

Glendale Residential Care Home Limited

# Glendale Residential Care Home

## Inspection report

14 Station Road  
Felsted  
Dunmow  
Essex  
CM6 3HB

Date of inspection visit:  
15 January 2019

Date of publication:  
15 February 2019

Tel: 01371820453

Website: [www.glendaleresidential.co.uk](http://www.glendaleresidential.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Glendale Residential Care Home is a 'care home' which accommodates up to 20 people in one adapted building. 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. At the time of our inspection there were 14 people living at the service. Rating at last inspection: Inadequate (Published 6 September 2018). The service was placed in special measures.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We previously inspected Glendale in July 2018 where the service was rated 'Inadequate' and placed in special measures. This was because we found that since our inspection in March 2017 where the service was rated 'Requires Improvement' there had been a deterioration in the quality of care with a continued lack of action to reduce the risk of harm to people who used the service. There was a continued breach of Regulations 12 and further breaches of Regulations 9, 10, 11, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

### People's experience of using this service:

People's medicines were managed safely. However, further work was needed to ensure accurate records of carry forward medicines from one month's cycle to another were maintained.

People's safety had been considered and risks had been reduced by the introduction of revised guidance, risk management systems and improved systems of auditing. This included improved systems to identify and actions to reduce the risk of harm including responding to safeguarding incidents. All staff had been provided with updated training in safeguarding people from the risk of abuse.

We have made a recommendation about the management of some of the medicines, use of good practice guidance for kitchen audits, and that people's spiritual and cultural needs be reviewed.

Improvements had been made to provide staff with regular, planned supervision to enable them to discuss their work performance and identify any training and development needs.

All care plans had been reviewed and systems put in place to enable ongoing review with people's changing needs updated in a timely manner.

People told us they were satisfied with the quality and variety of food they were provided with. Those at risk of inadequate food and fluid intake were monitored and referral for specialist support accessed when needed.

People told us staff treated them with kindness, dignity and were respectful of their choices.

The recent employment of an activities coordinator provided more group and one to one activities for people. However, further work was needed in planning to support people who wanted regular access to the community.

Systems to monitor the quality and safety of the service had improved. A range of regular checks had been carried out by the manager with actions and timescales recorded where improvements were needed. However, whilst we were told the registered manager visited the service on a regular basis, they did not record any formal monitoring of the service. Further work was needed to ensure effective oversight of the service with overall planning for improvement at all levels of the organisation.

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 any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well led.

Details are in our findings below.

Requires Improvement ●

# Glendale Residential Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

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

The service had a registered manager who was also the registered provider of Glendale and another registered service. 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.

Since our last inspection in July 2018 a new manager had been appointed in August 2018 and the registered manager was no longer in day to day management of the service. The new manager told us there was a plan for her to apply to be the registered manager but as yet she had not submitted any application to do so.

Notice of inspection:

This inspection took place on the 15 January 2019 and was unannounced.

Inspection team:

The membership of the inspection team consisted of one Inspector, Inspection Manager and included 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. Their area of expertise was in dementia care.

What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes,

events or incidents that the provider is legally obliged to send us within the required timescale.

Before the inspection, the provider 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.

We spoke with five people who used the service. Not everyone using the service was able to verbally express their views. We spent time observing care within communal areas. We also spoke with four relatives, the manager, activities coordinator, three care staff and the cook.

We reviewed the care records of four people. We also looked at records relating to the overall quality and safety management of the service, maintenance logs, complaints, three staff recruitment files, staff training records, meeting minutes and medicines management.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At our previous inspection in July 2018, we found significant shortfalls in the safety of the service provided for people with breaches in Regulation 12, 13, 15, 18 and 19. We rated this key question as 'Inadequate'. At this inspection we found risks to people's health, welfare and safety had been considered with improving management oversight. We have judged this domain as 'Good'.

