

Memento Care Limited

Glenesk Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Glenesk is a care home that provides personal care for up to 22 people in one adapted building. It is registered to provide a service to older people who may be living with dementia or physical disability. At the time of the inspection 20 people lived at the home.

People's experience of using this service:

People were placed at risk of harm as medicines were not managed safely. Improvements were required to ensure the home was clean and well maintained. Risks associated with people's care and support were not always managed safely because there was a lack of suitable guidance in place for staff. There was not always sufficient staff in place to support people. Safe recruitment practices were followed.

Work had been done to ensure people's rights under the Mental Capacity Act 2015 were protected. People were mostly supported to have maximum choice and control of their lives. Some capacity assessments were still required, and we recommended that a further review of mental capacity needs at the service was completed. This would ensure policies and systems supported staff to work with people in the least restrictive way possible. Staff required more effective training and support to enable them to provide high quality care. Mealtimes were positive experiences and people fed-back positively about the quality of the food. People had access to a range of health care professionals. Overall, the home was adapted to meet people's needs, but some areas were in a poor state of repair and there was limited private space.

People were supported by kind and caring staff. Staff upheld people's right to privacy and treated them with respect. People were enabled to have control over their lives and were supported to be as independent as possible.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. People and their families were given an opportunity to discuss their wishes for the end of their lives. People were not always given opportunities for meaningful activity, this was attributed to the activity co-ordinator having left. We have been informed that since inspection, a new activity co-ordinator has been recruited and started work. People felt confident to raise issues and there were systems in place to respond to complaints.

Systems to ensure the safety and quality of the service were not fully effective. Where issues were identified on a previous inspection, improvements had not always been made or sustained. This failure to identify and address issues had a negative impact on the quality of the service provided at Glenesk. The management team were responsive to feedback and took swift action to address immediate issues identified on this inspection. The provider recognised that improvements had not been made as required and advised that they were in the process of reviewing the effectiveness of their governance processes. There was positive partnership working with health professionals.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 2 February 2019) and there were multiple breaches of regulation. These included regulation's 11, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we saw that improvements had been made, and the provider was no longer in breach of all the regulations we had identified previously. However, we found the provider was still in breach of regulation 17. This is because poor oversight and governance had not effectively resolved all risks at the service.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We intended to complete a focused inspection to review the action plan and ensure that regulations were now met. However, since the inspection we had received further concerns from visiting professionals. So we decided to complete a full comprehensive inspection. This would cover all of our key lines of enquiry (Safe, Effective, Caring, Responsive and Well led) and get an up to date assessment of the service.

Enforcement:

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Glenesk 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Glenesk is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke to six people who used the service and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us. We looked at the relevant parts of the care records of eight people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records. We spoke to the provider, registered manager, three care staff and one member of the catering team. We spoke to two visiting health and social care professionals.

After the inspection:

The provider sent us further information that we required to validate the evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely, the concerns observed on our visit were similar to those found on the previous inspection.
- Some people had not received their prescribed medicine. We did not see any direct impact on their wellbeing, but there was a risk that harm could occur.
- There was a lack of guidance for staff about 'as needed' medicine, which meant staff were not appropriately guided on when prescribed medicine might be needed. The provider had made some improvements from the last inspection, but guidance was still limited.
- One person repeatedly refused to take their prescribed medicine. There was a plan, agreed with the GP, to give them their most important medicine first. This plan had not been effective, and the ongoing refusal to take medicine had not been reviewed.
- Medicines were stored safely. This is an improvement on the previous inspection.

Preventing and controlling infection

- The home was not clean in all areas. Toilets and commodes had not been effectively cleaned, and there was visible dirt on the floor.
- There was a strong unpleasant odour throughout the inspection day.
- We observed a staff member wearing jewellery. We observed another staff member holding a soiled continence product and not wearing an apron. These practices do not support effective infection control.
- The last inspection also highlighted cleanliness concerns, this has put people at ongoing risk of ill health.

Assessing risk, safety monitoring and management

- Staff knew how to support people safely, but the written care plans and risk assessments were not fully in place. If new staff arrived and read this guidance, people would be at risk of unsafe care. .
- One person had arrived four days before the inspection. They had high level care needs, but no records were in place to guide staff on how to support this person's needs. Another person had displayed behaviour that challenged staff, but there was no guidance in place to support staff with this behavioural need. This lack of guidance puts people at risk of being supported unsafely. Despite this risk, staff had good knowledge of how to support people.
- Care plans were not always updated. For example, one person was described as requiring a hoist to mobilise. However, they had been independently using a walking frame for nine months. We had received a report from a visiting ambulance crew that this poor record keeping had impacted on their ability to assess the person's needs.

At our last inspection, there were concerns with medicines, cleanliness and risk management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found ongoing concerns in these areas. However, we did not see evidence that this has impacted people and instead was seen as a governance issue. For this reason, the service is no longer in breach of regulation 12. It is instead in continued breach of regulation 17. This has been reported in the 'Well led' section of the report.

