

## Glendale Residential Care Home Limited

# Glendale 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

Glendale Residential Care Home provides residential care for up to 20 people. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both of these during this inspection. At the time of our inspection there were 15 people living in the service. The service was located in the village of Felsted, close to local shops and other community amenities.

This unannounced inspection took place on 21 and 27 February 2018.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left since our last inspection. The provider, who was also the owner of the service, was now the registered manager and there was also a new deputy manager in post.

We had previously inspected Glendale Residential Home on 12 April 2017, when the service was under a different registration. We found that the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been a number of changes at the service since our last visit and a high turnover of staff. The provider had recruited a new deputy manager and the service and staff team were now more settled. The new management team had addressed the concerns found in our last inspection and the support people received was safer and more personalised. Some of the changes had only recently been implemented and more time was needed to measure whether they were sustainable. This included new measures to check on the quality and safety of the service.

Since our last inspection, the provider had concentrated on minimising risk to the safety and we found people received safe support when they arrived at the service. However, planned improvements to the pre-admission assessment process had not been implemented prior to our return to the service. We found the provider had admitted new people to the service without an adequate assessment of their needs and potential risk, leading to unnecessary disruption on their arrival.

The provider and deputy manager were visible and hands-on and promoted an open culture for people, families and staff.

The building work at the property was completed and people benefited from the new décor and furniture. The service was more ordered, which improved the safety of people receiving medicines and minimised the risk of infection.

People had personalised risk assessments and care plans tailored to their individual needs and preferences. There were improved measures to ensure the safe evacuation of people in an emergency. There were sufficient, safely recruited staff to meet people's needs. Staff knew how to support people who were at risk of abuse.

Staff skills had increased, in particular in the area of dementia. Staff were well supported by the management team and worked well together. Staff worked alongside outside professionals to meet people's health and social care needs.

The provider met their responsibility under the Mental Capacity Act 2005 (MCA). Where people did not have capacity to make decisions, the provider ensured decisions were made in the person's best interest.

People had enough to drink and eat. The provider had employed a new activities coordinator to support people to remain active and stimulated. People and their families felt able to complain and be confident their feedback would make a difference. The provider ensured people were consulted about decisions at the service, including menu choices.

Staff knew people well and supported them with kindness. People were treated with respect and dignity. Staff communicated well with families

During this inspection, we identified a breach of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

The provider had not ensured robust assessments were carried out prior to people's admission to the service.

There were enough safely recruited staff to meet people's needs.

There were improvements in the safety of the administration of medicine and infection control.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the skills required to meet people's needs and there had been particular improvements in the area of dementia.

People made choices about what they ate and drank. Staff worked well with outside professionals to meet people's health and social care needs.

The provider met their obligations under the Mental Capacity Act.

**Good** ●

### Is the service caring?

The service was caring.

Staff had time to get to know people well and develop positive relationships.

Families felt well cared for and supported.

People were treated with dignity and their privacy respected, They were enabled to make choices about the care they received.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

People received personalised care in line with their needs.

An activity coordinator had been recruited since our last visit.

There was a clear policy for managing complaints.

People were supported with dignity when they needed end of life care.

### **Is the service well-led?**

The service was not consistently well led.

The provider was working well with the new deputy manager, though more time was needed to ensure changes were sustainable.

The provider had not addressed the shortcomings of the pre-admission assessments in a timely way.

There was a positive and open culture at the service.

There were improved checks on the quality of care and safety of the service.

**Requires Improvement** ●

# Glendale Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 21 and 27 February 2018.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection, the expert by experience had experience of caring for older people.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service.

We met with the provider, who was now the registered manager, referred to as the "provider" throughout the report. We also met the new deputy manager and six members of staff. We spoke with nine people who used the service and three visitors. We also spoke with two health and social care professionals about their views of the service.

We reviewed a range of documents and records including the care records of four people who used the service. We also looked at a range of documents relating to the management of the service.

Since our last visit, there had been a change in the registration details for the service with the Care Quality Commission (CQC), which meant Glendale Residential Care Home was registered as a new service in 26 January 2018. This new registration was due to changes at the provider level and did not represent a significant change to the people living at the service. Throughout the report, we have referred to our last visit to the service. This visit took place on 12 April 2017, when the service was under the previous registration.

