Endeavour Care Limited

# Glencoe Care Home

## Inspection report

10-11 Chubb Hill Road
Whitby
North Yorkshire
YO21 1JU

Tel: 01947602944

Date of inspection visit:
16 February 2016

Date of publication:
23 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 16 February 2016 and was unannounced. At the last inspection on 31 May 2014 we found the service was meeting the regulations we inspected.

Glencoe Care Home provides personal care for up to 19 older people whose needs are predominantly related to dementia and associated conditions. On the day of the inspection there were 18 people living in the home. The home is located in the town of Whitby, close to the park and shops. The home does not provide nursing care.

The home had 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.

Staff were able to tell us what they would do to ensure people were safe and people told us they felt safe at the home. The home had sufficient suitable staff to care for people safely and they were safely recruited. The environment of the home was safe for people and safety checks were regularly carried out. Medicines were handled safely to protect people.

Staff had received training to ensure that people received care appropriate for their needs. Training was up to date in areas such as infection control, health and safety, food hygiene and medicine handling and also in specialist areas of health care appropriate for the people being cared for.

Staff had received up to date training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood that people should be consulted about their care and that unless assessed otherwise they should assume that a person had capacity. They understood what needed to happen to protect the best interests of people whose capacity was impaired and we saw evidence that this was taking place.

People's nutrition and hydration needs were met. People enjoyed the meals and they were of a good quality. Clinical care needs were met in consultation with health care professionals and people were accompanied to appointments when needed.

People were treated with exceptional kindness and compassion. We saw staff had an excellent rapport with people whilst treating them with dignity and respect. Staff had a detailed knowledge and understanding of people's needs and worked together well as a team. Staff supported each other and it was clear that they were valued and respected by the registered manager of the home. The atmosphere within the home was one of care and affection. Care plans provided detailed information about people's individual needs and preferences. Records and observations provided evidence that people were treated in a way which encouraged them to feel loved and listened to and that the wellbeing of every person mattered.

People were supported to engage in daily activities they enjoyed and which were in line with their preferences and interests. Staff were responsive to people's wishes and understood people's personal histories and social networks so that they could support them in the way they preferred. Care plans were kept up to date when needs changed, and people were encouraged to take part in their reviews and to give their views which were acted upon.

People told us their complaints were responded to and the results of complaint investigations were clearly recorded. People we spoke with told us that if they had concerns they were always addressed directly with the registered manager who responded quickly and with courtesy.

The service had an effective quality assurance system in place. Glencoe Care Home was well managed, and staff were well supported in their role. The registered manager had a clear understanding of their role and they consulted appropriately with people who lived at the service, people who mattered to them, staff and health care professionals to identify required improvements and put these in place.

## 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 was safe.

People were protected from the risks of acquiring infection because the service had good infection control policies and procedure and staff acted on these.

Risks to people's safety were assessed and acted on and risk plans included how to maximise freedom.

People were protected by having sufficient staff who were safely recruited and had the skills and experience to offer appropriate care.

People were protected by the way the service handled medicines.

### Is the service effective?

Good

The service was effective.

People told us that they were well cared for and that staff understood their care needs.

Staff were supported in their role through training and supervision which gave them the skills to provide good care

The service met people's health care needs, including their needs in relation to food and drink.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA).

### Is the service caring?

Outstanding ☆

The service was very caring.

Staff were extremely skilled in clear communication and the development of respectful warm and caring relationships with people. Staff involved them in all decisions.

Staff had great respect for people's privacy and dignity.

Staff supported people to build their confidence and to feel reassured. They were exceptional in enabling people to be as independent as possible.

People received particularly compassionate and appropriate care when they reached the end of their lives.

## Is the service responsive?

Good

The service was responsive to people's needs.

People were consulted about their care.

Staff had information about people's likes, dislikes, their lives and interests which supported staff to offer person centred care.

People were supported to live their lives in the way they chose.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in place. Leadership was visible and there was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

Communication between management and staff was regular and informative.

The culture was supportive of people who lived at the home and of staff. People were consulted about their views and their wishes were acted upon.

# Glencoe 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 registered 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 took place on 16 February 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authority. We received a Provider Information Return (PIR) from the service. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information on the completed PIR to support our judgements and also gathered information we required during the inspection visit.

During the inspection the registered manager provided us with an enter and view report which had been carried out by Healthwatch on 15 November 2015. We used the information in this report to help us make a judgement about the quality and safety of the service.

