

Angel Healthcare Limited

# Glenmuir House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Glenmuir House Residential Care Home provides accommodation and personal care for up to 23 people. There were 14 people living at the home care at the time of the inspection. One person was in hospital.

At the last inspection in November 2015, the service was rated Good; at this inspection we found the service remained Good but requires improvement in well-led.

There was a registered manager who registered with CQC in October 2017. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not correctly displayed their CQC rating on their website. The provider informed us that this was due to an encoding issue that prevented them from accessing their website. The website has been taken down until rectified. This was identified and rectified during the inspection process.

We recommend the provider ensures that they understand all legislation in respect of providing care and treatment.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service; however we found that whilst audits had identified issues, actions were not always progressed in a timely manner. Areas of essential maintenance were outstanding for up to two months, such as extractor fans and call bells.

The service continued to provide safe care. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to support people in taking their prescribed medicines safely. There were enough suitably skilled staff to meet people's needs. Staff had been recruited using safe recruitment practices.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005. The registered manager understood their responsibilities and referred people appropriately for assessment under the Deprivation of Liberty Safeguards. People received care from staff who had received training to meet people's specific needs, and had supervision to assist them to carry out their roles. People were supported to access healthcare professionals and staff were prompt in referring people to health services when required. Staff understood people's dietary needs and people received a balanced diet which they enjoyed.

Staff treated people with respect and helped to maintain their dignity. People received care from staff they knew, which helped them to forge positive relationships. Staff supported people emotionally and practically to maintain their independence and well-being.

Care plans were updated regularly and people and their relatives were involved in their care planning where possible. Risks to people's health and well-being were assessed and staff had followed plans that were centred on the person as an individual. People were supported to pursue their hobbies and interests and continue to celebrate special days.

## 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 ●

Glenmuir House Residential Home remains safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Comprehensive staff recruitment procedures were followed. There were sufficient numbers of staff deployed to ensure peoples safety.

Medicines were stored and administered safely.

### Is the service effective?

Good ●

Glenmuir House Residential Home remains effective. Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted when required.

People were given choice about what they wanted to eat and drink and were supported to stay healthy by staff who had received the necessary training and supervision.

### Is the service caring?

Good ●

Glenmuir House Residential Home remains caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

### Is the service responsive?

Good ●

Glenmuir House Residential Home remains responsive. Each person's care plan was individualised and people were involved in making decisions about the care they received with support from their relatives.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or

concerns.

**Is the service well-led?**

Glenmuir House Residential Care Home was not consistently well-led. Quality assurance audits had been undertaken. However there was a need for actions to be taken in respect of identified maintenance issues in a timely manner and for robust action plans to be developed to drive improvement.

The management team worked well together and had a good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

**Requires Improvement** 

# Glenmuir House Residential 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 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.

The inspection took place on the 20 October 2017. This visit was unannounced and the inspection team consisted of an 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.

The service was last inspected on November 2015 and was rated 'Good' in all areas.

Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection, we spoke with 9 people who lived at the service, the deputy manager, four care staff and the housekeeper. We looked at all areas of the building, including people's bedrooms, the kitchen, laundry, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' four people living at Arden House. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information

about a sample of people receiving care.

# Is the service safe?

## Our findings

People continued to receive safe care. One person told us "I feel safe here, they look after me well." Another said "I feel very safe, I couldn't stay at home, this is now my home." A third person said, "I can't speak too highly of the care they give. This is where I live, I feel at home and safe."

People were supported by staff who understood their responsibilities to safeguard people from risk of harm. All staff had had training in safeguarding people which ensured staff knew how to raise concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would always record anything that I saw and report it to the shift leader and management leads." The registered manager had taken appropriate action to report any concerns to the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for the risk of acquiring pressure wounds. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to use equipment to help people move safely to relieve their pressure areas.

There were appropriate arrangements for the management of medicines. Staff had received training and were assessed regularly as to their competency in the safe administration, storage and disposal of medicines. They were knowledgeable about how to safely administer medicines to people. Records showed people received their medicines at the prescribed times. Protocols about 'as required' (PRN) medicines provided information of what it was for and when to give it.