Safeguarding systems and processes:

- Since our last inspection in July 2018 there were improved systems for responding to safeguarding incidents.
- All staff had been provided with updated training in safeguarding people from the risk of abuse.
- Staff had an improved understanding of what they should do in response to safeguarding concerns. Contact information for the local safeguarding authority was available for staff should they need to refer concerns to them.
- The new manager demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents well, reporting appropriately and carrying out investigations when required.
- People who used the service told us they were safe, comments included; "I feel safe with some of the staff more than others." And, "I am safe here." A relative told us, "We feel [person's relative] is safe here, there is plenty of security, on doors and so on. The office is manned; there are sufficient staff around to care for [person's relative], sometimes maybe a little more staff needed at weekends would be good."

Assessing risk, safety monitoring and management:

- We found at the last inspection in July 2018 and March 2017 risks to people's safety and wellbeing were not managed safely.
- At this inspection we found with support from the local authority and the appointment of a new manager, the management of risks to people's health, welfare and safety had improved. Improved systems had been put in place for assessing environmental risks. Improvements had been made to the management of risks to people from the environment and equipment as well as individual risks from falls, pressure ulcers and the risk of losing weight.
- Improved record keeping had ensured that statutory checks were completed and action plans formulated when deficiencies had been identified. For example, health and safety audits now included checks on hot water temperatures, Legionella prevention, fire safety, call bells, windows including restrictors, infection control with follow up actions where shortfalls had been identified.
- Following our findings at the last inspection, Essex Fire Service visited the service and issued a deficiency notice. We found at this inspection, action had been taken in response to reduce the risk of harm to people in the event of a fire. A follow up visit from a fire officer confirmed that all outstanding actions had been met.
- Our observation of the building and grounds showed no apparent risks. The manager confirmed all exposed hot water pipes identified as a risk at the last inspection had been covered and mobile electric heaters removed to protect people from the risk of burns and scalds.
- Measures were in place to ensure correct food handling and hygiene. A recent inspection carried out by

environmental health inspectors identified shortfalls in relation to cleaning practice and a lack of records maintained in relation to safety checks and cleaning schedules. We noted action had been taken in response to rectify these shortfalls.

#### Staffing levels:

- At the last inspection in July 2018 there were insufficient numbers of staff available at all times. Incidents of falls showed us that people were at risk during the night time period.
- At this inspection we found the manager had put in place a dependency assessment tool. As a result of their findings the manager had increased staffing available at night from one to two.
- The manager told us there were no staff vacancies other than one, part time post. Staff told us agency staff were rarely used as vacant shifts were covered from within the existing staff team.
- We noted there had been a reduction in administration staffing hours to the service as there was no longer a deputy manager or administrator employed. Whilst this had increased the manager's workload, they told us this was manageable.
- All of the people and staff told us there was now sufficient staff to meet people's needs.
- At our last inspection we found people were not protected from being cared for by unsuitable staff because robust recruitment procedures were not in place. At this inspection we found improvement in the current processes for ensuring the safe recruitment of staff. However, there was no evidence that the provider had carried out any audit with further safety checks and actions to rectify the shortfalls we previously found in the recruitment of staff employed prior to our July 2018 inspection.

#### Using medicines safely:

- At our last inspection we found there were no clear arrangements in place for the use of, as and when required medicines (PRN).
- At this inspection we found PRN protocols had been put in place. This provided staff with guidance and information as to the circumstances when these medicines should be offered and administered.
- Staff showed us they had a good knowledge of the need for safe administration of medication. Staff had received appropriate training. This included theoretical and practical training, and competency checks.
- Since our last inspection there had been a change in the supplying pharmacy. Medicines were administered via a monitored dosage system.
- Medicines were correctly ordered, stored, and disposed of.
- Further work was needed to ensure accurate records of carry forward medicines from one month's cycle to another. Management audits did not include a check of stock against administration records to identify all medicine errors. Where medicines had been prescribed via packets we attempted a check of stock against administration records. We were unable to do this effectively as carry forward stocks of medicines stocks had not been added and recorded to the current administration record.
- Where there was no carry forward of medicines from the month before, we found only one item where staff had signed for medicines they had not administered, all others we reviewed tallied.

