Angel Healthcare Limited

Glenmuir House Residential Care Home

Inspection report

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Date of inspection visit: 16 and 17 November 2015
Date of publication: 21/12/2015

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?	Good

Overall summary

The inspection took place on 16 and 17 November 2015. Glenmuir Residential Home was last inspected on 01 July 2013 and no concerns were identified.

Glenmuir House Residential Care Home is a care home for up to 20 older people that require support and personal care. At the time of the inspection there were 16 people living in the home. The home is owned by Angel Healthcare limited and is located in St Leonards, East Sussex. Glenmuir House Residential Care Home provides personal care and support to people with increasing physical frailty, diabetes, strokes and those approaching end of life. There were also people who were living with dementia.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager has been in post for four months and is in the process of submitting her application to be registered with the CQC as manager. People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.

People were safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs and insulin.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. I have had some bad times and I am glad I'm here."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and administrating insulin Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food and I can choose what I want from the menu." There was a daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and took part in activities in the home and the community. People told us they enjoyed the activities, which included singing, films, and visiting pets. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here, it's a friendly home." A visitor told us, "Mum is safe and happy, staff team is good and the manager is open and honest."

People were supported and encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, they sort it out".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns. One staff member said, "I love working here, it's a family."

Summary of findings

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

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 Care Home was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good

Glenmuir House Residential Care Home was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Glenmuir House Residential Care Home was 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.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Glenmuir House Residential Care Home was responsive.

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.

Summary of findings

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and recreational outings was available should people wish to participate.

Is the service well-led?

Good

Glenmuir House Residential Care Home was well-led.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were being undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

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.

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 16 and 17 November 2015. 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.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with 7 people who lived at the service, four relatives, the manager, four care staff, hospitality manager and the kitchen assistant. 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' people living at Glenmuir House Residential Care Home. 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.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, “There have been a couple of things in the past we raised as complaints but things have been sorted out now I know my mother is safe and cared for here.” People told us, "I feel safe,” and “I feel safe with the staff,” and “I feel safe both with the building and the staff.” Another person said, “Staff ensure the (call) bell is nearby at all times, staff are always available to help me.”

People’s risks were well managed. The staff used a computerised care plan system. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The care plans also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks where possible, for example pureed food to prevent choking. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the completed risk assessments automatically triggered the computer to initiate a management plan to manage the risk. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce and manage risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. The latest review had recorded that the risk had reduced, and staff continued to make sure the person was eating and drinking enough to maintain their health. This was monitored closely by the care staff.

Personal emergency evacuation plans (PEEPs) were in place. The PEEPs detailed what assistance people would need from staff if an emergency evacuation was required. This meant there were systems in place to promote peoples safety.

There were enough staff on duty each day to cover care delivery, cooking and management tasks. There were 16 people living in Glenmuir on the day of the inspection. The staffing levels during the morning were three care staff, kitchen assistant, and the manager. The staffing levels changed to two care staff and a kitchen assistant/cleaner in the afternoon and two care staff at night. People told us there was always sufficient staff on duty to meet their needs. One person told us, “I have not ever had to wait for assistance, they come immediately.” Another said, “Can’t remember ever having to wait, they make sure I am totally safe before leaving me.”

Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately.

The rota showed where alternative cover arrangements had been made for staff absences. The manager and staff told us staffing levels were ‘okay’ and ‘enough’. Staff told us that people’s needs could change daily and that it did sometimes mean they were very busy, but felt it was safe and that they still delivered a good standard of care. We saw over two days that people’s needs were varied and that staff coped well when it was busy. Discussion with the manager and provider told us that some people’s needs were increasing due to age and frailty and that staffing levels were being reviewed to increase in line with dependency levels.

People told us their medicines were administered safely. Comments included “I don’t have to worry about anything, I get my tablets at the right time and that is important, staff religiously give them to me.” Another said, “I can rely on the staff to give me my tablets on time and that is so important.”

