

# Harmony Care Enterprise LTD

# Glencoe Care Home

## Inspection report

10-11 Chubb Hill Road  
Whitby  
YO21 1JU

Tel: 01947602944

Date of inspection visit:  
10 December 2019  
16 December 2019

Date of publication:  
12 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Glencoe Care Home is a residential care home providing personal care to people aged 65 and over, some of whom were living with dementia. The service has three floors. Glencoe Care Home can accommodate up to 19 people. At the time of this inspection, 14 people lived at the service.

### People's experience of using this service and what we found

The quality assurance processes in place were not always effective as they did not check all areas of the service. Checks to ensure the service was safe had not been completed on a regular basis. The lack of quality monitoring meant the concerns we found on inspection had not been identified.

Sufficient measures were not in place to prevent and control infections. We have made a recommendation regarding infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had been deprived of their liberty lawfully. Where people lacked capacity and decisions had been made in their best interests, this had not been recorded. We have made a recommendation about the recording of best interest decisions.

People told us they felt safe and received care and support from kind and compassionate staff who were extremely familiar with their likes, dislikes and preference. Professionals spoke highly of the service and the proactive approach staff had.

Safe recruitment processes had been followed and staff were provided with sufficient training and support to carry out their roles. People received their medicines as prescribed and were provided with a variety of meal and refreshment options throughout the day.

Care plans and risk assessments were in place which provided staff with sufficient information on how to manage and reduce risks. Activities were planned to provide stimulation and encourage social interaction.

People, staff and relatives spoke with high regard for the registered manager and their approach. Regular feedback had been sought and was used to continuously improve the service. The service had good links with other professionals to ensure people received timely support.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 19 December 2018 and was their first inspection.

### Why we inspected

This was a planned inspection based on the registration date.

### Enforcement

We have identified breaches in relation to the governance and monitoring of the service at this inspection. Following the inspection, the provider took action to mitigate the risks identified.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Glencoe Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

One inspector and an Expert by Experience carried out day one of this inspection. The second day of inspection was carried out by one inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Glencoe Care Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and six relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager and care workers. We also spoke with two health care professionals. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and any action they had taken following the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Checks to ensure the service was safe had not been completed on a regular basis.
- Areas such as emergency lighting, fire checks and water temperatures had not been checked for several months. Servicing certificates for gas and electric were out of date and there was no fire risk assessment in place.

Failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager took action following the inspection to ensure all servicing certificate and safety checks were completed.

- Systems were in place to identify and reduce risks specific to people's abilities and medical conditions.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed.
- Accidents and incidents had been recorded and analysed to reduce the risk of reoccurrence or to identify any trends.

Preventing and controlling infection

- Sufficient measures were not in place to prevent and control infections.
- Paint work was scuffed and chipped in most places and hand rails were worn meaning they could not be sufficiently cleaned.
- Items that were for disposal, such as beds and chairs, had been stored in the services garden area for a long period of time increasing the risk of vermin.

We recommend the provider considers current best practice in relation to infection prevention and control and takes action to update their practice accordingly.

Following the inspection, the provider arranged for an infection control specialist to visit the service to address the concerns we found.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse and told us they felt safe. Comments included, "Oh I am quite happy here. Nothing ever really goes wrong and that makes me feel safe."

- Staff had the skills and knowledge to identify and raise concerns to relevant professionals.
- The manager had followed safeguarding procedures when concerns had been raised.

#### Staffing and recruitment

- Safe recruitment processes were in place and followed to ensure suitable staff were employed.
- There was enough staff on duty to provide support to people.
- People and relatives confirmed that staffing levels were sufficient. Comments included, "Whenever I come there is always enough staff around. They are very attentive."

#### Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Staff had received appropriate medicines training and had their competencies in this area assessed.
- People and relatives told us they received their medicines as prescribed.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and training to carry out their roles.
- A training matrix had been developed to ensure all staff completed update training when required.
- Staff felt supported. Comments included, "[Registered manager] is brilliant. They have been nothing but supportive since they started here. I can go to them with anything at all and they will sort it."

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

- People were supported to eat and drink enough. A variety of meals were on offer and refreshments were served throughout the day.
- Staff were familiar with people's likes and dislikes and offered support and prompts at meal times where this was needed.
- People and relatives enjoyed the food on offer. Comments included, "The meals here are first class" and "The food always looks lovely, especially fish and chip Friday."

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

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- People has access to other health professionals when this was needed. The service had excellent links and relationships with other professionals who spoke highly of the staff team and the support provided to people.
- Documentation used to monitor people's health needs were completed appropriately by staff. Advice from other health care professionals had been followed.

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

- People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity and decisions had been made in their best interests, this had not been recorded. For example, one person used bedrails but there was no recorded information in place to evidence the use of bedrails was the least restrictive options and, in the persons' best interest. We discussed this with the registered manager who told us the process they had followed and agreed their recording would be addressed.