# Is the service safe?

## Our findings

When we last visited the service, on 1 March 2017, we found the provider was in breach of Regulation 12, 15, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns regarding the safety of people due to poor management of risk and unsafe administration of medicines. We also raised concerns regarding the maintenance of the property and the recruitment and deployment of staff.

At this inspection, we found the provider had acted on our findings. In March 2017, we rated safe as inadequate and at this inspection, we found that safe had improved to requires Improvement. People were safer because of the improvements at the service. However, some changes had only recently been implemented and there had not been enough time to measure whether the improvements were sustainable.

Whilst there had been improvements in the safety of people at the service; we had concerns about the quality of the pre-admission assessments that the provider had carried out on recent arrivals at the service. The provider had met with people and gathered some information from families and other professionals but had not completed a robust assessment to ensure the service could meet people's needs.

In one instance, a person had a pre-existing condition and the provider had not confirmed with their health professionals whether they would continue supporting the person when they move to the service. The person's arrival at the service was disrupted unnecessarily and staff needed to make emergency referrals to local health professionals for medicines and treatment.

In another example, the provider had completed a pre-admission assessment for an emergency admission, which stated the person had a "high level of confusion." Their assessment did not outline what had led to the emergency admission or how the person was demonstrating confusion. The provider had not outlined areas of risk or considered how family or other professionals supported the person when they became distressed. Other information was scant, for example, the provider stated the person had a "good appetite" but did not outline any preferences. We discussed this assessment with the provider and found they had not used opportunities to gather information in an effective manner. This meant staff did not have necessary information to support a highly distressed person on admission.

In both these incidents, the subsequent care plans developed were of a good standard however, there was a lack of planning which meant staff did not have the necessary information to prepare for people's arrival and to minimise risk to the safety of the people and staff at the service.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection, the provider and deputy manager showed us an improved pre-admission assessment process and form that they would use immediately for any new admissions.

Despite our concerns regarding the pre-admission process, feedback regarding safety was positive and all the people and family members we spoke to told us the service was safe. A person told us, "Staff make time for me and I feel secure in this place" and a relative said, "Yes I am totally confident that my family member is safe at Glendale."

Staff completed risk assessments and support plans in areas including mobility, nutrition and managing behaviours. These provided the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to people and the staff who supported them. A family member told us, "Staff suggested I provide more suitable footwear to help my relative with their assisted walking and to make them safer in the bathroom."

Staff could describe how they managed the risks when working with people. For instance, one person did not like using a pen and paper to communicate and staff were aware this made them agitated. Staff told us the electronic care planning system highlighted crucial information about each person. The hand-held devices included photos to help new or agency staff more easily identify people, and be aware of key information such as any allergies. The system also helped highlight key events to inform staff coming onto shift, for example if someone was unwell or distressed.

We found the personal evacuation plans in people's care records to be difficult to read and inaccessible to staff. We discussed this with the provider who showed us an excellent "grab bag" with laminated information about what to do in an emergency and what support each person needed. The bag also included essential items such as specialist blankets, florescent jackets and torches. The provider told us they had set up the grab bag as a priority to manage the risk and were in the process of amending the care plans to make them clearer.

At our last visit, we had concerns regarding the numbers of staffing and recruitment processes in place for new staff. At this inspection, we found these concerns had been resolved. We observed there were enough staff to meet people's needs and keep them safe from harm. A family member told us, "I have visited at various times and I feel that there has been adequate staff on duty. [Person] often calls for assistance during the night and has told me that a carer always responds." The provider and deputy manager stepped in to provide care when needed, for example, when a member of staff was administering medicines. Since the previous inspection, the provider had increased staffing level at night and was continuing to recruit new staff. Where necessary, they used agency staff, though they were usually longer-term staff so they could get to know people.

The provider had a recruitment policy in place to ensure the safe recruitment of new staff. Each staff file contained a copy of the member of staff's job descriptions, references and proof of identity. All the required employment background checks, security checks and references were reviewed before they began to work at the service. New employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people's from one to two staff.