During the inspection visit we spoke with three people who lived at the home, three visitors, three members of staff, the registered manager, the registered provider and three health care professionals. After the inspection visit we spoke with one health and social care professional.

We looked at all areas of the home, including people's bedrooms, when they were able to give their permission. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We spent time looking at four care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for three members of staff. We also observed the lunchtime experience and interactions between staff and people living at the home.

Good

# Is the service safe?

## Our findings

People who lived at the service told us that they felt safe. One person told us, "The staff are really good. If anyone gets upset they are straight there. They are kind and thoughtful with people who are finding things difficult." They told us, "There are always enough of them looking after us, they never rush about." A visitor told us, "I know that (my relative) is as safe as they can be here. I go on holiday with no worries at all because I know they will get the best care while I am away. That's real peace of mind."

We saw there were safeguarding policies and procedures in place. Staff had received safeguarding of adults and abuse awareness training which was kept up to date. Staff were clear about how to recognise and report any suspicion of abuse. They could correctly tell us who they would approach if they suspected there was the risk of abuse or that abuse had taken place. They understood who would investigate a safeguarding issue and what the home procedure was in relation to safeguarding.

The registered manager had kept CQC informed about safeguarding incidents which had taken place in the service. Staff were aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

We asked the registered manager how they decided on staffing levels. They told us that staffing levels depended on the numbers and dependency levels of the people living at the home at any time. They explained that during the day time for the current occupancy of 18, there was usually the registered manager, a team leader and two other care workers on duty. During the night there were two waking care staff on duty. The registered manager told us they considered skill mix and experience when drawing up the rota. We spoke with staff about this and they confirmed what the registered manager told us. Staff told us there were enough staff on duty at all times to meet people's needs and not feel rushed. Our observations on the day of inspection confirmed there were sufficient staff to care for people safely.

Risk assessments were in place for each person who lived at the home. These covered such areas as falls, mental health and nutrition. They were regularly reviewed and records showed that the risk plans often achieved positive results leading to safer care. The registered manager told us how they monitored triggers for people's behaviour, and described an example of how they had put a plan in place to manage a person's continence. This was drawn up following observation and consultation with experienced staff and health care professionals and used the person's familiarity with certain objects as prompts. This had resulted in safer management of the person's care while promoting their freedom and independence.

We looked at the recruitment records for three staff. These showed that safe recruitment practices were followed. Recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) were present for each member of staff and two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking that prospective care workers are not barred from working with certain groups of people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

Most areas of the home were accessible by lift. Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. PEEPS are used to record the assistance people would need to evacuate the premises in an emergency, including any impairment they had, the support they would need from staff and any equipment they would need to use.

We saw that entry to the home was controlled and there were keypads on the exit and internal doors for people's safety. Health and safety checks were regularly carried out as part of the quality monitoring system and any required actions were acted upon. Door and pressure sensors were in use when appropriate to protect people. The registered manager told us that the new nurse call system recorded directly to the computer. This meant that they could check that people had received the agreed frequency of nightly checks. This helped to ensure people were protected from harm and the risk of harm.

Staff told us that they had received training in the control of infection during their induction and had received regular updates. They correctly described how to minimise the risk of infection. They spoke of the correct use of aprons and gloves and also told us that they washed their hands frequently and always between offering care to people. The service had an infection control policy and procedure which staff told us they followed. This included details of how to manage outbreaks of infection. The laundry room had a suitable washing machine and dryer. Dirty and clean laundry were kept separate to minimise the risk of cross infection.

Medicines were stored safely in a trolley which was secured to a wall in a communal area. Controlled drugs were stored separately and administered according to policy and procedure. Some prescription drugs are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Medicines were supplied to the home in a Monitored Dosage System (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. We found appropriate arrangements were in place for the ordering and disposal of all medicines. We observed a member of staff while they were dispensing medicines. They did so safely and according to policy and procedure. This ensured that the correct medicine was administered and signed for at the right time. The registered manager told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. We saw the results of these medicines audits. These had highlighted areas for improvement with action points in place and a timescale for completion. This oversight of medicines reduced the risk of error.

We looked at the Medication Administration Records (MAR) for two people. The MARs were accurately completed and medicines were signed for, which indicated people were receiving their medicines as prescribed.

Staff told us that they received regular medicine training updates and records confirmed this. This meant that people benefitted from being cared for by staff who were trained in best practice around medicine handling.

