

Angel Healthcare Limited

Glenmuir House Residential 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?

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:

Glenmuir House Residential Care Home provides accommodation and personal care for up to 20 older people with increasing physical frailty, diabetes, strokes and those approaching end of life. There were also people who were living with dementia. There were 15 people living at the home at the time of the inspection.

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

The manager and provider had systems and processes to safely assess and manage risks to people, including their medicines and the environment. However, these had not identified some of the shortfalls we found. The audits for care plans and risk assessments had not identified that there was no guidance to manage diabetes and administration of insulin, placing people at possible risk of health complications.

The premises was not always maintained to a good standard. Improvements were required throughout the building, such as in relation to fire doors, radiator covers and hot water temperatures, which the registered manager and provider were prioritising and actioning. The cleaning of the premises needed to improve to ensure all areas of the home were clean and hygienic for people.

We have made a recommendation about the procedures of giving medicines.

People received safe care and support by enough numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. As identified in the report however the lack of a dedicated house keeper had impacted on the cleanliness of the premises. One person said, "I like it here." Most people's care plans and risk assessments meant people's safety and well-being were protected. Medicines were stored, administered and disposed of safely.

Staff had all received essential training to meet people's support and care needs. There was an induction programme to introduce new staff to the service and during this process they got to know people and their needs well. Staff told us that they felt the induction had been a good introduction to the home. People's dietary needs were assessed, and people were provided with a choice of cooked meals each day, including breakfast. Feedback about the food was positive and people said they enjoyed the meals. People's health needs were consistently met with involvement from a variety of health and social care professionals.

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.

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect, humour and dignity. People and visitors to the service were consistent in their views that staff were caring and supportive. People were relaxed, comfortable and happy in the company of staff

and engaged with in a positive way.

People told us they felt involved in planning their care. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

Complaints made by people were taken seriously and investigated.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Staff said the leadership was positive, "It's a good place to work, the residents are family."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Good (published 20 October 2017)

The overall rating for the service has changed to Requires Improvement. This is based on the findings at this inspection.

Why we inspected:

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. This was related to the maintenance and cleanliness of the service and records relating to people's care.

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

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 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 ●

Glenmuir House Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Glenmuir House Residential Care Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenmuir House Residential Care Home is a care home without nursing care. 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 the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

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. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We spoke with eight people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, deputy managers and four further staff members.

We reviewed the care records of five people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two health care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as Good. At this inspection the rating has changed to 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

- The service used a computerised care system. Care plans had individual risk assessments which guided staff in providing care to meet their needs. However, two people who lived with diabetes did not have a care plan or associated risk assessments to guide staff in delivering safe care. There was minimal reference in any of their care plans to how diabetes might impact on their health care. For example, nutrition, foot care and skin integrity. One of the people was currently unwell, which would impact on their normal blood sugars as they were not eating or drinking as usual. Without a care plan or risk assessment, staff would not be able to monitor the person effectively for potential health problems.
- There were people who stayed in their bedrooms by choice and did not like their doors closed. Their doors were propped open with pieces of furniture, which could cause a potential delay in closing the door in the event of a fire, placing people at risk of harm. There was no evidence that this had been risk assessed with a plan of action in case of an emergency situation to mitigate risk.
- Staff had identified that some temperatures of hot water exceeded the recommended temperature of 43 degrees Celsius on the 9 March 2022 and this had not been followed up and actioned. Two bath temperatures were in excess of 59-62 degrees Celsius and sinks in some bedrooms in excess of 60 degrees Celsius. This placed people at risk of scalds.
- A conservatory had been built on to the lounge which was used to facilitate visits during the pandemic. Whilst it was a welcome addition to the building, there were deep steps from the lounge and the other entrance from the garden also had an edge to step over which had not been identified as a hazard. The risk assessment of the building had also not identified this as a trip hazard. This therefore was not in use for people as it was not safe.
- Areas of the home needed maintenance input to ensure it was safe for people. For example, radiator covers were broken in the lounge exposing hot surfaces. We were told that the maintenance person only spent one day a week in Glenmuir House Residential Care Home and as a result the maintenance has slipped.

The provider failed to assess and mitigate risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans and risk assessments for people who lived with diabetes and needed insulin management were immediately put in place. We checked this on the second day of the inspection. We received confirmation from the registered manager and provider that the risk assessments for the property had been updated to

reflect peoples' bedroom doors. We also received confirmation that water temperatures had been adjusted and checked to 43 degrees Celsius. One bathroom was closed off as there no valve to restrict hot water. The provider assured us it would not be used until a valve is fitted. We were also informed that the maintenance person was available to act on environmental issues immediately when informed.

- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment

- There were enough staff to meet peoples' health care needs. Staffing levels were set at five care staff in the morning, which reduced to three in the afternoon and then two waking staff at night. There were sufficient staff to deliver care. However, the lack of dedicated hours for cleaning had impacted on the cleanliness of the premises. The care staff allocated to kitchen duties also had to do the laundry and cleaning.
- People said, "I think there are enough staff, I certainly get the attention I need." Another said, "Its busy in the mornings but that's just my view." Staff said, "It can be rushed because peoples' needs have increased and some are poorly," and "I think we are ok, staff help each other."
- Staff said, "In the afternoons, it will be fine until supper time, medicines and people wanting assistance, then it can become very busy, especially if people are unwell."
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

It was confirmed by the provider that staff deployment had been reviewed to improve the cleanliness of the premises.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. Comments received included, "No worries at all," and "I rely on the staff and they have never let me down."
- The medicine administration records (MAR) were legible and completed in full and staff told us they checked them daily for any errors or signature gaps.
- Staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. Senior care staff have been appropriately trained and undergone competency assessments for administering insulin. We noted that staff did not use the trolley or take the MAR with them when giving people their medicines so were transporting medicines around the home. The policy for administering medicines did not reflect the practice followed.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.

We recommend the provider consider current guidance on administering medicines and update their policy accordingly.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some parts of the home were not clean and hygienic. Whilst it was not clean there was no infection control risk..
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Safeguarding systems and processes:

- People were protected from the risks of abuse and harm, because staff had a good understanding of their responsibilities and how to safeguard people. A staff member said, "We have all had training." Another staff member said, "It's important to know what abuse is, I wouldn't hesitate to tell the manager if I saw something that was wrong."
- Staff had received the appropriate safeguarding training and had continued to receive refresher training throughout the pandemic.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.

Learning lessons when things go wrong

- The manager reviewed incidents, accidents, complaints and concerns to ensure issues were addressed and further risks reduced. The review included actions needed, which were then transferred to care plans and risk assessments as required. Staff knew that incidents and accidents had to be reported and were confident in doing so.

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 Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools reflected NICE guidance, with the exception of two people referred to in safe.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team to ensure people received the care they needed.
- Peoples needs were consistently reviewed and when peoples' needs changed, a review was held to ensure the service was still able to meet their needs safely. If the person required nursing care, or specialist care, the appropriate referrals were made.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "We complete training books and complete tests on what we have learnt.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, we had time to meet people, read care records and get to know how the place runs before working on the floor."
- Staff received regular supervisions with their line manager. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

- People told us they enjoyed the food. Comments included, "The food is really nice, we get a choice from a

menu each day" and "In my opinion the food is very good."

- The service used a meal service that provided the meals ready for cooking in the care home, and met peoples' nutritional needs.
- Staff knew people's preferences, which were recorded in care plans. The food prepared was presented well and met people's individual needs. For example, one care plan stated the food should be cut in to bite size pieces to prevent choking.
- Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration had their fluids recorded, monitored and drinks encouraged by staff. Staff were informed at handover of those who had not been drinking very much.
- Food offered and taken by people was recorded in their care records and an overview of peoples' weights were kept by the registered manager.
- Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day and if someone is not eating or has lost weight we discuss how to prompt and improve their intake. We then give fortified drinks and refer to the GP."

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

- Glenmuir House Residential Care Home continued to ensure joined up working with other agencies and professionals to ensure people received effective care. We saw the home continued to have multi-disciplinary team meetings to discuss people's needs and wishes.
- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT) if and when required.
- People were assisted with access to appointments. People told us, "If I need to see a doctor, staff organise it for me."

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

- Glenmuir House Residential Care Home was an older style building, that had been adapted over time to meet peoples' needs.
- The premises offered a lounge, conservatory, a dining room and outside sitting areas that people with mobility challenges could access.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.
- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests.
- Peoples accommodation was over four floor floors accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens, with the exception of the conservatory which was kept locked due to the steep steps.

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.

- Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was central to how care was provided. We saw people making choices about who supported them, how they spent their time, and meals and drinks.
- There was a file detailing all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, and personal trackers. We saw that the conditions of the DoLS had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take. One person who lived with memory loss enjoyed their walks and to ensure that they could continue to enjoy their walks, a decision was made in their best interest for them to wear a tracker to ensure staff knew their whereabouts.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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 good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Feedback from people and visitors described staff as kind and caring. Comments included, "Really nice staff," and "Caring." Visitors said, "I have found staff are very kind."
- A health care professional told us, "Polite and knowledgeable." Another health professional said, "Work with us, no concerns."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. People approached staff throughout the inspection, for reassurance or just a chat." Birthdays and special events were celebrated.
- Equality and diversity was embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner.