Staffing and recruitment

- People's feedback about staffing levels was mixed. Some people told us there were enough staff. However, others told us there were not always enough staff to meet their needs quickly. One person said, "Sometimes you need to wait because they are with other people." We did not observe long delays for support during the day.
- Rota's showed us that at night there were two staff members working. Some people at the service required two staff members at once, so this would mean other people would need to wait for support. The provider told us that these two staff members also had some domestic roles in the home which could further delay support.
- We had concerns about staffing levels at the last inspection. The provider stated that staffing levels had been reviewed. Staffing levels had not changed as the provider felt they were acceptable.
- Staff were safely recruited, for example by getting references from previous employers. This is an improvement from the previous inspection, where staff were not always recruited safely.
- The previous inspection found medicines trained staff were not always available. Rotas and training records confirmed this was no longer a concern and suitably trained staff were deployed around the home to give people medicines safely and as needed.

The lack of medicine trained staff, and poor recruitment practices had resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection. These concerns were resolved and so the service was no longer in breach of regulation 12 at this inspection. We still had concerns about staffing levels due to people's feedback and night time rotas. The service has not reviewed this as they advised they would, this has been reflected in the breach of regulation 17 (see the Well Led section of the report).

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe.
- We identified that if concerns were raised, referrals were made to the local authority to investigate. Action was taken to keep people safe while allegations were investigated.
- Staff understood the signs of potential abuse. They knew how to refer concerns to management and external agencies if needed.

At the last inspection, action had not always been taken to refer to the local authority if safeguarding concerns were made. Action had also not been taken to keep people safe after an incident had occurred. We no longer had these concerns at this inspection and measures were in place to respond appropriately to allegations of abuse. The service was no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong.

- Our previous inspection found concerns with medicines and cleanliness. These concerns were on-going and this left people at risk of harm. This has been further reported in the 'Well Led' section of the report.
- Incidents were recorded by staff. However, the limited care plan guidance for staff meant that incidents could re-occur. For example, one person had some skin damage. There was limited guidance on what their

skin damage currently looks like, how staff should monitor them, and how further damage could be prevented. This would make tracking wound progression difficult and mean staff were not guided on when/how to respond to the wound care.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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. We checked whether the service was working within the principles of the MCA.
- We found the majority of mental capacity assessments were in place. This is an improvement from the previous inspection.
- However, further work was required to ensure that some additional capacity assessment and best interest records were completed. For example, the service had provided a person with a specialised diet without assessing if it was in the person's best interests.

Due to the lack of mental capacity assessments and best interest documentation at the last inspection, we found the service was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found considerable improvements had been made and the majority of required assessments were now in place. This inspection found the service was no longer in breach of regulation 11. However, we have made a recommendation that the service continues to review its mental capacity documentation in line with current standards. This will ensure that people's human rights are respected.

- 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made applications for DoLS where appropriate. Conditions that were in place had been complied with.

Staff support: induction, training, skills and experience

- Like the last inspection, records showed us that staff had been trained, however we observed that this training was not always effective. For example, staff had been trained in medicines management and infection control. However, medicines practices were not safe, and staff were observed to not follow infection control policies.
- We identified that one person required support with a complex health condition. Staff who supported this person had either not received training, or their training was over a year old which could mean the staff's skills required re-training. The registered manager advised us that they check the staff's competency,

however the registered manager had not received training to do this. The lack of training put the person at risk of ill health.

- At the last inspection, staff told us that they had requested more face to face training as they felt this would be more effective. The registered manager told us that the format of training remained unchanged and the majority of training was still online.

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

- People's needs were not clearly assessed, this meant there was limited guidance for staff. The lack of guidance would put people at risk of their needs not being met in line with current standards.
- For example, one person experienced infection related seizures. There was limited guidance for staff to know what to do in the event of a seizure. Care records did not explain that a seizure should prompt staff to check whether the person had an infection. This lack of guidance put the person at risk of staff not responding appropriately.
- The service did not always follow current health guidance. One person required health checks twice a day. Records showed us that their results were recorded just once a day. This poor recording would make it difficult to monitor their health condition and potentially impact their health.

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

- People had enough to eat and drink. People told us they liked the food. One person told us, "You can't fault the food, if you don't want it they'll do something else."
- At meal times, staff provided timely assistance to people when needed. People were offered choices and dietary preferences and requirements were catered for.

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

- The home required some refurbishment and modernisation. For example, the carpets were in places damaged and dirty but provider had an improvement plan in place for this renovation.
- There were two communal living areas which meant people had space to spend time socialising. However, there was no private space in the home, other than people's bedrooms. This could have a negative impact on people's privacy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed us, and people confirmed that staff sought advice from external professionals when people's health needs changed. A visiting professional told us staff contact them as needed.
- Systems were in place to ensure information was shared across services when people moved between them. The electronic care planning system could produce an information pack should people be admitted to hospital. This helped ensure people received person centred support when they moved between services.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the caring attitude of the staff. One person spoke positively about the good relationship they have built with staff. They said, "we have a laugh together, I can't fault them."
- We observed staff working hard to meet people's needs in a timely way. Whilst people had reported some delay's in care (reported in the safe section of the report), people felt that staff worked hard to provide a caring response.
- We observed staff treating people with kindness and compassion. Where staff supported people, they asked permission and clearly explained what they were doing.
- The registered manager explained that they consider people's diversity and work to meet their diverse needs. For example, people had visits from religious services of their choosing and at a time that suited them.