We recommend the provider considers current best practice guidance in relation to MCA and updates their practice accordingly.

- Staff recognised restrictions on people's liberty and submitted DoLS applications where required.
- Staff sought people's consent. Some people could not verbally agree to support, and staff monitored their body language for signs of consent or refusal.

Adapting service, design, decoration to meet people's

- Signage had been put in place to help people find their way around the building independently.
- Sufficient alterations had been made, such as ramps and secure access to outdoor space so people could move around the building freely.
- Redecoration had been completed in some areas of the service; other areas still needed addressing as they were old and worn.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- The registered manager and staff created a caring and supportive atmosphere in the service that allowed people to feel cared for in a person-centred way.
- Staff were kind and compassionate. They were motivated to provide high quality care by the management team who led them by example.
- Staff demonstrated a friendly approach which showed consideration for people's individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.
- People were supported in a homely environment where visitors were welcomed. We observed staff welcoming relatives and taking time to speak with them. One relative said, "Staff are very good. They always make time for us – they never just walk past without a chat and catch up."

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff supported people to make decisions about their care. Private spaces were available, so people could speak openly with staff in a confidential environment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Staff understood and respected when people wished to spend time alone. They were familiar with signs people would display if this was what they wanted.
- Staff communicated with people in a way they could understand which aided independence. For example, re-phrasing sentences to ensure people understood what was being requested to allow them to do this for themselves.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and any visitors were included in activities and general discussions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred support. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred.
- Assessment and care planning were detailed and person-centred.
- Staff were responsive to people's needs. One relative said, "Staff know [Persons name] very well. There is never a hint of disrespect and they support them to make simple day to day decisions."
- Staff were kept well informed of any changes to people's needs or requests they had made via a staff handover. This ensured consistency with the support provided.

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.

- The provider and registered manager were aware of AIS.
- Communication care plans were in place which detailed how best to communicate with people.
- Information was available to people in large print and easy read if needed.

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

- There was a variety of activities on offer to suit people's preferences and abilities. People were asked daily what activities they would like to participate in. Outside entertainers also visited the service.
- Activities were planned to increase social interaction. Staff provided encouragement to people to participate.
- People were supported to access the local community and enjoy walks around the park, the sea front and local attractions.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and followed by the registered manager.
- People and relatives told us they knew how to raise any concerns and felt the management and staff team would listen to them.

End of life care and support

- Staff were extremely familiar with peoples wishes and choices in relation to end of life care and support. People had end of life care plans in place, but these would benefit from recording more person-centred information. The registered manager told us they would address this.
- Staff had completed end of life training and spoke with compassion when asked about end of life care.
- The service had received numerous compliments from relatives and professionals regarding the end of life care people had received. Comments such as, "Excellent dignified care delivered by kind, caring and compassionate staff – I would highly recommend this home to anyone."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the quality assurance systems in place were not always effective to support the delivery of high-quality, person-centred care.

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

- The quality assurance processes in place were not always effective as they did not check all areas of the service. For example, there were no regular checks in place in relation fire safety and ensuring servicing certificates were in place. Infection control audits were basic and did not identify or address the shortfalls we found, and a fire risk assessment was not in place.
- Provider visits had taken place to monitor the quality of the service; records to support these visits were not robust and no clear action plans were in place to show action had been taken when shortfalls were found.

Failure to establish and operate effective systems to monitor and improve the service, and failure to keep complete, accurate, contemporaneous records is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits to monitor the service had been completed consistently. Where these audits did identify shortfalls, action had been taken to address them. For example, a health and safety audit identified pathways needed cleaning; this had been completed in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People, relatives and staff spoke positively about the registered managers approach and commitment to the service. One relative said, "The place just has a homey atmosphere and all the staff including the manager are amazing. Everyone is just so relaxed and content. It is very well run indeed."
- Staff told us they were encouraged to share their views and contribute to decisions about changes within the service.
- The registered manager understood requirements in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were actively involved in the service. Resident and relatives' meetings took place where they could share their views, provide feedback and any ideas to improve the service. A meeting had

taken place when the registered manager joined the service to ensure everyone was kept up to date with any changes.

- The registered manager was visible around the service and available for one to one discussion. People felt listened to and their views were acted on.
- Feedback on the service provided had been requested from people, relatives and professionals. The registered manager was in the process of analysing this information at the time of the inspection.
- Staff had developed good partnership working with other professionals and services. One professional told us, "This is a lovely service to visit. Staff are pro-active at sourcing professional's advice and following it. Staff are extremely familiar with people, so they are able to identify any changing needs and get the support that is needed."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to establish and operate effective systems to monitor and improve the service, and failed to keep complete, accurate, contemporaneous records.</p>