There were enough experienced staff to keep people safe and to meet their needs on the day of the inspection. The registered provider calculated how many staff were required and ensured enough staff were allocated on the rotas. One person told us "The staff are busy sometimes, but they still find time to come and talk to me." Another said, "They are busy but still do a very good job, I ring and they come immediately." A third person said, "There are enough staff for what I need. I've never needed to use the bell." The staff felt staffing levels were safe but felt it would be beneficial to have a further care staff member from 4pm until 10 pm when people were unwell. Discussion with the registered provider confirmed staffing levels were under discussion.

Appropriate recruitment practices ensured new staff were checked for key areas such as criminal convictions and satisfactory employment references were obtained before they started work.

People lived in an environment that was clean and safe. There were systems to ensure that assessment of the safety of the premises, including fire safety checks were regularly carried out. The registered manager and staff kept fire exits clear and tested the fire alarms; records showed checks of the fire alarm system had been carried out on a regular basis. Staff had received annual fire safety awareness training and understood their role in the event of a fire. Staff had ready access to people's specific emergency evacuation plans to ensure each person could be safely evacuated. All areas of the home were clean. The housekeeper completed regular audits and people told us, "The home is lovely and clean, never been a problem," and "Really clean and homely, just like I like it."



## Is the service effective?

### Our findings

People continued to receive care from staff who had the skills and knowledge to meet their needs. One person told us they were very pleased with staff attitudes and approaches and had no issues in respect of staff knowledge or their commitment to their job. They also told us, "They do explain what they are doing and ask permission first, staff have talked to me about the training they do." Another person said, "They explain my tablets to me and make sure I see the doctor when I feel poorly, very efficient and sensible staff."

New staff had undergone an induction which included training with the registered manager and deputy manager and shadowing experienced staff. One member of staff told us "I've done fire training, moving and handling and first aid, lots of training."

Staff received close supervision and worked a probationary period to ensure they were suited to the role. During their probationary period, the management team sought the feedback from people who lived at the home to ensure they were happy with the new members of staff. Staff told us they received regular updates to their training. One member of staff told us "We complete training booklets and then have a test." Staff told us they felt supported and had opportunities to develop their skills and knowledge through additional vocational training. Staff received individual and group supervision which helped them to carry out their roles.

People received food and drink that met their individual needs. People had been assessed for their risks of not eating or drinking enough to maintain their health and well-being. Staff monitored people's weight regularly. We saw that one person who had lost weight during an episode of illness was now gaining weight gradually. For those people who needed careful monitoring staff recorded what was offered to eat and drink and what was actually taken.

People had a choice of meals and people told us there was always enough food. One person told us "I can't fault the food, it's very nice." Another said they enjoyed most meals, especially the fried breakfasts they had twice a week, "We get a good choice of food. I've been having meals up in my room lately as I've felt more tired." The main meals were prepared externally and staff cooked and served them. People were aware of this and had no complaints. People told us that if they just wanted a light meal or a salad then this was provided. All staff had information about people's dietary needs such as a low fibre, low sugar and whether people required a liquidised or pureed meal. We observed people received meals that met their needs. For example one person received a pureed meal and another received a low sugar diet.

Staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said, "Residents decide what they want to do, although some have dementia they can still decide things for themselves" and, "If they have been assessed as unable to make decisions then their family are contacted as some have power of attorney and can support their relatives." Deprivation of Liberty

Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with specific aspects of their lives. Staff said the decisions about DoLS was only made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. At the time of the inspection staff said they had only needed to apply to the local authority for one DoLS.

The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed, and staff ensured they received people's consent before delivering care. We observed people were asked discreetly if they would like assistance to use the bathroom or to return to their room for a freshen up. People were asked whether they would like staff to assist them with their meal

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. Staff were vigilant in observing changes to people's behaviour which could indicate a change in their health and well-being. They weighed people regularly and reported any changes to the GP. Health professionals, such as speech and language therapists were also contacted when eating and swallowing difficulties were identified. We saw evidence of health professionals visits within peoples risk assessments and care plans. The district nurse visited daily to manage one person's insulin and diabetes. Records of these visits were kept in the person's room for staff to monitor the management of the blood sugars. The district nurse team said staff were always polite and knowledgeable of the people they supported.