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

- People told us that they were invited to 'resident's meetings' so they could express their views on how the service was run. People told us that they could either be fully involved, or just watch if they preferred.
- People told us that they were asked what routines they would like, and staff worked hard to ensure people's preferences were met. For example, getting up at a time of their choosing.
- People were aware that they had care plans in place, to provide guidance to staff. People advised that they had been consulted in the creation of these.
- While care plans did not always provide clear guidance to staff on how to support people. Staff had good knowledge of people and clearly worked hard to get to know people. The poor governance of care plans did not impact on the staff's initiative to get to know people and the compassion they showed people.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected by staff. People told us that staff knocked before entering their rooms and that staff were careful to give them towels quickly while having personal care support. This promoted their dignity.
- Despite the above, we noted that personal information was left in communal areas. This is an ongoing concern from our previous inspection and meant people's personal information was accessible which would impact their privacy. This has been further reported in the 'well led' section of this report.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care records were not always updated to reflect people's needs, preferences and interests. Staff had good knowledge of people's preferences. However new staff would not have this knowledge, so incomplete records would put people at risk of their care needs not being personalised.
- People felt that their routines were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We observed that staff spoke to people in a way that they understood.
- A person showed us that they had been given a contract when they moved into the home. This included information presented in an understandable way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed a lack of activities at the service. The provider advised that the previous staff member responsible for activities at the service had left. A person told us "It was good. I imagine when they get another activities person it will be good again."
- A visiting professional expressed concern that they observed people were often sat around and did not leave the building. One person told us that they intend to leave the service as they felt under stimulated.
- We were therefore concerned that in the absence of an activities worker, people had been without activity stimulation. We have been informed that since inspection, a new activities co-ordinator has started. We will review the effectiveness of this staff member at our next inspection.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising any complaints or concerns.
- Complaints were recorded and responded to in line with the company policy.

End of life care and support

- People were given the opportunity to discuss their wishes and preferences in relation end of life care. No one at the time of inspection was receiving end of life care, but records showed us that people's future wishes had been recorded in a compassionate way.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been a lack of effective management to create and sustain improvements at the service.
- Our previous inspection found concerns with medicine management. Since then, the service had received support from the NHS and Local Authority to improve medicine management. However, we found ongoing concerns. This put people at risk of ill health.
- Our previous inspection found concerns with cleanliness. We found ongoing cleanliness concerns at this inspection visit. The provider's audits had also identified cleanliness concerns, but effective action had not been taken to improve this.
- Sensitive personal information was not stored in line with the legal regulations. As per our previous inspection, we observed that files containing sensitive personal information had been left unattended and accessible in a communal area. There has been a lack of effective action to ensure documents were stored securely. This posed a risk that information could be accessed by people who used the service or visitors.
- Our previous inspection had raised concerns with staff training being online and staff not having the required skills. The provider advised they would review staff training. However, the registered manager advised that no review had occurred and no changes were made. We remained concerned about staff skills at this inspection. There has been a lack of effective action and governance to review concerns about staff training.
- Our previous inspection found concerns with staffing levels. The provider advised they had reviewed the staffing levels and felt that they were acceptable, so no changes had occurred. We remained concerned about staffing levels at this inspection.

The failure to have adequate oversight and create improvements at the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an ongoing breach from our previous inspection.

- It is a legal requirement that a provider's latest CQC inspection report is displayed for people to see. The provider had displayed their most recent rating in the home and on their website.
- It is a legal requirement to notify the CQC of events that occur at a service. The service had notified the CQC as legally required. This was an improvement from the last inspection.
- Throughout our inspection the management team were responsive to feedback and took swift action to

address areas of urgent concern. After our visit they provided us details of action taken to reduce risk.

- During our inspection, we spoke to the provider of the service. They recognised that the service was not making improvements as planned and showed us evidence that they were reviewing their governance procedures.

Working in partnership with others

- Care plans had not always been updated with people's changing needs. We had been informed by visiting ambulance crews that this had impacted on their assessment of individuals.
- Staff worked in partnership with health and social care professionals to ensure people got the care they required. For example, requesting specialist assessment of a person's choking risk so a suitable diet could be implemented.
- We spoke with a visiting health professional who advised that staff implemented advice given to them

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and manager had a vision to improve the quality of the care provided. Since our last inspection, we have seen minimal improvements at the service. The provider advised that they intend to review their processes and assess why improvements have not been made.
- People and their families were generally positive about the home, staff and management team. People felt confident that complaints would be listened to. We saw no complaints had been recorded since the last inspection.

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

- People and their families were invited to feedback about the care home. Meetings and surveys were completed to gather people's opinions. People told us that they found the meetings helpful.
- There were staff meetings and daily opportunities for staff to handover information.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found concerns with medicines management and cleanliness at the care home. The providers governance systems had not created and sustained improvement from our previous inspection</p>

The enforcement action we took:

Full enforcement action will be published following the relevant appeals processes.