Good

# Is the service effective?

## Our findings

People told us that the service was effective. One person told us, "They have made sure I have got out to all my appointments with the doctor and the hospital." Another person told us, "They always explain things to me and ask me if I agree to things. I have made quite a few decisions since I moved here and they are there to support me to make them without taking over at all." One person said, "I really enjoy the food, it is all cooked from scratch." A relative said, "The food is really good home cooking. I can't fault it, and they are good at understanding special diets too."

Staff had received induction and training in all training considered essential by the registered provider. This was completed with a plan in place for when this needed to be renewed. In addition, the registered manager had sourced training in behaviour which may be challenging, care planning, common health conditions and meaningful engagement. This had an emphasis on the needs of people who were living with a dementia. Training was provided through a range of provision. Some was online, some was off site and face to face in a classroom setting and some was through meetings and informal learning. Staff told us that this supported them to offer personalised and safe care for people. One member of staff told us that they were encouraged to suggest training in areas they felt would benefit the people they cared for and that the registered manager and provider were proactive in researching suggestions.

Staff were receiving regular and constructive supervision support. Staff told us that their supervision supported them to offer safe, good quality care, and the records confirmed that such supervision discussions had taken place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process 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.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and DoLS to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect people. A Best Interests Decision is made when a person does not have the capacity to make a decision for themselves and involves a multidisciplinary team. We saw records of Best Interests Decisions which had been carried out involving the person concerned and

other relevant people which formed a multidisciplinary team. A number of DoLS authorisations had been applied for and granted which were subject to review. Records confirmed that these had been applied for and put into place appropriately and that the decisions had been made in the person's best interests. A social care professional confirmed this.

People's consent to care and treatment was recorded along with their capacity to make decisions about their care. Where appropriate, Do Not Attempt Cardiopulmonary Resuscitation consent forms were correctly completed with the relevant signatures. Information about advocacy services was available to people and advocates were engaged by the home when needed.

Needs relating to nutrition and hydration were recorded in care plans, and risk assessments were available. People's likes and dislikes were recorded and staff were aware of what these were. Charts were used when necessary to monitor people's food and drink and these were accurately completed with no gaps. Information from charts was used to ensure care plans were up to date and relevant to people's changing needs. The registered manager referred people for specialist support when this was needed. For example, one person's care plan included evidence of the involvement of the Speech and Language Therapy service (SALT).

We observed a meal time. The menu was clearly written on a board for people to see. People told us, and we observed, they had a choice of food and drinks. Those people who chose to eat in the dining area received food which was hot, served in good portions and looked appetising. People told us that if there was a meal they did not like the cook would ask whether they would prefer an alternative. Lunch time was a sociable occasion with people having the opportunity to chat with each other. We noted that drinks and snacks were available throughout the morning and afternoon and people told us that they could choose what they liked at breakfast and tea time.

The registered manager told us that medical conditions which required monitoring were managed in consultation with health care professionals and that risk assessments were in place. Examples of such consultation was available on people's care plans. The registered manager told us that staff handover between shifts was a useful way of ensuring staff understood any changes in people's care needs and whether there was any involvement or advice to pass on to them from health care professionals.

A health care professional confirmed that the staff at the home were quick to refer to them and that they consulted them appropriately. They told us, "The staff are really good with communication. They are particularly good around pressure care. They document everything really well so we can see the progress of pressure areas and other conditions."

Staff also routinely supported people to attend GP and hospital appointments. Care plans showed that people had been seen by a range of health care professionals including GPs, dentists and district nurses. The records showed that staff contacted health care professionals to resolve issues, including the Community Mental Health Team. The staff team maintained records of all specialist involvement. We saw care workers had involved GPs and other health care professionals in a timely way and kept clear notes about consultations. The support guidelines for this were written into care plans with people's involvement and consent where relevant.

Outstanding ☆

# Is the service caring?

## Our findings

People told us that all the staff, the registered manager and provider showed them concern and empathy and that staff gave them time and listened to them. For example, one person told us, "They are kindness itself. Nothing is ever too much trouble and they are so kind with the people who can't remember things. So patient." A visitor told us, "They are just lovely. It's very homely and the staff have all been here ages. The atmosphere is always respectful. The staff love the people who live here, really love them like their own family. They are here for you all the way." Another visitor told us, "My relative has settled really well. The moving in process was so smooth and the manager and staff took so much time to help [my relative] feel welcomed and wanted. They treat her like a special lady. They give them all treats and have cosy chats with them all."