## Is the service caring?

### Our findings

People were happy in the home and spoke very highly of staff who were kind and caring. One person said, "They are all wonderful and so caring. I cannot ask for more." Another said, "You could not wish for better. They [staff] are just wonderful." A third said, "Angels, that's what they all are, angels." One relative said, "I can't find any fault and I visit every day at different times. She's so happy. She prefers her own room, partly due to her disability but also her personality, she feels secure." The relative also said, "She's been very content and is clearly well looked after. She has shown definite improvement since she moved in, she was really quite ill. We agreed what care she needed and how to provide it."

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. The atmosphere in the home was friendly and family orientated.

When new staff were employed they were taken to each person and introduced so people would not be worried when they saw a new face. One person said, "All of them who look after me are very nice. Anyone new is introduced to me before they do anything for me."

Staff knew people well and demonstrated regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. Staff had a very good awareness of people's life history, likes and preferences and incorporated this into the way in which they provided care for people. For example, one person liked to help by wiping tables and caring for the fish and staff demonstrated a genuine interest in encouraging this person to keep active. Another person showed us a colouring book and coloured pencils as something she liked to do and had evidently got a lot of satisfaction from. Staff were aware of these interests and encouraged the person to participate in meaningful activities daily.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff spoke of respecting people's choice at all times for example, where they wanted to have their meals, what activities to participate in and when to support a person with personal care. One member of staff told us how they had supported one person to liaise with a GP about their health. They told us how they encouraged the person to speak with the GP themselves as the person was very able. They ensured the dignity and privacy of this person was maintained whilst also ensuring their safety and welfare.

People were supported with personal care and assisted to maintain their appearance in the way they wanted. For example one person's hair dresser came in weekly, whilst others used the hair dresser that came to Glenmuir House on a regular basis. Another person chose to have three showers a day and they said "I have a shower three times a day, I'm known for it. I do what I want, when I like."

People's rooms were spacious and offered sleeping and seating areas for people to enjoy. One person said, "I am very lucky with this room. I can have my grandchildren in easily and it doesn't disturb anyone else."

Peoples' accommodation was personalised with their own furniture and belongings if they had chosen to. When bedroom doors were closed staff knocked and waited for a response before entering. People were proud of their rooms and the home and were keen to share this. One person told us, "This is the very best of the best. I cannot ask for more. Everyone is lovely and this really is my home now." A second person said, "It's taken a little time but this is my home now. Lovely place." A third person said, "I can't speak too highly of the care they give. This is where I live, I feel at home."

People and their relatives were involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. These were then clearly recorded. One person told us, "The morning care is good, they take me for a shower and give all the help I need, I still do what I can. They explain what they are doing. I get four big pieces of toast, they know just how I like it."

Staff sought the support of health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Staff spoke passionately of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. One member of staff told us how they supported people at the end of their life. They said, "It is not an easy time for everyone; the family, residents or staff, but we all work together to make it as good as possible." Another member of staff said, "We ensure we go in every 30 minutes to make sure they are comfortable and offer a drink and mouth care and sometimes just sit with them so they have company."

## Is the service responsive?

### Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them well. One person told us, "I love it, the staff and manager are lovely. Anything you want, they get it for you. They do my banking, get my tobacco." Another person said "I came here to be safe, and I feel safe. I don't like going out much. Occasionally I went on the minibus trips. I join in the events in the lounge but mostly I like my own space in the dining room, this is my table." [Staff had supported the person to personalise that area.] We were also told, "I was losing a lot of weight at home. They've been very good here helping me to eat and choose meals, and I have put on weight. I still find it difficult adjusting to this kind of life but they have helped me settle in."