We looked at the management of medicines. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as

Good

Is the service safe?

temperature checks of the medicines fridge. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a senior care staff member administering medicines sensitively and appropriately. The care staff member administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Medicines were stored appropriately and securely and in line with legal requirements. Medicines were supplied by a local pharmacy in weekly blister packs. Staff recorded the temperatures the fridge and environment daily to ensure that medications were stored at the correct level. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. These were managed correctly.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and clean. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and first floor, which enabled people to access all areas of the home. The lift was clean and serviced regularly. We identified some minor maintenance issues that were addressed on the second day of the inspection. These had been identified through environmental audits and waiting to be actioned.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked four staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Good

Is the service effective?

Our findings

People we spoke with told us, “Excellent here, it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.” Without exception, people felt that the care staff were skilled and experienced to care and support them. People felt very confident with the home’s staff.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and relatives felt staff were effective in responding to people’s changing needs. One visiting relative told us, “The staff are good, they soon pick up if there is a problem. “Staff recognised that people’s health needs could change rapidly as they get frailer. One staff member told us, “We monitor for signs, changes in their mobility and eating habits which may indicate their health is deteriorating."

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples’ needs, for example care of catheters, dementia care and end of life care. We also saw that staff had received training in looking after people who required nutrition via a percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, to provide a means of nutrition when oral intake is unsafe due to a swallowing problem. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an NVQ 2. We all complete mandatory training.” We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. One staff member said, “It’s part of our job to make life good for residents, we want them to be comfortable and happy here.”

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, “It’s important to develop all staff as it keeps them up to date and motivated.” Staff told us that they felt supported and enjoyed the training they received. Comments included, “Really interesting and the manager works with us on the floor to make sure we do things correctly.”

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Senior staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the staff say, “Would you like your tablets now, do you have any pain?” and “Can I help you to the bathroom.”

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. Six people living at Glenmuir Residential Home had been assessed as requiring a DoLS.

People told us the food was good and we saw staff asked them what they wanted at mealtimes and that drinks were offered many times during the day. Jugs of squash were left in communal areas that enabled people to help themselves if they wished to. The provider had recently moved toacook-freeze system of food for increased choice, flexibility and goodv quality food. According to the hospitality Manager of Angel Healthcare limited has been successful. He told us that people in all their homes had taken to the new system very well. He also told us that homemade cakes were still prepared by himself for all the homes.

Good

Is the service effective?

We observed the midday meal. A menu was displayed on the wall of the dining room and most people we spoke with knew what choices were on offer. One person commented, "We can change our minds, they are very accommodating." We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted. The dining room was used by nine people during our inspection. The dining room was pleasantly decorated and staff asked everyone once they were seated if they would like some music on whilst they ate. Staff served people individually from the kitchen ensuring it was at the correct temperature and presented in an attractive way. People had their food served on a plate size that was specific to their individual preference. Staff said that that certain people liked a small plate as a big plate of food put them off eating. Meals looked appetising and everyone ate l at a pace that suited them. Condiments were available and staff ensured people had access to a drink of their choice to accompany their meal, such as wine or juice.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us their favourite foods were always available, "They know what I like and don't like, and always make sure fresh fruit is available to us." The kitchen assistant told us, "I am involved in the preparation and cooking process but staff serve the food, staff always let me know if something else is required." Staff told us that could cater for vegan, diabetic and any other special diets and also for people who needed pureed or soft diet.

Food and fluid charts were in place for people who had been identified as needing monitoring as they were not drinking or eating well. Records we viewed were completed in full and reflected in the daily notes.

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The deputy manager said, "We talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good very kind and caring. Nothing is too much trouble." Another person said, "I am here just for a short while until I can go home, they are very good and kind."

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people who preferred to stay in their room. One person told us, "I am happy in my room, everything I need is here, I am really content."

