

Glengariff Company Limited

Glengariff Residential Home

Inspection report

45 Freeland Road
Clacton On Sea
Essex
CO15 1LX

Tel: 01255220397

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Ratings

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

Summary of findings

Overall summary

About the service: Glengariff is a residential care home which provides accommodation and personal care for up to 55 people aged 65 and over. There were 45 people using the service at the time of the inspection.

People's experience of using this service:

People told us and we observed that they were safe and well cared for and their independence was encouraged and maintained.

The service had made improvements since our last inspection. People who used the service and staff told us that the changes made had improved the service.

Maintenance work had been undertaken on the premises to ensure it was safe. Extensive refurbishment, internally and externally, was planned for 2019. We made a recommendation that further involvement of people in the redecoration of the service and good practice guidance about environments for people with dementia be explored.

The premises were clean and practices for the prevention of infection were in place. Medicines were managed and administered safely.

There were sufficient staff with the right skills and knowledge to carry out their roles and care for people effectively.

Assessments of people's capacity to make their own decisions had been carried out with the involvement and agreement of their legal representatives. Applications to deprive people of their liberty had been completed appropriately and the relevant authorities informed.

People had a good meal time experience with food which was home made and provided a balanced diet.

Staff were kind and friendly and provided a warm and caring atmosphere in the service.

Care plans were person centred and comprehensive. There was sufficient detail in the documentation that enabled staff to provide responsive care. The service worked alongside professionals to provide joined up care.

Processes were in place to measure, document, improve and evaluate the quality of care. Management had clear oversight of the service. People's complaints were dealt with appropriately.

Rating for this inspection: The service met the characteristics for a rating of 'Good' in all key questions.

More information about our inspection findings is in the full report.

Rating at last inspection: The service was rated as 'Requires improvement' in all key questions and was in breach of Regulations 9 person centred care, 11 consent, 12 safe care and treatment and 17 good governance. The report was published on 5 February 2018.

Why we inspected: All services rated as 'Requires improvement' are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and the improvements made.

Follow up: We will continue to monitor the service through the information we receive.

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Glengariff Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

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. Our expert by experience had personal experience of caring for someone who used residential care services.

Service and service type:

Glengariff Residential Home is a care home. People in care homes receive accommodation and nursing or personal 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. The site visit was on 4 January 2019.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included the action plan from the last inspection and notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We sought

information from professionals who had contact with the service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

We looked at the care plans for five people and information about four people's food, fluid and repositioning checks. Records relating to the administration and management of medicines, recruitment of staff, incidents, accidents, complaints and the quality assurance process were also checked to ensure they met the Regulations.

During the inspection we spoke with 11 people who used the service, two relatives, the chef, kitchen assistant, activities coordinator, housekeeper and five care staff. We obtained information from three health and social care professionals before and after the inspection. We met the provider for part of the day and the registered manager, deputy manager and administrator were available and very helpful throughout the inspection.

We requested additional evidence to be sent to us after our inspection. This was received in the timescales given and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safety of the environment

At the last inspection, we found evidence that no clear action plans were in place to monitor and improve the safety of the environment. This was a breach of Regulation 12.

- Improvements had been made to the environment to make it safe. For example, floors and old carpets had been replaced, key pad locks had been put on the laundry, cleaning and medicine rooms to restrict access to hazardous materials and some people's rooms had been repainted. One person said, "What makes me feel safe is the security, nobody is allowed in who shouldn't be here".
- The provider had ongoing internal and external improvement plans to all parts of the building to be completed in 2019. This showed that the provider was committed to ensuring the people lived in a service which was safe, comfortable, well-kept and homely.
- Health, safety, equipment and maintenance checks were carried out and audits showed that these were all well documented.

Preventing and controlling infection

At the last inspection, we found that staff did not always adhere to best practice in the prevention and control of infection. This was a breach of Regulation 12.

- Improvements had been made to infection control procedures and practices. Audits for January to December 2018 showed that decontamination issues, hand hygiene, personal protective equipment and new flooring had been put in place to improve cleanliness.
- We found that the bathrooms, toilets, people's rooms and the communal areas were clean and free of unpleasant odours.
- Staff were observed following safe infection control guidance when handling medicines and preparing meals which showed they understood the importance of infection control.

Systems and processes

- The provider had policies and procedures in place to safeguard people from abuse.
- Staff continued to receive training in safeguarding and equality and diversity. They had a good understanding of what constituted abuse and discrimination and what action to take if they suspected people were being harmed in any way.

