

Glencoe Care Limited

Glencoe Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Glencoe provides accommodation with personal care for up to 20 people. There were 19 people using the service at the time of our inspection.

People's experience of using the service:

- People told us, "I feel safe knowing I have my call best just by my side" and "Nothing is too much trouble." Relatives told us, "The manager is very caring and has a good sense of humour" and "We would definitely recommend this home."
- The registered manager and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.
- Staff showed a true fondness for the people they cared for and there was a warm, friendly and welcoming atmosphere. People's wellbeing was promoted.
- Some activities were provided. Singers and musicians visited and people were taken out in to the local community. However, the activities were not always meaningful and relevant to people's backgrounds and interests. We have made a recommendation about this issue in the Responsive section of this report.
- People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. However, the process for ensuring these mattresses were always set correctly was not robust. We did not evidence any impact on people due to using incorrectly set mattresses. The registered manager assured us that staff were going to be asked to record the setting following the daily checks of these mattresses.
- 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.
- Staff were recruited safely. However, induction processes were not robustly recorded. Staff shadowed experienced staff until they felt confident to work alone. There were sufficient numbers of staff to ensure people's needs were met.
- The environment was safe and people had access to equipment where needed. Most staff had received appropriate training to enable them to carry out their role safely. Some staff were booked to undertake training required.
- Staff were not provided with supervision in line with the policy held at the service. Nurses had not been provided with formal recorded supervision at all in 2019. We have made a recommendation about this issue in the Effective section of this report.
- Quality monitoring systems were in place. A recent survey sent out to people and their families had positive responses.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (report published 8 June 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Requires Improvement. At this inspection the provider had taken action to address the concerns found at the last inspection. However, the action taken was not always effective and embedded and concerns remained with the quality assurance monitoring of the service. The overall rating for the service is again Requires Improvement.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was well-led

Details are in our Well-Led findings below.

Glencoe Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This inspection was carried out 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.

Service and service type:

Glencoe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 20 people. At the time of our visit there were nineteen people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service and four relatives. We also had discussions with four staff members, the registered manager, administrator and registered provider.

We looked at the care and medication records of 19 people who used the service, we undertook a tour of the premises. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

•Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs safely and that they would suit living with the people already at the service.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- Staff meetings, at all levels, were used to remind staff of safeguarding processes.
- People told us they felt safe, commenting, "'I feel safe knowing I have my call bell just by my side," "You are so well looked after, that's what makes me feel safe." Relatives told us, "There always plenty of staff around to help" and "It's just the warm atmosphere about the place that makes our relative feel safe."

Assessing risk, safety monitoring and management

- Risks were identified, and staff had clear guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- At our last inspection in April 2018 we had concerns that people did not have Personal Emergency Evacuation plans in place outlining the support people would need to evacuate the building in an emergency. At this inspection these were present in all care plans.
- Where people presented with behaviour that challenged staff and other people, there was clear guidance and direction for staff on how to help reduce the risk of this behaviour.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. There were no staff vacancies at the time of this inspection.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- People told us staff responded quickly to them when they called. One person told us, "I know a lot about nursing, it used to be my job, and I can tell you I get first class nursing care here. They are all very good indeed."
- People had access to call bells to summon assistance when needed. One person had been provided with specially adapted equipment to help them to call for assistance.

Using medicines safely

- At our last inspection we were concerned about excessive stocks of medicines being held, that creams were not always dated when opened, and the medicine fridge temperatures were below the recommended range. At this inspection the service had taken action to address these concerns.
- Medicine storage temperatures were monitored to make sure that medicines would be safe and effective. The temperatures were within the recommended range. However, the medicines fridge was leaking water inside and had soaked the packaging of the medicines stored. A new fridge was ordered immediately to be delivered in the coming days.
- Medicine systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, administration and disposal of medicines.
- Staff were trained in medicines management.
- Nurses were not always recording where, on a person's body, they placed pain relieving patches. Manufacturers guidelines state patches should not be repeatedly placed on the same part of the person's body, to avoid adverse skin reactions. The use of a body map to clearly record where each patch was placed was not always completed by nurses. Action was taken immediately by the registered manager to address this.
- Aspects of medicines management were audited regularly. The registered manager told us they were extending the audit to include, medicine administration records (MAR) and records kept by nurses of where they place prescribed pain-relieving patches.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Staff had highlighted specific times of the day when extra staff were required. People were not always receiving care in a timely manner in the early evening due to lower numbers of staff. The registered manager had, in agreement with the staff, trialled different shift patterns with different numbers of staff. This had improved the service provided to people. A further staffing change had been made which had proved to be unhelpful, so this was going to revert to the previous shift pattern.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

•Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving in to the service.
- Care plans showed people's needs had been assessed and planned for. Person centred guidance and direction was provided for staff on how to meet those needs.

