

Glencoe Care Limited

Glencoe Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Glencoe Care Home is a care home with nursing and accommodates up to 20 people. The service provides care and support to people who are living with dementia. At the time of our inspection there were 19 people living at Glencoe.

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

People told us they were happy with the care they received and felt safe living there. One person said; "I'm very happy" and someone else said; "Couldn't be happier."

A survey completed by a relative recorded; "During COVID-19 staff worked twice as hard to keep people safe." People looked happy and comfortable with staff supporting them. Another recorded; "We are very happy with the care given at these difficult times." Staff were caring and spent time chatting with people as they moved around the service.

The service had sufficient supplies of Personal Protection Equipment (PPE) available. Signage was in place throughout the service regarding the requirements for wearing PPE and included doffing and donning of PPE safely. Additional information was provided on what PPE needed to be worn when a person was assessed as being at higher risk of infection.

Staff came to work wearing their own clothes then changed into their uniforms in a designated room. Staff completed appropriate training and support to enable them to carry out their role safely, including PPE and dementia care training.

There were supplies of anti-bacterial wipes around the service to enable staff to clean surfaces and any areas, including bathrooms, they had used. There were posters around the service to prompt and remind staff about the infection control procedures in place. All high contact areas were cleaned regularly throughout the day and night.

The environment was safe, with upgrades and redecoration ongoing when possible due to the COVID-19 restriction. People had access to equipment they required.

Procedures were in place regarding self-isolation for people and staff, if they showed symptoms of COVID-19. Specific COVID-19 policies had also been developed to provide guidance for staff about how to respond to the pandemic and the outbreak.

New COVID-19 visitors' policy had been updated since new guidance was released by the government. This included two designated visitors for each person living in the service. All visitors were required to make appointments and a designated room was made available for visitors and people living in the service. Friends and families were provided with the updated policy detailing the new restrictions. Where visiting

was required for compassionate reasons, suitable infection control procedures were in place. Visitors were screened for COVID-19 prior to entering the service. Visitors were required to wear PPE at all times.

People were supported to speak with their friends and family using IT and the telephone as necessary.

Appropriate testing procedures for COVID-19 had been implemented for all staff and people who used the service and followed national guidance regarding the frequency and type of testing. Arrangements had been made to enable people and staff to access the vaccine.

Infection control policies and procedures had been updated in line with the national guidance relating to COVID-19. Staff had completed online infection prevention and control and COVID-19 training. The registered manager worked with all staff to ensure infection prevention and control measures were followed.

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 were supported by a staff team who completed an induction, regular training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service. Agency staff were not used, and staff covered and supported each other when shifts required filling to cover leave or other absences during the pandemic. People and staff told us the management of the service were hands on, approachable and listened when any concerns or ideas were raised.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified including additional risk to people if they were vulnerable to catching COVID-19. Staff had guidance to help them support people to reduce the risk of avoidable harm.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 20 June 2019) and there was one breach of regulation. 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 found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glencoe Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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.

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 was carried out by one inspector.

Service and service type

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.

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 information we had received about the service since the last inspection. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all 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.

During the inspection

We spoke with six people about their experience of care provided. We spoke with the registered manager and four staff members.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People were protected from potential abuse and avoidable harm by staff who had completed up to date safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. A relative recorded on a returned survey; "During COVID-19 staff worked twice as hard to keep people safe."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments guided staff on how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. During the ongoing COVID-19 pandemic weekly virtual ward round were being carried out. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed, and supported people to change position regularly or maintain their mobility.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was currently being upgraded in some areas. This had been possible during the pandemic due to the employment of a new maintenance person. Equipment and utilities were regularly checked to ensure they were safe to use.
- We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. This included risk assessments if people were of higher risk due to COVID-19. Risk assessments were regularly reviewed. All care records were up to date, comprehensive and regularly reviewed.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff all told us there were enough staff on duty.
- The staff covered additional hours when needed, so people had staff they knew and trusted. Agency staff were not used, and staff covered and supported each other when shifts required filling to cover leave or other absences during the pandemic.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service, undertaken before new staff started work.
- People were positive about the staff who worked with them. For example, we were told; "Staff are very good," and "Couldn't ask for better."

Using medicines safely

- People received their medicines safely and on time. The qualified nurses kept up to date on their medicines procedures and additional staff completed training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals after incidents where people had fallen.

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 now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we recommended the provider take advice and guidance from a reputable source regarding providing robust recorded induction for new staff, and regular documented supervision for all staff. The provider had made improvements.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- Staff had their training updated regularly. This included training on PPE, COVID-19 and infection control. Training methods included online. Some face to face took place but in smaller group numbers due to the pandemic.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. This included the Care Certificate (This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors).
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff received regular supervisions. During the height of the COVID-19 pandemic daily meetings were held to ensure all staff had the most up to date information. Staff informed us they felt well supported and in particular during the pandemic.

At our last inspection we recommended the provider take advice and guidance from the Mental Capacity Act 2005 Code of Practice regarding obtaining consent. The provider had made improvements.

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 completed training in MCA and had an understanding of how to apply it in their daily work.
- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and approved to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice.
- People's individual needs had been assessed before they moved in. People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

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

- People were provided with healthy meals which they enjoyed. People were observed enjoying their lunch.
- Staff were aware of specific dietary requirements for people, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good oral hygiene and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly. For example, during the pandemic the service liaised with the local Community Matron and GP. This included planned visits or weekly virtual ward rounds.
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified.

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

- The physical environment was continuously being reviewed, updated and improved regularly.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective oversight of the service. There was a lack of robust quality assurance systems. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support people needed.
- The management team had an oversight of what was happening in the service and were very visible. They took an active role in the running of the service.
- The registered manager understood their role in terms of regulatory requirements and had ensured notifications were sent to CQC when required. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff said; "During the first lockdown the manager was great. She always kept us updated with daily meetings."
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- On the day of the inspection visit, there was a comfortable, warm, friendly atmosphere at the service. Staff were observed as helpful and supportive in their communication and interaction with people who used the service.
- People and relatives, via surveys sent to the service, were complimentary of the service and of the warm, friendly, family atmosphere. One relative said; "Glencoe was the best home mum could have come into, it's reassuring knowing I don't have to worry about her."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected

their preferences.

- Staff told us they enjoyed their roles. Comments included; "We work really well together and the manager is always there for us."

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 registered manager understood their responsibilities under the duty of candour and said they'd kept relatives informed of any incidents that occurred or changes in people's support needs.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback. The registered manager worked in the service most days, therefore spoke to people regularly about any concerns they may have.
- Communication between people, staff and families was good.
- Staff meetings were currently on hold due to the pandemic. However, staff told us they were provided with opportunities for conversations about the delivery of care and good working practice.

Continuous learning and improving care

- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. This was very evident with many COVID-19 policies and procedures now in place to help protect people.
- Policies and procedures held were designed to supported staff in their practice. Including PPE and doffing and donning policies and procedure for staff to observe.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service had positive links with statutory bodies such as health service and relevant local authority teams. Particularly during the pandemic. The manager said the service received suitable support from Public Health England and the local Community Matron.
- The service had ensured people could maintain contact with friends and relatives, throughout the pandemic period, for example by telephone or the internet. Visitors were now possible, and the service followed recent government guidelines. Staff kept people's relatives updated, where this was appropriate, about any concerns or developments. This included a friends and family newsletter to keep everyone informed during the lockdowns and the ongoing pandemic.