Assessing risk, safety monitoring and management

- Risks within the service were being managed. The provider carried out comprehensive individual risk assessments to ensure people were supported safely. These were person centred, consistent and written in a respectful way. We saw a range of information to confirm this, for example, risk assessments for pressure care, moving and handling, choking and nutrition and falls were clear and detailed.
- We saw that food, fluid and repositioning charts were being used where appropriate. However, some records showed varying amounts of food and drinks consumed each day but not what was the required amount for that person, and, if any concerns had been raised. We spoke with the registered and deputy manager about this. They confirmed that a more robust monitoring and recording system had been put in place to ensure staff knew when to raise concerns.
- Changes to people's needs were documented as part of ongoing reviews of their care.
- Staff could tell us about risks to people's health and wellbeing and how they managed to keep them safe and maintain their independence.
- People had personal emergency evacuation plans in place which showed how they would need to be supported in an emergency.
- Where people needed constant monitoring due to health risks, we saw that staff were aware and appropriate checks were in place to manage the risks.

Staffing and recruitment

- Our observations showed there were sufficient staff to support people safely. A person said, "We ring our alarm occasionally; the system works very well, and we have never had to wait very long."
- Staff supported people when needed and in a safe way. A family member told us, "I feel my [relative] is very safe. They come downstairs and they always have someone with them for reassurance."
- Staff told us there were no concerns with staffing levels. A staff member said, "We have some new staff starting but we would all work together to try to cover the rota."
- The provider had appropriate recruitment systems in place. This ensured suitable staff were appointed to support people safely. All relevant information about applicants had been obtained and checked. However, there were some gaps in the employment history of the staff they employed. The registered manager agreed to improve this area and confirmed shortly after the inspection that this had been completed.

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed a competency assessment. This ensured their knowledge was up to date.
- Medicines were stored, administered and disposed of safely. Each person had a medicine administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff obtained people's consent and ensured they had a drink when given their medicines. They were discreet in checking the person's medicine had been swallowed and were patient and understanding.
- Medicines prescribed on an 'as and when required' basis (PRN) had protocols in place which informed staff of when the medicines were required. A person told us, "I get brought my medicines, whatever it is I need on a daily basis."

Learning lessons when things go wrong

- The provider carried out regular monitoring of accidents, incidents, complaints and issues raised by staff and people who use the service and their relatives. We saw that these had been evaluated to see if there were any ongoing trends and what learning opportunities there were to reduce reoccurrences. For example, to reduce people's items going missing, photographs were taken on admission and safes had been

purchased for people's rooms so that their jewellery and any other important items could be kept safe and secure. A person told us, "They keep our money in a safe and if we want to go out we can take money out, they give us a receipt. They are very good like that."

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

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

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the last inspection, we found processes were not in place to ensure that people's rights under the Mental Health Act 2005 were being protected. This was a breach of Regulation 11.

- Improvements had been made since the last inspection. People's legal representatives were recorded and involved in people's care and treatment.
- Comprehensive capacity and best interest assessments and decisions were made on behalf of people who were unable to make their own decisions.
- The provider made applications for DoLS on people's behalf to the local authority and completed the correct notification to CQC as required by law.
- Staff received further training to refresh their knowledge and understanding. We saw this put into practice during our inspection as we observed staff interacting with people whilst supporting them with everyday tasks.

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

- The registered manager supported staff to provide care to people in line with best practice guidance. We saw evidence of how the service had utilised research about good hydration for people in care homes and the positive impact this was having on people.
- People's needs were comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were respected.
- Staff had sound values and provided support to people in line with good person-centred care. One health care professional told us, "The manager and staff engage really well with us. They are open to new ideas which directly benefit people but appreciate that it updates their knowledge as well."

Staff skills, knowledge and experience

- Staff received an induction and shadowed experience staff before they worked with people on their own. The Care Certificate was used as part of the induction process as good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff attended training in a range of topics central to their role and this was refreshed when appropriate. Training identified as needed by staff in specialist areas such as diabetes care was planned.
- Staff had been supported by the management team to engage with technology and the computerised care planning programme which had been implemented. Staff had increased their confidence in its use and their ability to write clearer and more succinct, for example, when writing up the daily notes.
- Staff told us they were supported and able to speak with any of the management team. They also confirmed that supervision, team meetings and appraisals took place and we saw these were all recorded. A staff member said, "The support I have received has meant a great deal to me."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have a balanced diet, with a variety of food choices offered on the menu. The service had recently introduced a drinks menu to give people more choice. Equipment had been purchased for the first floor to ensure meals were served hot.
- People experienced a good meal experience. There were condiments, table cloths, placemats, flowers and napkins on the tables. People were offered a choice of dishes and drinks, which were topped up when emptied. A person said, "The food is satisfactory considering how many they have to cook for. The cook is ever so good, we have a choice, it's not the same old thing every day. They come in and talk to you and finds out what you want".
- Staff were attentive to people, chopping up food when necessary, offering encouragement and warning of hot plates. Staff were assisting people who could not eat themselves and were observed as being completely engaged with the person, waiting until they were ready for more and advising them of what was on the fork.
- The kitchen staff were very knowledgeable about people who needed specialist diets such as textured or pureed if, for example, a person was at risk of choking. Also, people were provided with specialist cutlery and different coloured plates if they had physical or sensory difficulties. A family member said, "My [relative] can't see their food when it comes on a white plate, so they serve it on a blue one now."
- Where people were at risk, records were in place to show how frequently people had food and fluids to ensure their nutrition and hydration needs were met.