Staff skills, knowledge and experience

- At our last inspection we were concerned that the registered manager did not hold regular staff meetings. At this inspection we saw the minutes of staff meetings held for all staff teams on a regular basis.
- People were supported by staff who had ongoing training. The registered manager had planned for outstanding training to be provided to staff who required this.
- Staff told us they received regular prompts from the registered manager to complete necessary training updates.
- Staff were not provided with supervision in accordance with the policy held at the service. Staff had not all received formal recorded supervision in 2019. However, the registered manager worked alongside staff regularly and had 'an open door' policy to be available to staff at any time.
- Staff induction procedures were not robustly recorded. New staff shadowed experienced staff and worked alongside the registered manager until they felt confident to work alone. However, new staff were not always provided with a structured induction programme to help ensure all mandatory subjects were recorded as covered in a timely manner.
- Staff told us the registered manager was always available, very approachable and supportive.

We recommend that the service take advice and guidance from a reputable source regarding providing robust recorded induction for new staff, and regular documented supervision for all staff.

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

- The kitchen was in good condition. The service had been inspected by the Food Standards Agency and given a five-star rating.
- People were offered a choice of food and drink. Their preferences were well recorded in care plans. Vegetarian meals were available.
- Lunch was a relaxed and sociable occasions. People were offered wine with their meal if they wished. Material napkins and tablecloths together with glasses and condiments were provided.

- People told us they enjoyed the food provided. Comments included, "We get plenty of food and if I wanted more they would bring it to me," "I am on a special diet with me having a Hiatus Hernia," "The food is absolutely superb" and "I always send my compliments to the chef."
- Plate guards were provided to help people be as independent as possible when eating their meals.
- Staff monitored some people's food and drink intake where concerns about their intake had been identified. However, these records were not always totalled and audited daily to ensure the person had sufficient intake. We judged this to be a recording issue as staff knew people well and were aware that some people needed more encouragement to eat and drink.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person told us, "The condition of my legs has greatly improved over the last few months."
- Regular healthcare professionals visits ensured that changes to people's needs were managed effectively.
- Systems were in place to ensure that referrals were made promptly to external professionals and people's care plans were updated as required.

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

- At our last inspection there were concerns with the premises. Both sluices were not working. The environment required re-decoration, with damaged wallpaper and paintwork and stained carpets. At this inspection the provider had taken action to address these concerns. There were no malodours and the service appeared clean and airy. One person told us, "We have a lovely lounge area to sit in now"
- There was secure outside space for people to enjoy the sun and the planting.
- There was an electronic call bell system in place. Staff carried pagers which meant bells did not ring but only sounded or buzzed on the staff pagers. This led to a calm and relaxed atmosphere throughout the building.
- Some people living at the service were living with dementia and were independently mobile with aids. The service was not specifically adapted for people with dementia. There was no signage at all to indicate where bathrooms and toilets were. Doors to these rooms were completely unmarked. The registered manager assured us this would be addressed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection we were concerned that people had not consented to their care and treatment, receiving medicines or having photographic ID displayed in their records. The service had not always applied for some people to have a DoLS authorisation in a timely manner.
- At this inspection we found the provider had taken action and consent forms were in place in all care

plans. However, where some people were unable to consent themselves, due to physical or cognitive impairment, others had signed their consent. The registered manager had not recorded that they had assessed the person's mental capacity to be able to give their valid consent prior to the consent form being signed on their behalf. Family members had also signed consent forms on behalf of others. The service did not have any record of any appointed lasting power of attorneys (LPAs'). This meant people were signing consents on behalf of others without the legal power to do this.

- The service had applied appropriately to the DoLS team for people to have potentially restrictive care plans authorised. Mental capacity assessments were in place appropriately.

We recommend that the service take advice and guidance from the Mental Capacity Act 2005 Code of Practice regarding obtaining consent.

- Related assessments and decisions had been properly taken in line with this legislation.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.
- The registered manager kept clear records of which people were awaiting authorisation and when they needed renewing.
- There was one authorisation in place. This had specific conditions applied to the authorisation. This was clearly recorded in the person's care file and the conditions were being upheld.
- The registered manager was unaware that they were legally required to inform the Care Quality Commission about this authorisation. This was addressed at the inspection.
- People's care plans clearly described what decisions people could make for themselves.
- Most staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us staff always asked for their consent before commencing any care tasks.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "The staff are so helpful and willing to do anything," "I have never had to ask for anything twice" and "I can't praise the care highly enough." A relative told us, "They make sure my relative is dressed smart, as she likes to be."
- The service held a policy on equality and diversity and most staff had been provided with training to help ensure people's rights were protected at the service.
- One person was calling out frequently to staff when in the lounge. Their needs were met on each occasion by staff with patience and a smile.

