirmed the provider was maintaining staffing levels with agency staff. The minutes stated that "agency usage is the highest, recruitment is ongoing".

New staff did not always have an induction to prepare them for the role they were employed to carry out. The staff list and training records were provided following the inspection under Section 64 of the Health and Social Care Act 2008. The staff list showed there were 15 staff employed at the home. Training records demonstrated five of the staff employed were completing their induction. We found however, that not all new staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. While the training matrix indicated 100% compliance with training there were eight names included in the staff list that were not on the training matrix. There was no evidence of the training attended by the eight staff included in the staff list but not on the training matrix.

There was an internal induction programme of topics and once complete staff were signed as competent. The training matrix provided during the inspection showed five staff were undertaking this induction. However, there was no evidence in five staff files of the induction completed or in progress. We were informed that not all staff had received an induction or mandatory training due to the level of the English they spoke and understood. It was said that the training staff would be unable to sign these staff off as their English was so poor.

We received whistleblowing concerns regarding staff not being appropriately trained to undertake MAPA holds. MAPA (Management of Actual or Potential Aggression) programme teaches management and intervention techniques to help staff manage escalating behaviour in a safe manner

The documentation provided following the inspection under Section 64 of the Health and Social Care Act 2008 did not demonstrate all staff using MAPA holds were trained to use them. People living at the home had experienced brain injury and for some people this had triggered changes in their behaviours. The undated physical intervention report showed that one person consistently expressed their frustrations and anxiety using behaviours difficult to manage. The report listed five incidents where MAPA holds were used. These incidents related to significant risk to self and others and the action taken was described as "reactive physical intervention". The training matrix showed 11 of the 14 staff on the staff list had attended MAPA training and three staff were booked on the training. The training matrix did not provide evidence that the agency staff employed through recruitment agencies had also attended training.

The provider had notified the CQC of some incidents reportable under the Care Quality Commission (Registration) Regulations 2009: Regulation. The CQC had not received notification in relation to reportable incidents of significant risk towards people and others. We noted reports of incidents for other Glenside locations which included theft and medicine errors. These incidents were not included in the incident reports we received on the 22 November 2018. The provider had also failed to report an incident where fire safety services were called to the Glenside Manor site. This supports the findings that GEMS was not monitored adequately. Due to these concerns we are not able to confirm that any incidents at Limetree have been recorded, actioned and reported appropriately.

There was insufficient equipment to support people with transfers as needed and people were at risk from the spread of infections. We received whistleblowing concern regarding a lack of equipment. The staff at the home confirmed they shared a hoist with another location. The hoist used for transfers had to be taken out the building when people from another location needed support with transfers.

Inadequate

Is the service well-led?

Our findings

At the previous inspection dated 29 and 30 August 2018 we found a breach of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider following the inspection to tell us how they were going to meet Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider failed to report on the actions to meet Regulations 9 and 12 of Health and Social Care Act 2008, its associated regulations, or any other relevant legislation. At this inspection we found Regulation 17 had been breached.

The CQC following the inspection formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. We also invited the provider to feedback regarding the concerns we found and to gain reassurances of improvements in the delivery of care people were to receive.

Quality assurance systems were inadequate and there was little evidence that improvements were prioritised. Copies of audits received did not demonstrate that the quality of care delivered was assessed. Where shortfalls were identified action plans were not developed to improve care and treatment. For example, the environment audit had identified shortfalls in the cleanliness of the environment such as the medical room, toilets and bathrooms. Also, that hand gels were not provided. The Medicine Administration Record (MAR) audit also showed standards for topical creams were not met in September and October 2018. However, an action plan was not devised on how these shortfalls were to be met.

The care plan review audit showed that 100 percent of people had care plans in place. However, the audit did not focus on the quality of care plans. These audits were based on people having care plans for specific areas and that monthly reviews had taken place.

The provider failed to ensure there were sufficient staff were employed to deliver continuity of care and agency staff were competent. The managers meeting minutes dated 18 September 2018 listed the staff that were leaving and agency staff being used in all Glenside Manor locations. In the meeting minutes dated 18 September and 2 October and 2018 stated that Limetree had the highest usage of "agency staff."

The staff did not feel valued and their rights and wellbeing were not protected. We received whistleblowing concerns about the leadership of the organisation. On the first day of the inspection we were told there were no senior staff on duty. The staff we spoke with were distressed about an incident that had occurred the previous day, between the provider and senior managers. The staff told us morale was poor across the six locations as they were in daily fear of losing their jobs, due to witnessing other staff being dismissed daily and subsequently ordered off site. The annual staff survey results provided by the operation's director indicated 50% of staff felt the organisation did not take positive action about their health and wellbeing.

Staff told us that they felt there was a bullying culture at the service and would not be able to raise concerns. The staff told us morale was poor across all locations as they were in daily fear of losing their jobs, due to witnessing other staff being dismissed daily and subsequently ordered off site. We have been made aware

that a number of staff do not feel that their employment rights have been protected.