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

- The service worked very well with a variety of health and social care professionals. Those we had contact with were very positive about the service. One told us "It's a pleasure going to that service. They are proactive, caring, considerate and you can see change in people not just from my input but from the staff following through on the advice I have given."
- Arrangements were in place to share information between services as appropriate. For example, the service

had a Red Bag Scheme whereby relevant information about a person was always available should they be taken to hospital in an emergency.

- The service had links with community services such as Age UK who provided additional support to people where needed.

Supporting people to live healthier lives, access healthcare services and support

- Care records evidenced that people had been referred to healthcare professionals such as, speech and language therapists, occupational therapists, district nurse and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.
- People were supported to live healthier lives. A person said, "A special nurse comes in to give me my injection twice a day." Another said, "The doctor gets told if he needs to see you, staff know, but if you needed to see one, they would get you one." A family member said, "My [relative] has come here as they had a problem with their back, but since they have been here, they can get about very well."

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

- The service was on three floors, with good sized bedrooms, communal lounges, dining areas and lift access to all floors.
- People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds, hoists, walking frames and wheelchairs.
- The service had plans for refurbishment during 2019 and people had been involved in some of the plans, for example, the colour scheme in the 'Willow' room. However, we saw no plans which included discussions with people about pictures, decoration, plants or ornaments in the three communal areas of the service.
- The external view of the building made it look uncared for and in need of renovation. However, the external building works, due to take place later in the 2019 which were structural as well as cosmetic, would show the building was well cared for as well as the people living there.
- In addition, the service provided care for people with dementia. We saw minimal fixtures or fittings or equipment which provided support, interaction and stimulation for people with complex communication and dementia related needs.

We recommend that:

- The service actively involves people in the redecoration of the service and looks at good practice guidance about environments for people with dementia.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection, whilst there was not a breach of any Regulation, we found that interactions between staff and people were not always person centred and meaningful.

Ensuring people are well treated and supported; equality and diversity

- Our observations and discussions with staff and people who used the service showed that improvements had been made.
- People told us that they liked living at Glengariff. One person said, "I love it, you can do what you want, the freedom is fantastic." A family member told us, "I find the staff very friendly, they all seem very helpful. My [relative] has a good rapport with them. I find everyone approachable."
- Staff showed they were caring with people by the way they spoke with them and their approach was gentle and familiar. People were relaxed and comfortable around staff. A person said, "I'm happy here, we have fun together, we laugh. I find the staff very good, they are more like friends than anything else. I tend to see the same ones. I'm always requesting baths as I like them, they let you sit for a while. I'm quite happy with what they do for me."
- People's specific support needs were known by staff. They told us key things about people's needs and their preferences and spoke about them in a respectful and sensitive way.

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

- We observed that people were supported to express their views. Staff spent time listening and talking with people. There were sensitive and informative interactions between people and staff and staff were aware of confidentiality, for example, keeping their voice down when speaking to individuals.
- People who had hearing loss had conversations with staff using a hearing enhancer headphone device which the staff could speak into. This enabled them to be involved in their care and in the life of the service.
- People were involved in regular meetings about the service which were recorded by the activities staff. A person said, "We have meetings which I have been to, it's good to know what's going on." A family member said, "My [relative] gets involved in things, they are willing to muck in. Another said, "They came and sat with me and [relative] and went through their care plan. There were some errors with their history, but they amended that."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way. We observed many spontaneous interactions between staff and people which were not task related.

- Appropriate language was used by all staff whilst speaking with and about people. We also saw evidence of how respectfully staff wrote about people in the daily notes. A staff member told us, "People who have pureed meals, can choose with their eyes. We make shapes of the veg so it looks fun and nice."
- People told us they were treated well. A person said, "The staff are very pleasant, they offer me a choice of clothing and I tend to see the same staff and they know their jobs. Another said, "The staff are very good and helpful."
- We observed staff supporting people to transfer using a hoist. Staff demonstrated a safe transfer and used the equipment as intended. They ensured people were aware of what was happening as they gave reassurance throughout the process, explaining what they were doing.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

End of life care and support

At the last inspection, we found that people's end of life wishes were not being considered as part of their assessment and ongoing review of their care. This was a breach of Regulation 9.