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

- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included guidance for staff about how to help people make as many decisions for themselves as possible.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. A visitor said, "I am involved in decisions about my relative, all the way through the pandemic, they have kept us informed."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care. They were able to give examples of how they ensured people's clothing were clean and their dignity was promoted.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- Staff prompted and encouraged people to walk independently, with the appropriate aid. Staff also said they encouraged people to go and visit friends or just for a walk. For example, one person told us they liked to go out in the community and told us, "I go out, staff remind me I wear a tracker when I go out for a walk"

and fresh air."

- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves, such as cleaning their teeth.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statement following changes to data protection legislation in May 2018.

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 remained 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

- Before coming to live at Glenmuir House Residential Care Home, a pre-admission assessment was completed. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived, and that staff had the necessary training to meet their needs.
- People received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew them well and supported people an individual way. One person said, "They know me very well."
- Staff understood people's individual needs and personalities. A health care professional told us, "Know people well, pick up on their mental health as well."
- The care plans were individual and reflected a person-centred approach to care. For example, people's choices on personal hygiene were recorded and included when people would like a shower or a bath and what support they needed to maintain oral hygiene.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were knowledgeable about people's communication needs and there was a communication care plan highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails. The staff also used iPads with people.

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

- People were supported to maintain relationships that were important to them. Visitors were made

welcome at the service and were supported with visiting procedures that were in line with government guidance. by staff. Visitors told us, "We always feel welcomed, always greeted politely."

- Care plans recorded information about people's interests and hobbies. People confirmed they were usually happy with the activities on offer.
- People told us, "We have certain things happen, a lady comes in, staff sit and chat in the lounge when they have time, we have eggs hatching for Easter."
- An external activity person visited the service every other week. Activities had changed since lockdown, many people preferred to stay in their room and not visit the communal areas. Staff acknowledged that activities did not happen as they used to, but it was difficult as, "People don't want to mingle anymore." We observed that over two days only three people used the lounge and four chose to use the dining room for lunch.
- The management team hoped now the weather had improved, and restrictions lifted, that they could encourage people to leave their rooms and attend activities and social events.

Improving care quality in response to complaints or concerns

- People told us, "The staff are very good, I'd tell them if I wasn't happy with anything." A visitor said, "I find I can talk to the manager or other staff, they listen and I have not ever had the need to formally complain."
- There were effective systems to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. There had been no formal complaints in the home since our last inspection.
- Compliments from people and their families were recorded, forwarded to the registered provider and shared with staff.

End of life care and support

- Staff said they had completed training in end of life care and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "It's always sad but we make sure they are comfortable and involve their families."
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, and GP. We saw ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) plans in peoples care plans that highlighted their wishes should they become ill.

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 Good. At this inspection this key question has changed to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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

- Although there was a quality assurance system to protect people's safety we found that the systems had not identified some of the concerns we found. The audits measured all aspects of the service. Audits were carried out by the management team in relation to care plans, medicines, activities, kitchen, mealtime experiences, call bells and infection control. We found that despite audits highlighting environmental issues that placed people at risk, these had not been prioritised and actioned.
- We found records relating to individual care delivery were not all available and up to date. For example, care plans and risk assessments for those who lived with diabetes, and for those whose health had deteriorated.
- Records for blood sugars and insulin administration did not have the person's name on and therefore would not be helpful if the records were needed by the GP and emergency services.
- Despite cleaning schedules and audits being completed the home was not cleaned to an adequate standard. There were thick layers of dust on surfaces in the dining room with large cobwebs. This had identified the lack of a dedicated housekeeper.
- Bedroom doors were propped open with pieces of furniture and we are told that it was people's preference. However, staff had not risk assessed this for fire procedures to keep people safe in the event of fire.
- Water temperatures had been identified in 9 March 2022 as too high in some ensuite bathrooms and communal bathrooms. These had not been adjusted in a timely manner and placed people at risk of harm.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.

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;

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations. One health professional told us, "Communication is good with the home, they contact us for advice when needed".
- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with.
- The manager understood their role and responsibilities to notify CQC about certain events and incidents.
- Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People felt confident to talk with the manager if they needed to. One person said, "(name) is the manager, she is very approachable and I have spoken to her," and "all lovely staff."
- People and relatives told us they found all staff to be approachable, from care staff to management. We saw Interactions between people, relatives and staff, were warm and positive.
- The registered manager and provider collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks.
- The provider issued satisfaction surveys annually to gain people's feedback. The outcome of surveys were analysed and acted in response to any negative comments, including food provision. Staff meetings were held monthly, and minutes taken. There was opportunity to discuss training and accident prevention.
- Resident and family meetings had been suspended due to the pandemic but we were told are due to recommence soon.

Working in partnership with others

- Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The manager and provider worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.</p>
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 had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records.</p>