People had been assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff. People confirmed they had been involved in the discussions about the support and care they required. One person said, "They are looking after me properly, doing what the doctor and district nurse say. I have sores that break out on my skin, they understand that and put cream on, which is what works. I have oxygen but I have to have a rest from it every afternoon and they check that I'm okay. I have to have my bell next to me all the time so I can call them."

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans were person centred and gave clear information for staff on how to meet people's needs. Care plans had been updated monthly or more frequently as required. For example, one person's health had deteriorated and this was reflected in the care plan along with directions of how staff were to provide care. A relative told us "I see the manager, and deputy manager, they both give updates. I get informed quickly of anything necessary." One person told us, "I have agreed with the home what help I need and how I want it. I have a good meeting with the night staff about 10 pm. All the staff are competent, they have good attitudes. I like the international dimension of the staff too."

Some people were living with visual impairments. They told us staff supported them well. We were told staff were all very good at telling them what the food was, where it was on the plate and where the cutlery was. We were also told that staff always ensured the room furniture did not change and that the call bell was in reach.

Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them to make decisions. People were supported to maintain close relationships with families and friends. Relatives and visitors told us they were warmly welcomed and encouraged to participate in any events in the home.

Staff supported people to participate in activities of their choice throughout the day. Most people chose to remain in their rooms and only wished to attend the pet visits or entertainment. Staff told us the average age of people was 90 to 99 years old, and people did not always want to have structured activities but enjoyed visiting singers. One person said "At my age you want peace and they don't force us to play bingo or throw a ball thank goodness." There was a wide range of activity equipment available for people to use, including knitting, tapestry, board games, arts and crafts and reading materials. One person told us, "I was invited along to the music once and I really enjoyed it. Most days I just sit here, but I'm content." Another person said, "I please myself when I stay in my room and when I go downstairs. I'd have to use the wheelchair to go down. They have a singer sometimes, I'd go down for something that's put on like that. I go to the hairdresser every fortnight. They will always ask if I'd like to go to the dining room for my meals, sometimes I do, it's entirely up to me." We were also told, "I like this room although it's very hot in the mornings. I've got everything very convenient."

People told us they enjoyed meeting people. One person told us they visited a friend down the corridor for a chat. People also said lunchtime was a social event which they enjoyed. The gardens were enjoyed by people and one person said they would like to use the raised flower beds next year to grow some easy vegetables. Staff said people enjoyed the gardens in the good weather but specific people would benefit from shelter in the cooler and wet weather. This was a point for the next resident meeting.

Activities planned in advance and advertised included external music entertainment, pet visits, fetes and celebrations of special occasions such as birthdays. There were photographs around the home of people participating in social events; these were not recent.

The registered manager displayed information about the home, the statement of purpose, how to make complaints and other documents such as menus and in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff spoke with people and their relatives and visitors in a warm and friendly way and encouraged them to express any views about the service. One person said, "I see a lot of the manager and deputy manager, I'd soon say if I wasn't happy with anything." People and their relatives were able to express their views or concerns and they felt these would be dealt with appropriately. There were effective systems to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns raised were investigated and actions from these were implemented. There had been no formal complaints in the home since our last inspection. Staff had received many compliments from people, their families, friends and other visitors to the home including health and social care professionals. These were recorded, forwarded to the registered provider and shared with staff.

## Is the service well-led?

### Our findings

People felt the service was well led and spoke highly of the registered manager and all the staff at the home. One person said, "I know if I had a problem I could go to any of the staff but I would probably speak with [deputy manager], she is lovely." A relative told us, "[The manager] is absolutely wonderful and enormously supportive of staff, residents and families. Another said, "If I had any concerns I would go to the manager and she is very good." Another person said she thought the home was well run but could not name the manager, she also said she did get asked if she is happy with the home or had anything to say or ask.

The provider had not correctly displayed their CQC rating on their website. The provider informed us that this was due to an encoding issue that prevented them from accessing their website. The website has been taken down until rectified.

This was identified and rectified during the inspection process. We recommend the provider ensures that they understand all legislation in respect of providing care and treatment.