One person had written to CQC, "My [relative] was looked after by the staff at Glencoe with dignity, respect, love and care. They are able to balance the needs of the residents with the demands of the standards ... in a truly compassionate and humane way." They went on, "There is no substitute for genuine love and compassion, the staff at Glencoe have that in spades full."

We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. People were comfortable and happy around staff. Staff gave the impression that they had plenty of time and spoke with people who were sitting so that they were at eye level with them. They reassured people with a touch on the arm or hand where this was appropriate. We observed that staff were talking with people about their lives, who and what mattered to them and significant events. Staff were exceptionally skilled in communicating with people, anticipating needs and making people aware of what their choices were.

We observed how people smiled and laughed with staff, and how kind staff were at all times, including when people were distressed. Staff told us that they responded to the person and understood that the distress was because they may feel afraid or be in pain. They interacted well with people who were observed to be more withdrawn and were also skilled at recognising when people needed time to sit quietly. Staff treated everyone as though they were special and worthy of attention.

The staff and people we spoke with told us that the home encouraged visitors at any reasonable hour and we observed that a number of visitors were greeted by staff in a friendly way. Visitors told us that the staff always offered them refreshment, involved them in all aspects of their relative's care when this was appropriate and that they were made to feel very welcome. A visitor told us that the staff had been supportive of them as they had come to terms with having a relative move into the care home. They told us that the registered manager and staff had all demonstrated great care and understanding and were extremely good at communicating any changes in care needs to them. They told us they found this reassuring and helpful.

People told us that staff responded quickly when they asked for help and that they did so cheerfully. A health care professional told us, "This home is really lovely. The staff are always thoughtful and I often hear

them having a chat with the residents."

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention.

Staff understood the importance of respecting people's privacy and dignity and we observed a number of examples where this happened during the day of inspection. People were approached discreetly with regard to their personal care needs. They were encouraged and reassured in situations which may be otherwise upsetting, turning potentially difficult times into ones that were an opportunity for positive interaction. For example, one person who was living with dementia was assisted with moving using a hoist. The staff praised the person for their patience and effort during this process and managed their distress by changing their pace, adjusting their tone of voice and using appropriate touch to reassure them. The person ended the process smiling and appearing proud of what they had achieved.

Another person appeared distressed and a member of staff approached them quietly to find out what the problem was. They discovered what was making them uncomfortable and kindly supported them to move to another area to resolve the issue. The result of this interaction was that the person appeared relieved and contented that they were being listened to and ended the interaction smiling and affectionately touching the member of staff's face with their hand.

The service had a policy and procedure on respecting equality and diversity. Staff told us they had received training on equality and diversity and we saw that they put this into practice throughout the day. For example, we noted that staff spent time with those people living with dementia who did not speak or maintain eye contact well. However, staff persevered with kind words and close proximity when this was appropriate. People often raised their eyes at these time, realising that staff were speaking with them or acknowledged their presence by smiling or patting a hand. Care plans contained details of how to interact with people who were withdrawn in order to support them to have the best quality of life possible. For example, one care plan described  the need to speak gently, a person's love of song and that they responded well to gentle touch.

People who had difficulty communicating were enabled to give their views through staff spending time with them, listening and observing body language. We observed that people's meal choices and preferences about where they were in the home were gained in this way. Nobody required specialist equipment in order to communicate, and those people who had cognitive impairments were given considerate attention.

When we asked the registered manager how people were placed at the centre of importance they told us that the staff were observant, and that they had regular meetings to discuss whether people's needs had changed. They told us that small adjustments in approach were often needed to reduce anxiety or to increase people's comfort. The registered manager explained a number of examples where staff had noticed signs which concerned them. They gave an example where they had tried differing approaches until they had reached a combination of offered objects, changes in clothing, diet and location of seating. This had worked well to reduce the person's distress. Staff told us they observed people for signs of pain or discomfort and acted quickly to alleviate this. Our observations confirmed that staff were exceptionally kind and responsive to people's emotional needs.

Staff told us that they also were treated with respect by the registered manager and that there was an atmosphere of care and mutual support between colleagues in the home. They said that the registered manager extended the principles of care for people who lived at the home to the staff team. Staff said that because they felt valued and cared about, they were in a better position to offer a kind and compassionate

approach to those they were caring for.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, and these were correctly completed and regularly reviewed to ensure they were in line with people's current wishes. Everyone living at the home had Advanced Plans in place which were well documented. [Advance Plans record people's preferences when they near the end of their lives]. This meant the service understood people's wishes at the end of their lives.