At our last inspection we had concerns regarding the administration of medicines. At this visit we found the provider and deputy manager had made the necessary improvements. For instance, since the previous inspection, the provider had fitted a ventilation grid in the medicine room and there was a system in place to monitor the temperature of the room.

People received medicines in a personalised way, for example staff had arranged for a medicine review so that a person's morning medicine could be timed around when they liked to get up. Where people had

capacity, we observed staff took time to explain the safest way to take medicines but enabled people to make their own choices, for instance whether to use a spoon or not. A family member told us their relative received their time-critical medicine at the right time and there were good arrangements in place when they visited the community. A person said, "The staff are very good bringing my tablets on time."

Staff were unhurried when the administered medicine. We observed a person was asleep and had to be woken up to take some medicines and the staff member told them to, "Get your bearings a bit and get yourself comfortable, there's no need to rush." There were processes in place for offering and recording the administration of medicines which were only taken when needed, for example for pain relief. Staff kept clear records of the medicines people received.

The audits and checks on the administration of medicines had improved since our last visit. The deputy manager had openly and robustly addressed a medicine error, which had occurred prior to their employment at the service. This minimised the risk of re-occurrence and improved the safety of people receiving support with their medicines.

When we had last visited, there had been building work at the property and we had concerns regarding maintenance and infection control. The provider had addressed these promptly, for example, staff had sorted out and secured the cupboards with cleaning equipment. A family member told us, "Glendale is clean, welcoming and comfortable."

Staff understood how to recognise different signs of abuse and were confident in the action they would take to keep people safe. The deputy manager demonstrated how they sensitively and effectively responded when they had been concerned about a person's safety. As well as seeking advice from a professional, they also spoke openly with the person involved, which made sure the person was aware of risk while still respecting their right to make choices.

The service had a process in place to assess, monitor and respond to accidents and incidents. Staff used body maps to record any bruising or marks to the skin. They recorded in people's care plans details of action taken to resolve the incident or to prevent future occurrences, such as referral to the falls prevention team. The provider had taken on board improvements recommended by the new deputy manager that demonstrated a commitment to openness and to learning from feedback and from mistakes.

## Is the service effective?

### Our findings

When we last visited the service, on 1 March 2017, we found the provider was in breach of Regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns regarding staff training and skills. We also raised concerns that staff did not always sufficiently monitor people at risk of poor nutrition and dehydration.

At this inspection, we found the provider had addressed our concerns. In March 2017, we rated effective as requires improvement and at this inspection, we now rated effective as good.

People and families told us they had confidence in the skills of the staff at the service. A family member told us, "I have seen staff transfer my relative to a wheelchair and this was done carefully and safely" and "The staff certainly know what they are doing, my relative has dementia it is reassuring to see them communicated with and cared for by staff that understand their difficulties."

An induction programme was in place to support new members of staff when they first joined the service. This included an observation of their practice in areas including the provision of personal care, supporting people to make choices and assisting with meals. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people, this ensured that they knew people's preferences and how they wished their support to be delivered. Staff told us they felt they had the knowledge and confidence to fulfil their roles.

Staff completed training in a variety of areas including safeguarding, manual handling, infection control and equality and diversity. Staff were positive about the training they received. One staff member told us, "The training is good. There's a lot of it and we get told when it's due." Staff could request additional training if they felt it necessary and the provider supported staff to study in advanced health and social care qualifications.

Staff had regular planned supervision sessions and an up to date annual appraisal to support them in their role and identify any learning needs and opportunities for professional development. Staff told us they felt well supported and were able to speak informally to the deputy manager and provider at any time. One staff member told us, "I am well supported. Any concerns, I raise them with the person in charge of the shift or the manager. They always offer help."

The deputy manager had helped drive improvements at the service, particularly in the area of dementia. They had completed a course that helped identify different learning styles. They told us, "It's about identifying how staff learn and supporting them to gain skills and put them into their daily care." They had highlighted where staff may need additional support and if necessary worked alongside staff, for example to improve their skills when supporting people to transfer safely.