The registered manager and other members of staff completed a range of audits to ensure the safety and welfare of people. Any actions identified through these audits were completed. These included audits on medicines, care records, infection control, equipment checks and fire safety. However we did find some for environmental concerns while they had been identified in audits and by staff, had not been actioned in a timely way or had a time scale for completion. These included extractor fans not working in communal bathrooms and ensuites, call bell facilities that were broken, windows in bedrooms that needed replacing. There were also some maintenance issues that were outstanding, such as missing curtains and damp damage in the communal lounge. We saw from the audits that these had been reported through the audits and chased by the registered manager over the past two months.

During our inspection we identified that whilst people's weights were recorded and reported to the GP there were some people whose weight showed some variation. One person's weight had fluctuated between 69 kgs and 53 kgs over a period of eight months. The person was able to tell us they ate well and there was not a problem but staff had not investigated fully as to the reason for this weight loss. Staff said it was the weighing scales as people found it difficult to stand on to be weighed and felt it was an error on their arrival to the home, but no further action had been taken. This was taken forward by the deputy manager to investigate further. From talking to staff, people and visitors we found that staffing levels from 4pm (staffing levels decreased to two care staff and a house keeper) had been identified as being insufficient recently because most people wanted suppers in their room, medicines were to be given, visitors may arrive and one person required 30 minute comfort checks as they were approaching end of life. Staff told us they were stretched to meet people's needs in a timely way. One staff member said, "We manage but it isn't easy, but it would just take another person to become poorly to become stressful." We were told that staffing levels had been raised through discussions and they were waiting for a response from the registered provider.

Incidents and accidents were documented and analysed. There were systems to ensure the risk of reoccurrence was minimised. Through a discussion with staff members we identified that a person had

fallen/slipped on the 29 September 2017 but this had not been documented. This was to be followed up and investigated. This evidence demonstrated that whilst systems were in place to monitor the service provision, there were areas that required improvement.

Following our inspection we were informed that the essential maintenance works had been completed.

The registered provider visited the home monthly or more regularly if needed to review audits, care delivery and provide support to staff at the home. We were also told the registered provider rang every day to ensure that all was well in the home.

The staffing structure and the support of the registered provider's management team provided a strong support network for staff and people who lived at Glenmuir House Residential Home. Staff had a good understanding of their role in the home and the management structure which was present to support them.

The registered manager and their deputy manager provided senior leadership in the home and were supported by a group of senior carers to ensure a smooth running of the home. Feedback from people, relatives, staff and health professionals stated that over the past few months the registered manager had not been as visible due to other commitments within the organisation and her presence was missed. Two people said they didn't know the manager's name and rarely saw her. This situation was something the organisation needed to reflect on to ensure Glenmuir House Residential Home continued to be well-led with open lines of communication with people, staff and health professionals.

Staff told us they felt supported through supervision, appraisal and team meetings which were used to encourage the sharing of information such as learning from incidents and new training and development opportunities.

The management team promoted an open and honest culture for working which was fair and supportive to all staff. They encouraged people and the staff to be proud of their home. A member of staff told us, "Since I have been here I have had so much support it's wonderful. I love coming to work and it really is a good place to work." Another told us, "We work very closely as a team." A third member of staff said, "There are niggles but we talk openly about them, teamwork and our residents are very special."

People, their relatives and staff were encouraged to feedback on the quality of the service provided through a variety of means of communication. Regular meetings with people and their relatives were held and minutes of those were available. The provider and the registered manager attended these meetings. People were given opportunities to discuss any matters of concern they may have in the home and then actions were taken to address these. For example, people discussed meals and activities and decided on new activities or trips to be considered. We saw these had been followed up by the registered manager. Feedback was regularly sought from people and their relatives through the use of quality surveys. These showed people and their relatives were overall happy with the care provided at the home. Regular communications between people, staff and the management team ensured people had a good understanding of what was happening in the home to ensure their safety and welfare. Staff meetings were held monthly. These meetings were minuted and actions taken forward by the management team. This included training issues and arrangements for laundry.