The provider was not able to demonstrate that staff working at the home were suitable to work with adults at risk. During the inspection staff told us there were language barriers, staff were working without appropriate clearances and were not trained to meet people's care. The HR assistant was not able to verify how many staff were working at Glenside Manor or about the clearance checks of all staff known as "agency staff" working across locations.

There were a number of staff on site whose identity could not be confirmed by the most senior staff on duty. We received concerns about staff known as "agency staff" as they were not directly employed by the provider but introduced to the provider by recruitment agencies. Whistleblowers told us senior managers were unaware of staff working and accommodated within Glenside Manor. On the 7 November 2018 we requested a list of all "agency staff" working across Glenside Manor locations. The list of "agency staff" included 30 names. During the inspection CQC inspectors introduced themselves to another 11 "agency staff" which were added to this list. These staff were employed to cover various roles within the Glenside Manor site.

Some "agency staff" were also accommodated within the Glenside Manor site. The provider following the inspection was formally requested under Section 64 of the Health and Social Care Act 2008 to submit a staffing list of staff working across the Glenside Manor locations. The names of 41 "agency staff" were not included in this staffing list or in the training matrix. The minutes of 16 October 2018 meetings also requested by CQC under Section 64 of the Health and Social Care Act 2008 confirmed there was confusion about the personnel living at the Glenside Manor site. The minutes stated that the operation director had requested from the provider "an updated list of staff that live on site, who they are, where they are from and when they arrived."

The provider did not ensure that staff were trained and skilled to meet people's needs. People were placed at risk relating to their health, safety and welfare because staff were not appropriately trained. The provider failed to ensure the staff were trained and competent to meet people's specific needs. For example, MAPA holds for people whose changes in behaviours were triggered by their neurological conditions and brain injury. MAPA (Management of Actual or Potential Aggression) programme teaches management and intervention techniques to help staff manage escalating behaviour in a safe manner.

Sufficient equipment was not provided and there was potential for people's care being delayed. The staff told us the hoist used for transfers was shared with another location. These staff told us equipment was often borrowed because there was insufficient equipment for moving people safely. It was also reported that some equipment was out of order.

The maintenance of equipment was not managed safely and placed people at risk of harm. Whistleblowers raised concerns about the competency of maintenance staff working and accommodated at Glenside Manor. Maintenance staff were not qualified to undertake the refurbishments, tests and checks they had been undertaking. The maintenance staff were undertaking checks of fire alarm system, boiler checks and legionella. We formally requested proof of competence or qualifications for maintenance staff to undertake maintenance checks. However, the various ID cards provided did not demonstrate the competence of the maintenance staff. For example, the provider gave us details of the maintenance manager's Construction Skills Certificate Scheme (CSCS) card. This card provided proof of training and qualification for work they were skilled to undertake in a construction site. (The maintenance manager had a CSCS card for construction site operative.) This meant the maintenance manager qualification was for working in a construction site and was only able to support skilled staff in a construction site.

We spoke to the maintenance manager on the 7 November 2018 about their competence and were not able to verify their qualification for water safety. This was because the certificate number on the ID card had faded. Due to this we have been unable to confirm that checks have been completed safely. We have referred these issue to a number of other agencies including the fire department.

We formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. Documents requested included checks of the Hydrotherapy pool and gas safety checks. The risk assessment for the hydrotherapy pool was not reviewed annually and was last reviewed in 2016. This was despite a chemical incident, in March 2018, during which the police and the fire department were called. The certificates for gas safety checks provided related to catering equipment and not for the gas heating system at Glenside Manor.

People and others were not protected from the risk of harm. The CQC requested reports of incidents and accidents. Whistleblowers told us on the 7 November 2018, the online reporting system known as GEMS was not being monitored because the staff were not assigned to review online reporting of accidents and incidents. We formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. Documents requested included reporting of accidents and incidents. This was confirmed by the minutes of the managers meetings dated 2 October 2018 provided under Section 64. It was stated that "Managers are not receiving action updates from GEMs now that [name] has left. Currently nobody is reviewing GEMs."

The provider had notified the CQC of some incidents reportable under the Care Quality Commission (Registration) Regulations 2009: Regulation 18. The CQC had not received some notifications in relation to reportable incidents of significant risk towards people and others. We noted reports of incidents for other Glenside locations which included theft and medicine errors. These incidents were not included in the incident reports we received on the 22 November 2018. The provider had also failed to report an incident where fire safety services were called to the Glenside Manor site. This supports the findings that GEMS was not monitored adequately.

CQC was also told by a whistleblower that staff received lots of complaints and the provider would meet with the families concerned. This whistleblower said complaints "would disappear", so they were not being recorded or dealt with properly. Two relatives in another location told us they had made numerous complaints but a record of these complaints were not documented in the complaints log. For example, concerns about the lack of rehabilitation therapies. Relatives told us they had made written complaints and although their concerns were acknowledged there was no further response to their concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems The provider failed to ensure safe recruitment procedures were in place The provider failed to ensure staff were trained and maintenance staff were qualified for the repairs and system checks they were undertaking. The provider failed to report allegations of abuse and incidents of potential harm The provider failed to inform CQC of events that prevented the smooth running of the home.

The enforcement action we took:

Imposed positive conditions