Staff meetings were used for open discussion and made a difference to the support people received. For example, at a recent meeting the management team had introduced a list of "non-negotiable" tasks for

staff, such as providing drinks to people receiving care in their bedroom. After all the changes in the staff team, this was an effective measure to clarify the expectations on care staff.

People were supported to eat and drink enough to maintain a balanced diet. Staff knew people's food preferences which helped them encourage people who were reluctant to eat. We observed a person refuse dessert at lunch and a member of staff offered them ice cream and banana. They told us, "[Person] likes banana, its nicer that just a bit of ice cream and it encourages them to eat a bit more." The provider enabled staff to offer choice. A member of staff said, "Everyone used to have sandwiches at tea but now some have baked beans on toast or soup. At the moment they really like croissants and jam."

Staff supported people to make a choice from the menu at lunchtime and people were able to choose off the menu if they wished. Staff used pictorial menus to enable people who were unable to verbalise their wishes to choose their meal. We received feedback from two people that the food was not of a high standard. When we discussed this with the provider, they gave us examples of how they had worked with these people to offer them some of their favourite food. Staff and people told us they discussed menu choices at the residents meetings. Following the success of a meal celebrating Chinese New Year, they had also discussed the possibility of introducing themed weeks such as Italian or Indian.

At our last inspection, we found staff did not adequately monitor people who were at risk of malnutrition. At this inspection, we found our concerns had been addressed. Staff weighed people and took action when they were concerned about weight loss or gain. People were supported in a person centred manner when they were at risk, for example, staff were requested to provide regular snacks to a person who chose not to have main meals.

Other checks on people's health and wellbeing were personalised. For example, when a person was receiving end of life care the instructions to staff around monitoring of fluids was different to the support needed for a person with dementia.

Staff kept excellent records of contact with outside professionals which helped senior staff track the different professionals involved with a person. For example, managers and staff could look at the numbers of referrals to the falls prevention clinic and to the GP for urine infections, when considering why a person was falling. Staff logged areas of risk to people's health such as pressure sores, with clearly information about the actions they had taken.

Family members confirmed staff supported people when they needed to access outside professionals. Relatives told us, "When [Person] became confused recently staff identified that they may have a UTI and promptly arranged for the doctor to call." Also "[The managers] have been observant about when [Person] has needed to be visited by the doctor." A health professional gave us positive feedback about their contact with the service. They told us staff were, "Willing to work with me to find and implement a plan" and "phone and talk through their concerns or give feedback about a client in their care."

We found the provider and deputy manager had considered carefully the design of the property and made improvements which were personalised around people's needs, as discussed in the responsive section of this report. Some adaptations supported people to stay safe in the service. For example, a person had a sensor light by their bed which came on if they got up in the middle of the night which helped minimise the risk of falls.

The physical environment now looked more homely and inviting, for example the uniform rows of chairs in one of the lounges had been rearranged and pictures placed along the corridors which were meaningful to

people and reflected their lives. The deputy manager showed us a sparsely decorated communal area and described the furniture they had ordered which they said would be "as they would have it at home." They told us about plans to make a bowling green and a golf area in the garden.

We checked whether the necessary improvements had been made to ensure people were supported effectively in line with the Mental Capacity Act (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Senior staff had involved other parties, such as social workers when assessments and decisions had to be made in a person's best interest. The quality of assessments of people's capacity and applications to deprive people of their liberty had improved since our last inspection, and included consultation with family and other professionals.

We saw staff had identified when people may require a DoLS and had made the necessary applications to the local authority, for example, if people were not free to leave the service unaccompanied. When people had appointed a lasting power of attorney (LPA) it was clearly documented in their care plan. An LPA is a legal document that allows someone to appoint one or more people to help them make decisions or to make decisions on their behalf in relation to their health and welfare or finance.

We observed staff consistently gaining consent from people before supporting them. Staff were able to describe to us how they supported people who had been assessed as having fluctuating capacity for example, by offering visual choices about what to wear or eat and drink. A member of staff told us, "Although some people struggle to express themselves or verbalise it at times they know what they want and with support they can show you by pointing or demonstrating."