Staff told us about the way people were cared for in their final days. They emphasised the need for close liaison with palliative care professionals, attentive monitoring to ensure people did not suffer pain and the importance of ensuring people had company at their beside. The registered manager told us that staff received training in how to care for people when they reached the end of their lives, and that they received support from health care professionals whose advice they followed. Care plans showed that people's needs were frequently reviewed when they reached the end of their lives, and that they reflected people's changing needs at this time. This included attention to detail around people's needs relating to managing pain, their religious needs and details about how to arrange the room to support people to remain comfortable. For example, records included whether people enjoyed music, company and the type of lighting which was best suited to their needs. Clinical monitoring charts were accurately completed to support staff to give the most appropriate care.

A health care professional told us that the staff were exceptionally kind and supportive when people reached the end of their lives and that they responded well to changes in people's needs. They said that staff contacted them appropriately for advice and followed this closely. They added that staff supported the person, people who were important to them and each other with genuine compassion and care. Staff also spoke about the importance of supporting relatives, the people who lived at the home and each other at that difficult time.

We gained the impression that the people living at Glencoe were held in respectful regard from the moment they arrived at the service to the moment they left.

Everyone we spoke with and people who had written down their opinion of the service in letters and cards which the registered manager showed us, all reflected that the kindness and compassion shown by the staff at Glencoe was exceptional.

Good

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs. One person told us, "We have been out down to the town to buy clothes and go to( a local tea shop) which felt really lovely." A visitor told us, "The staff here take people out to the places they want to go and that they remember locally, like the park, the garden centre or into town where they might see people they know." One person told us that they regularly went out with relatives and that staff helped them to prepare for this.

Where people had the capacity to do so, some gave us a clear account of the care they had agreed to. Some people had signed care plans and we saw that written plans were regularly reviewed. It was clear from the records that efforts had been made to involve the person and those they wanted to be consulted in this process, either through people signing or by staff writing records of what the person had said and preferred. Reviews focused on wellbeing and any improvements which could be made to people's care. Relevant specialists were consulted for advice at these reviews. Monthly updates were recorded and these contained useful and relevant details to assist staff to plan responsive care.

People had identified areas of interest, likes, dislikes and preferences within their care plans. People's life histories were recorded in detail with their permission. These included information such as previous occupations, hobbies, family and friendships, pets, spiritual needs, preferred clothing and ways to spend time. Where people did not have the mental capacity to give a view, efforts had been made to consult with others who were important to them or with Independent Mental Capacity Advocates (IMCAs). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions.

Staff told us that they were employed to engage in activities with people and that they had specific times for this when they were not on rota to provide personal care for people. People told us they enjoyed this as they were familiar with the staff who were accompanying them. Examples included shopping trips, visits to relatives, going out to 'memory lunches' which emphasised reminiscence in a relaxed and fun context or to a café. Staff said that when the weather allowed, those people who wanted to get out in the fresh air would be supported to sit outside, or to walk across to the nearby park and museum gardens to enjoy the facilities on offer. The service had regular deliveries of library books for the use of people at the home. The registered manager told us that they made efforts to understand people's skills and interests and to offer them meaningful activity in line with these. For example, they told us about a person who enjoyed dismantling machinery and measuring up for practical jobs around the house. They had provided the person with equipment they could safely take apart and a tape measure and tools for safely working on furniture in the home.

The service kept an activities log which gave details of what each person had been doing, whether they enjoyed it and plans for further pastimes. The registered manager told us about a discussion around a person who enjoyed gardening and who was failing to settle at the home. The home then employed a gardener whose role was to work alongside this person in the garden, planting up borders and growing vegetables. Records confirmed that health care professionals had been involved in discussions around these plans and that the gardening had made a marked positive difference to the person's experience at the

home. Another record gave evidence that the personal history of one person had been studied alongside mental health professionals to plan an approach to continence issues. The plan had been put in place and had worked very well to improve the person's independence in this area.

Staff regularly recorded information about people's wellbeing and any concerns in daily written records. This meant staff had information to help them to offer care which was responsive to people's needs.