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Most people wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. A relative told us, "They ask us for suggestions and keep us well informed, I feel we are all supported." Another relative said, "We are always consulted and involved, nothing is changed without talking it through." The deputy manager told us, "We support people to go out if it's safe, one of our residents has made friends with someone who came here for a holiday and now they go out regularly together for a walk." We were also told that the activity co-ordinator took people out shopping and for appointments." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and we try to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. Staff were diligent in ensuring people's privacy and knocked on doors before entry. If there was no answer they called out before going in the person's room. Staff also spoke with people in a polite, discreet and respectful manner. For example, staff approached people who were hard of hearing and spoke to them quietly and slowly ensuring they could see them clearly.

People received care in a kind and caring manner. We observed staff spent time with people who spent their time in their room. One staff member said, "The residents are part of our extended family, they are all special." People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

The computer used by staff for people were password access only which meant records were secure. All paper confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

People's equality and diversity were respected and staff were aware of what was important to people. One person's life history contained information from family that stated

Good

Is the service caring?

they liked to look smart and wear make-up. Staff supported them to do this. Another person liked to have a glass of wine and an occasional cigarette and staff ensured this happened. All the people who were supported by staff with personal care looked clean, smart and in clothes that were appropriate.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, “There are no restrictions on visitors”. A visitor said, “I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting.”

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I have had a grumble but it was fixed straight away," and "I can talk to staff at any time, about anything." We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. Staff told us, "We don't have a formal activity plan for everyday as everyone has different hobbies and interests." We were told that the activity person comes over and does specific activities, outings and one to one sessions with people at Glenmuir three times a week. One person told us, "I spend time doing what I enjoy, we have activities if I want and I go out for walks in the garden."

The home supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I go down to certain good events, I feel I have made friends here, I don't feel bored as my family visit." We also saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. People were seen to request to return to their room at a time that was decided by them. One person said, "I get weary in the afternoon and like to have a nap on my bed." Staff offered to support this person and said they would get them up for supper. Group activities were not planned everyday as the people currently living in Glenmuir House Residential Care Home expressed their preference to follow their own plans for their day. Others in the lounge told us, "I don't really need entertaining, I can see the birds and garden from here." Whilst another said, "I have regular visitors, I enjoy it when we have an entertainer." Three people we spoke with enjoyed staying in their room, either reading or watching their television. Special events were planned and people enjoyed attending them, such as visiting entertainers.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us a family, because if we go regularly for short visits it's better for mum." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". One senior nurse said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

A 'service user / relatives' satisfaction survey', had been completed in March 2015. Results of people's feedback was used to make changes and improve the service, for example menu and choices of food. Resident meetings were not held formally as people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was being undertaken to improve people's care documentation as some were basic in detail This was on-going as more staff received training in care planning and gaining experience.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the manager checked them regularly alongside daily notes and diary entries. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. People and their families told us they were regularly involved in care delivery reviews and in any changes made to their medicines or health.

Good

Is the service well-led?

Our findings

Everyone knew the manager and referred to her when describing their experiences of life at Glenmuir House Residential Care Home. One person said "The manager always pops in to see me, very knowledgeable and honest, is always here." A relative said, "The manager is very professional, runs the home well."

The manager had been in post since August 2015 and was in the process of submitting their application to be registered as manager of Glenmuir House Residential Care Home. The manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. When on duty she told us that she administered the midday medicines. This enabled her to meet with each person, check medicine administration charts and to allow the staff to support people at lunch time.

People, friends, family and staff we talked with described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The manager is very hands on and supportive, she works with us, which is good."

The manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been invited to be involved in the development of activities and menus. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone."

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; "I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The provider had informed the CQC of any issues that might affect the safety of people living in the home. Such as safeguarding concerns raised by the local authority. The manager said she used the notification system to inform the CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to the CQC within an appropriate timescale.

The manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I've been here years, I love it." it's a lovely home and we can do our job well because of that."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. Such as medicine recording and meals. A meeting for staff to discuss medicine audits took place on the evening of the first day of the inspection.