## Is the service caring?

### Our findings

When we last visited the service, on 1 March 2017, we rated caring as requires improvement and at this inspection, we now rated caring as good. We found the provider had addressed our concerns regarding privacy and offering choice around having a bath or a shower.

We received positive feedback from all the people and families we spoke to in relation to how caring staff were. Family members said, "As a regular visitor, I can see that my relative is well cared for by very caring and understanding staff" and "The staff are kind and respectful, they have got to know [Person] really well and seem to be genuinely fond of them and the other residents."

We observed a relaxed atmosphere at the service, and people told us this helped them feel welcomed and well cared for. People told us, "I feel safe now I'm here because I know most of the people, I can chat with them as friends," and "The staff are all lovely. Some are my friends now." Throughout our inspection, we received feedback that staff had enough time to speak to people in an unhurried manner. A family member told us, "The atmosphere is always calm and homely with staff having time to deal with the residents differing needs."

A professional told us, "I have always found the staff to have a caring and respectful attitude towards the clients they care for and they give them time." A number of people and families describing specific occasions when one of the management team or care staff had sat with them to talk through something which was worrying them. A person told us, "The manager has been helping to get my problem sorted out. I feel they take my side in things and look after me." People told us the time staff spent with them was key to them being treated as individuals. A person said, "The manager came to meet me when I arrived and spent ages listening to me about my care needs and about me as a person. I know my condition pretty well now so they'll help me to manage."

Staff developed excellent relationships with family members, who told us they benefitted from this support as their relatives health deteriorated. They said they felt welcome and good communication with staff meant they remained involved in their relative's lives. Family members told us, "I have experienced overwhelming support by the staff members" and "staff are always willing to go the extra mile." A relative told us how staff had rung late into the evening when there had been concerns about their family member.

At our last inspection, people's choices for personal care were limited due to the building work and we had concerns about their dignity. The provider showed us the improvements to the fabric of the building which had enhanced people's quality of life. A blind had now been fitted to a bathroom window and repairs concluded to the shower, providing more choice for people. Staff were respectful and courteous when speaking to people and care and domestic staff knocked on bedroom doors before entering.

Staff were skilled at communicating with people. We observed when a person was not able to remember all the juices on offer at lunch a member of staff brought the jugs over to them to help them choose. Staff told us people could make decisions about their care. One staff member said, "People have a choice about

meals, what they do when to get up and go to bed. Some are early risers and other like to go to bed late."

## Is the service responsive?

### Our findings

When we last visited the service, on 1 March 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns about the lack of stimulation for people.

At this inspection, we found the provider had addressed our concerns and people received care which was personalised and flexible. In March 2017, we rated responsive as requires improvement and at this inspection, we now rated responsive as good.

The deputy manager had improved the support people with dementia received. Throughout our visit, a person with dementia repeatedly told staff they wanted to get the bus home. We observed an exceptional response which was personalised and reflected best practice in the area of dementia. The person was extremely confused and each time staff responded with patience and skill, which reduced their anxiety. Staff had set up a shop front at a window with bank signs, a replica cashbox and money. They also set up a bus stop with a chair and bus timetable. When the person became distressed, staff walked with them in the garden or bus stop and then on to the 'bank'. A member of staff told us, "The person shows a bank card and we give them some 'money.' They often say to us, 'Come on then I'll buy you a coffee', and go back inside and we get a coffee together. We find this can be a really positive way of helping people who are living with dementia".

The provider and deputy manager had created a dementia friendly environment which supported the needs of people at the service. Corridors were brightly painted with colour-contrasting handrails and door handles with clearly labelled bath and shower rooms. The dining room setting had white plates on a white cloth, with contrasting placemats in line with best practice guidelines aimed at supporting people with dementia to eat independently.

A new activity coordinator had been appointed since our last inspection though they were absent when we visited. There were still a number of activities taking place at the service, including a church service and visit from a hairdresser. Care staff were committed to supporting people to be meaningfully occupied, for example taking people for a walk in the garden. Some people told us they would like more activities at the service and the manager showed us minutes of a residents meeting where they had gathered people's views on what other activities in which they would like to take part.