- Improvements had been made to the process for considering people's end of life wishes. We saw that people's choices, decisions, wishes, preferences had been detailed in their care records.
- People's preferred place of care, a Do Not Attempt Cardiopulmonary Resuscitation order if appropriate, and their funeral arrangement had been discussed with them and/or their legal representatives. These were recorded so that staff would know their wishes towards or at the end of their life.
- Nobody at the service was at the end of their life during our inspection, but we saw compliments about the care provided to people at the end of their lives from their relatives.

Personalised care

- The support people received was individual to their needs and was delivered in a person-centred way. People could pursue social and leisure interests and enjoyed one to one and group activities provided by the service. One person told us, "The activity person thinks of no-one but others, they are one in a million."
- Care plans were comprehensive and contained information about people's diverse physical, social and mental health need. Their history, likes, dislikes, sensory needs and any preferences for the delivery of their care was recorded.
- Reviews took place to ensure people's needs were being met to their satisfaction and involved of their family or legal representative. Where people had specific health care needs, these were clearly identified and showed how people should be supported. Staff could explain where and how this support should be provided.
- Where an advocate was needed, staff supported people to access this service.
- People's needs were attended to quickly, although a small number of people told us they had to wait sometimes for staff, especially those on the upper floors. One person said, "When I ring my alarm, they are sometimes quick, but sometimes lots of us ring at the same time. They seem to come quick at night. Another said, "[Name of person] has a mat by their bed, the other day I stood on it and they [staff] were up here before I knew it."

Improving care quality in response to complaints or concerns

- The service had a complaints process in place and a log was kept of each complaint, the action taken and the response recorded.

- The provider understood the importance of monitoring complaints for trends so improvements to the service could be made. People we spoke with knew how to complain to the registered manager. One person said, "I've made a minor complaint, it was resolved but it was nothing really."
- Staff were aware of the complaints process and explained the action they would take if a complaint was made.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

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

At the last inspection, the oversight and monitoring of the quality of the service was not effective. This was a breach of Regulation 17.

- Changes had been made to systems and processes to ensure the service was safe, effective and well led to a good standard. For example, maintenance of the environment, audits of infection control and medicine management, checks on night staff and better recording of information had improved.
- The registered manager was passionate about the service they provided and was clear about their responsibilities to provide good quality and personalised care to people.
- The registered manager understood their requirements within the law to notify us of all incidents, deaths within the service and safeguarding alerts.

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

- People's needs were assessed and monitored and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager understood their responsibility under the duty of candour that is to be open and honest and take responsibility when things go wrong.

Engaging and involving people using the service, the public and staff

- Regular staff meetings were held and recorded. Issues and actions were progressed so that staff felt listened to and included.
- People's views were gathered through meetings and surveys and actions taken. The last survey results were very positive.
- People who used the service and their relatives were involved in their care and in developing the service. For example, the introduction of food moulds to make food look appetising for people on textured diets had come from feedback from a 'food committee' meeting.

- Staff meetings were productive and involved staff in developing the service.
- The staff were respected, supported and valued and they understood the vision and values. They were positive and enthusiastic about working for the service. One staff member said, "[Name of Registered manager] helped me to get my NVQ qualification level three and I could not have done it without them." Another staff said, "We all work as a team, that's why we all have been here a long time. A lovely place to work, so warm and the people are so great, love it."

Continuous learning and improving care

- The registered manager and the staff team knew people and their families well which enabled positive relationships to develop and good outcomes for people using the service.
- A computerised system for care planning and communication was in place and working well. Evidence showed that information was clear and up to date about people's needs and staff could provide high quality care. The registered manager told us, "I am very proud of the staff for learning the new system quickly and keeping people's information up to date."
- The refurbishment plan for 2019 illustrates the provider's commitment to providing a high quality service to people.

Working in partnership with others

- The service was very proactive in working openly with other health and social care providers to support the provision of joined up quality care. They kept up to date with best practice and had been involved in many health initiatives. One of these being the 'PROSPER' project. This initiative focuses on pressure area prevention, fluid and nutritional care and falls prevention. We saw that learning from this project was being implemented to enable people to keep well and prevent hospital admission.
- A health care professional told us, "I have found the home to be welcoming, staff seem to be friendly and happy in their work, the activities person is kind, considerate and so helpful. I had a good working relationship with the manager and the seniors. Everyone kept me updated on the person I was working with and I feel we worked really well together."