Staff could tell us about people's care needs and how these had changed. They explained how referrals to health care professionals had been made to ensure care remained appropriate for each person. Records confirmed this. One health care professional told us that the home worked well with them, and consulted with them appropriately. One said, "This home is really fantastic at keeping in touch. We know that they will only do this when necessary and they always work alongside us, following our advice." They added, "Because they have such good continuity of staff they have got to know people well over a period of time. They can all look at a person's needs across the time they have been cared for and respond to changes when this is needed."

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously, though all told us they had never made any formal complaints. We saw that the service had a complaints procedure and staff told us this was followed. One person told us, "If I had anything to complain about then I would talk about any problem with the manager." Another person said, "No I have never complained about anything. I have been very happy since I came here, but they are always checking if everything is okay." We saw a record of complaints and the outcomes with timescales to monitor how these were managed.

Good

# Is the service well-led?

## Our findings

People we spoke with told us they thought the home was well run and that the manager was always available for people to talk with. One person told us, "The manager could not be better, I feel like I am part of one big family, they are all so helpful and are always asking me what I would like to eat, and what I would like to do." A relative said, "I have absolute trust in them, this place is very well managed, they notice everything and they all communicate so well with each other and with the manager." Another visitor said, "They treat us with respect and like we are the experts, it is so reassuring. The staff all work so well together as a team. The manager really cares about the staff as well as the people who live here. You can tell they all get on well and look after each other." Another visitor said, "The really important thing is that they all listen, and not only that, they act on what you say. They are marvellous."

The home had a registered manager who divided their time between office based tasks and working alongside staff. Staff told us that the team discussed each person's care daily and passed on any information between shifts and whenever they had a break. Staff told us that the lines of communication to and from the registered provider were clear and they knew who to go to for support. They felt consulted and encouraged to give their views to the registered provider about how to improve care. Staff gave us examples of when they had suggested improvements which had been taken up by the management. They said that the registered manager valued their ideas and encouraged them to share their thoughts. This meant that staff views were sought and acted upon for people's benefit. The registered provider was present during the inspection visit. They told us that they often visited the service, carried out monitoring checks and regularly met with the registered manager to discuss the quality and safety of care at Glencoe. The registered manager told us that the registered provider was approachable and supportive.

The registered manager held regular meetings with staff to discuss individual people's care, to consult with staff and to pass on important information. Staff meeting minutes confirmed that the agenda covered a varied and in depth range of subjects and showed that staff were supported and encouraged to improve people's care.

People who lived at the service told us the registered manager often spoke with them and asked how they were feeling, and if they would like anything to be changed. Visitors told us that the registered manager usually spoke with them whenever they visited the service and that there was no need for formal meetings. They told us they were consulted regularly both when they visited and also over the phone when changes needed to be discussed. One visitor told us, "I have been kept up to date and asked my opinion all the way along."

The registered manager had a clear vision of her role and what she hoped for the future of the service. Her focus was on improving the quality of life for people who lived at the home and making every person feel that they counted and were important. She understood the challenges facing her, which were largely around ensuring that the building, which was not purpose built, did not interfere with the provision of good care for people who may be living with dementia. She had developed plans to work with this including arranging outings and tailoring support so that people felt comfortable and safe in the service.

Staff told us that they were well supported by the registered manager, that they were regularly consulted and had the opportunity to pass on any concerns and to discuss areas for improvement. They told us that the staff team was supportive of each other and that the ethos of quality care applied to them as staff too, as well as the people being cared for. This made them feel valued and keen to offer their best. Several staff told us that they loved to join in with outings and events organised by the service for people's benefit, and that they felt they wanted to go 'above and beyond' what was expected of them to support people to get the most out of their lives at Glencoe Care Home.

The registered manager had sent CQC the notifications which they are required to do.

There were systems and procedures in place to monitor and assess the quality of the service. For example, we saw records of checks such as emergency lighting, fire equipment and water temperatures. Care plans were regularly reviewed and checked on by the registered manager, infection control and health and safety checks took place regularly. Medicine records were regularly audited and any discrepancies were highlighted and followed up. The registered manager carried out checks on mattresses and the Telecare equipment. Telecare is equipment such as door and pressure sensors to alert staff when vulnerable people were moving around the home. The registered manager surveyed people who lived at the service, visitors and professionals for their views. They shared feedback from people with the staff team and acted on suggestions and comments. Staff assured us through their descriptions and records of monitoring that people's welfare confirmed that they were protected and that their quality of life was maximised.