Despite the concerns we had with the quality of pre-admission assessments, we found care plans provided staff with the information they needed to meet people's needs. Care plans were recorded and stored electronically. Staff used hand-held devices to access the records and to update during shifts. Care plans were written in a personalised way, for example, one person's plan said they "like cups of tea and a newspaper in the morning."

Staff had a good understanding of people's needs and used this knowledge to deliver care which was tailored to the individual. Family members told us, "The staff at Glendale have done their up most to ensure

personalised care to suit his needs and personality," and "They do not hesitate to go out of their way to provide care that is personalised to the individual." People described how they could get up and go to bed when they chose. A person told us, "I woke up about 4am yesterday and wanted a cup of tea. The carer came very quickly and I had a nice drink made for me."

People felt able to complain and their feedback made a difference. For example, after a complaint that food was served cold the provider changed how staff plated up the food at meals. There was an excellent process for reviewing complaints, which included a review two weeks after the complaint to check the person was satisfied their concerns had been fully resolved. This helped ensure improvements were meaningful and sustained.

The manager described in detail how staff had supported people and their families with tenderness and care when a person required end of life care at the service. They said how a member of staff had held the person's hand when their family were not there and how they provided care alongside other professionals. People were encouraged and supported to remember people who were no longer at the service through stories and photos. The provider and deputy manager were open to introducing best practice in this area, for example, making links with their local hospice and planning for end of life support in a more personalised way.

## Is the service well-led?

### Our findings

When we last visited the service, on 1 March 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns about the lack of systems in place to monitor and oversee the support people received.

In March 2017, we rated well-led as requires improvement and at this inspection, we found well-led remained rated as requires Improvement. We found many improvements, such as new processes and procedures, had only recently been introduced and the management team still needed to review how sustainable and effective they were. Other processes needed tweaking, for instance, some of the surveys and questionnaires involved extensive form filling and tick-boxes, with relatively little significant impact on the quality of care people received.

Despite many improvements, we were concerned about the quality of the pre-admission assessments. Although a new and improved process was introduced promptly in response to our feedback, we were concerned the provider had not addressed sooner the concerns, despite the potential risk to the wellbeing and safety of people and staff.

In response to the concerns found during our previous visit, the provider had invested significantly in new resources. In 2017, the provider employed a consultant to assist in driving improvements at the service. The consultant then became deputy manager and we found they were a key force behind the improvements since our last visit. The provider told us they felt the service now ran more smoothly. The management team worked well together, complemented by a new office manager who demonstrated excellent organisational skills. A health professional told us there was an enthusiasm to find the right support or solution for someone and "go to great lengths to provide it."

The checks on the quality of the service had improved. For example, there were new regular health and safety checks, which included the monitoring of fire doors and fire extinguishers. There were clear actions where concerns were found, for example, all staff had been reminded to close fire doors after one was found open during a check.

The provider told us there had been a high turnover of staff in the autumn. This had been a challenging time but the team was much more settled and effective. A staff member confirmed this and said, "It's like one big team, we work well together." The manager and deputy manager promoted an open culture. We saw examples where staff had felt able to raise concerns in confidence and the response had been supportive to the member of staff who had spoken out and ensured the care had improved.

Families appreciated the provider and deputy manager's visible and hands-on approach. Three family members and two people specifically mentioned the time one of the management team had spent talking with them. A family member told us, "I have had no reason to complain but do feel the managers are approachable and I could discuss any issues with them, if necessary."

Meetings with people, families and staff helped promote honest conversation. A recent 'Resident and family meeting' had been used to discuss changes food, activities and changes in the management and staff team. A family member told us, "Glendale has catered to my relative's requirements brilliantly and are always open to requests and suggestions." The provider listened to people's feedback and worked tirelessly to put things right. For example, when they found out people had been disappointed with the quality of the Christmas dinner they had arranged for staff to recreate the event on another day.

The service had good links with the local community, with visits from local schools and youth groups, volunteers and the village church. Since our last visit to the service, the manager and deputy manager had increased links with other care homes and described the benefits from sharing good practice and information.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not always assessed the risks to the health and safety of service users of receiving the care or treatment.  Regulation 12 (2) (a).