#### We recommend that:

- Management audits include a check of stock against administration records to ensure medicines errors are identified and identify where people may not have received their medicines as prescribed.

#### Preventing and controlling infection:

- At this inspection we found improvements had been made. People were protected by the prevention and control of infection.
- The service was clean with no unpleasant odours.
- Staff were observed using gloves and aprons appropriately to prevent the risk of cross infection. Staff had easy access to personal protective equipment when needed.

- Infection control audits were now in place, conducted regularly with actions planned to respond to shortfalls recorded.

Learning lessons when things go wrong:

- There was an improved system to record accidents and incidents. Falls logged in daily notes corresponded with accident records completed.
- The new manager had put in place a system to record and provide analysis of falls, people's weights to identify risk of insufficient food intake and pressure ulcer prevention.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our previous inspection in July 2018, we found shortfalls in that staff had not been provided with regular planned, supervision and had not received all the relevant training to support them in their roles. Staff were not provided with effective behavioural management plans and strategies based on best practice guidance. Terminology used by staff to describe people was not always appropriate and, at times, judgemental. Assessments of people's capacity to make decisions had not always been considered. Staff lacked understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005. We rated this key question as 'Requires Improvement'.

At this inspection we found, following support from the local authority, improvements had been made. We have judged this domain as 'Good'.

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. Staff had a good understanding of consent. Throughout the day, we observed that staff offered choices to people and asked their permission for various tasks.
- Staff told us they had recently completed training on the MCA and DoLS.
- Where people lacked capacity to make informed decisions and whose freedom was restricted to keep them safe, appropriate authorisations had been obtained.

Staff skills, knowledge and experience:

- Improvements had been made to provide staff with regular, planned supervision to enable them to discuss their work performance and identify any training and development needs. The manager told us they were in the process of delegating senior staff to take on the responsibility of planning and providing staff supervisions. They had developed a planning and recording tool for this purpose.
- Since our last inspection all staff had received updated training in subjects relevant to their role such as;

safeguarding, health and safety, dementia, fire safety, safe moving and handling, food hygiene and infection control. Staff told us more training was provided face to face which they appreciated. One staff member told us, "The training is so much better, I have learnt so much. It is better to have face to face so you can discuss things and it is easier to remember what you have learnt."

- Staff told us they were supported to access vocational qualifications and had completed the Care Certificate (which is an agreed set of fifteen standards that set out the knowledge, skills and behaviours expected of specific job roles in health and social care).

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

- People told us they were satisfied with the quality and variety of food they were provided with. Comments included, "The new cook is very good" and "Yes, I can choose what I want to eat." We observed one person who did not want to eat the choice of two meals on offer for the lunchtime meal, but instead requested a salad. A ham and cheese salad was provided, promptly and was well presented.
- People told us they had enough to eat and drink and records demonstrated people maintained a stable weight.
- People who needed support to eat their meal from staff, this was carried out in a sensitive and unrushed manner.
- People had access to fluids to maintain their health. Drinks were offered at regular intervals throughout the day and jugs of juice were accessible for those who were able to help themselves independently.
- The new cook produced homely cooked food with home cooked cakes and puddings provided daily. People told us they had enjoyed a recently organised curry evening.
- People who had been identified as at risk of losing weight, were regularly monitored and referred to dieticians for specialist advice when needed. The cook demonstrated a good knowledge of steps they would take to fortify foods with additional calories to help people maintain a healthy weight.
- The cook described how they could support people with specialist diets but said they would appreciate more training in meeting the needs of people with a diagnosis of diabetes as their knowledge was limited. They said, "Other than adding sweeteners to puddings like custard, it would be good to learn more of what I could do."

Staff providing consistent, effective, timely care:

- People had access to a GP from a local surgery as well as community nursing support when needed. Staff message books and diaries showed where follow up appointments and blood tests were needed and these had been scheduled.
- People had regular access to chiropodists and opticians.
- Further work was needed to ensure people's oral health care needs were being met. For example, care plans did not evidence planning to enable people to have regular access for dental check-ups. Access to a dentist was reactive to pain and problems people experienced with their teeth or denture, rather than preventative. It was not always evident in care plans if people had their own teeth or dentures.
- Staff told us they worked well as a team and described the handover process where they communicated people's changing needs.