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

- People told us they felt able to speak with staff and the registered manager about anything they wished to discuss. Comments included, "[The registered manager] pops her head in every day and we have a chat," "I can always raise anything with the staff or the manager, no problem" and "The girls are such good company."
- Care plans did not clearly indicate that people had been involved in their own care plan reviews. However, the registered manager provided care and support to people at the service on a daily basis and spoke with people regularly to discuss any changes they wished to make to their care and support.
- Many thank you cards and complimentary comments were seen displayed in the hall of the service. Comments made were about the love and care provided at the service.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection visit we saw many positive interactions between people and the staff and management. Comments included, "How are you today, my darling, you are looking lovely and smiley today" and "How can I help you?"
- People told us they felt respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care. One person commented, "They [staff] are very careful about shutting the door and curtains when they are giving me a wash." However, two communal bathroom/toilet doors did not have a lock fitted on the door. This did not allow people privacy should they wish it. We were assured by the registered manager that this would be addressed immediately.
- People's bedrooms were personalised by their own possessions, photographs and ornaments. This gave the rooms a familiar feel for people.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preference, interests and give them choice and control

- Care plans described people's individual needs, preferences and routines. They were reviewed regularly to help ensure they reflected people's needs at all times. One relative told us, "You can't fault the care."
- Daily notes reflected the care people had received and were informative and appropriately detailed.
- Some people required re-positioning while in bed. Care plans clearly directed staff to do this and records were completed regularly by staff.
- Some people had been assessed as requiring pressure relieving mattresses. These had been provided for eight people. There were regular checks in place for these mattresses. However, the settings for two mattresses were not correct. The registered manager assured us staff would now be required to write the actual setting for the mattress on each check rather than just a tick.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others. One person did not have good hand control and had been provided with an adapted call bell system to enable them to summon assistance when needed.
- People were provided with some activities by the care staff. These were planned and advertised in the entrance hall of the service and included visiting musicians and singers. One person with strong religious beliefs informed us that their local priest would visit on a regular basis for Holy Communion.
- The service hired a vehicle to take people out in to the local community for lunch. People told us, "We had a lovely day out yesterday in the mini bus to the Gold Centre," and "We have some lovely people that visit to sing."
- The activities available were not always relevant to everyone living at Glencoe. It was not clear if people were asked for their views on planned activities of their choice.

We recommend that the service take advice and guidance regarding the provision of person centred activities for people living with dementia.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution. The registered manager told us there had been no recent complaints

End of life care and support

- People were supported by the nursing team to have good quality end of life care. Care plans did not contain recorded information regarding people's views and wishes about how they wished to be cared for at the end of their lives. However, staff knew people well and ensured they communicated with people and their families at this time. The registered manager assured us that records would be kept in future.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Everyone at the service and their relatives told us the registered manager was open and very approachable. They told us, "The staff could not have a better manager," and "One of the best things about this place is the staff." Relatives told us, "The manager is very caring and has a good sense of humour" and "We would definitely recommend this home."
- The registered manager was frequently involved with the delivery of care. This meant they were very aware of any issues affecting the service and were able to lead by example. However, this meant their time was limited to deal with managerial issues.
- Staff were very happy working at the service and felt well supported. Comments included, "I am very happy here" and "We all get along really well, I look forward to coming to work."
- Care plans were person centred and provided clear detail and guidance for staff to provide care and support in the way each person preferred, except that people's end of life wishes were not clearly recorded.
- The registered manager was open and transparent. Some issues, which were identified at the time of the inspection, were addressed before the end of the inspection, showing a willingness to continuously improve the service.

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

- The registered manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths. However, the registered manager had not notified CQC of one DoLS authorisation which were in place at the time of this inspection, as they are legally required to do. This was addressed at the time of the inspection.
- Audits of many aspects of the service helped ensure continuous improvements were made. Care plans, accidents and incidents, premises and medicines management were all regularly checked. However, the quality assurance systems and the provider's regular oversight of the service had not been effective in identifying the issues we raised.
- The ratings and report from our previous inspection were displayed in the hall.

The lack of robust quality assurance systems meant the provider did not have effective oversight of the service. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A resident's forum was used to discuss how people viewed the service provided to them.
- A survey of people and their families had been sent out earlier in the year and the responses had been collated. Any issues raised had been addressed such as food preferences.
- Staff meetings were used to discuss the running of the service with each team of staff. Staff told us they felt listened to. This was reflected in the change to staff shift patterns tried recently to address pressure felt by staff in the early evening.

Continuous learning and improving care

- At our last inspection there were concerns identified and requirement notices were issued for two breaches of the regulations. At this inspection actions had addressed these breaches and the requirements had been met.
- The registered manager used specific events which took place at the service, or concerns raised as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings to help continuously improve the service.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed. Specialist community nurses visited people to support them and the nursing staff with their specific needs.
- Care records showed when each person had sight tests or saw the chiropodist.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not ensure robust quality assurance systems were in place to ensure effective oversight of the service. Quality assurance systems that were in place were not effectively monitoring the service provided.