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

- The premises were suitable for the people who used the service.
- People's rooms were personalised and contained objects that were relevant to them. Where people had brought in their own furniture and belongings, inventories had recently been introduced and existing ones updated.
- Efforts had begun to make the service more friendly to people with dementia. Memory boxes had been produced with pictures of people important to the individual. However, more was needed to continue with this. For example, more signage was needed to help people orientate themselves around the building.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspections in March 2017 and July 2018 this key question was rated as 'Requires Improvement'. At this inspection we found improvements had been made and have rated this as 'Good.'

Ensuring people are well treated and supported

- People and relatives were positive about the staff and said they were treated with kindness. One person told us, "The staff are great, they are fun, they are kind, they are funny, they make me laugh, and they chat to us."
- A relative told us, "The staff appear to be kind, I have not noticed anything that would give me concern." Another told us, "They always welcome us when we visit and [relative] has not shown any concern about the way they are treated."
- We observed staff engaging positively with people during the inspection. Interaction were respectful and people's dignity protected. For example, when administering medicines, supporting with meals and when offering support with personal care with visits to the bathroom.

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

- There were improved systems to enable people to express their views. For example, more regular residents' meetings, surveys and a weekly managers surgery advertised on notice boards throughout the service.
- People who were able to express their views told us they were actively supported to be involved in decisions about their care. One person told us, "I can choose what time I get up and yes, also when I go to bed." There was, however, no evidence in care records that people had been involved in decisions about their care.
- All relatives told us they were aware of who the new manager was and were able to approach them with any concerns they might have.

Respecting and promoting people's privacy, dignity and independence

- We observed staff protecting people's privacy, such as closing doors when assisting with personal care, knocking on people's bedroom doors before entering.
- People told us they were treated with respect. One person told us "Most are respectful." A relative told us, "I have never seen any of the staff disrespect people."
- The Equality Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. For some people we saw their preferences and choices regarding these characteristics had been explored and documented in their care plans.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

At our last inspection in July 2018 this key question was rated as 'Inadequate' as we found people did not always receive personalised care that met their individual needs. At this inspection we found improvements had been made and have rated this key question as 'Requires Improvement'. Further work was needed to ensure care was planned and delivered in ways that met people's needs.

#### Personalised care

- All care plans had been reviewed and systems put in place to enable ongoing updates of people's changing needs.
- People's likes, dislikes and what was important to them were recorded in their care plans and staff had a good understanding of people's needs.
- The recent employment of an activities coordinator provided more group and one to one activities for people. However, further work was needed in planning to support people who expressed a wish to have regular access to the community.
- People and their families had up to date information about events that had happened and events planned for the following month through activity planners placed on notice boards and a newsletter.
- Where people persistently expressed a wish to leave the service, appropriate legal authorisation to restrict their movements had been obtained following a best interest assessment by those qualified to do so.
- Further work was needed to implement person centered plans with actions for people whose freedom to leave the building was restricted.
- We observed two people living with dementia who became frustrated in their attempts and their requests to leave the building not being met. It was evident from a review of their care plans and discussions with staff that these people did not have regular, planned access to the community. One person told us, "I am in a prison and I want to get out, they keep me locked up in here, I need to get out." One member of staff said, "We sometimes take [people referred to] for a short walk outside if they keep asking, but no we do not have regular planned trips into the community." Staff also told us that with their support, regular outings would help to alleviate some of the frustrations experienced by the people observed.
- People's spiritual and cultural needs had not always been fully considered. We received conflicting information from the manager and staff which indicated that people's spiritual needs had not been fully considered and correct guidance provided within their care plans. For example, the manager told us there was a church that visited regularly but they did not know what denomination the church represented. They also told us there was no one who practiced a Catholic faith. However, staff told us of one person who had expressed a wish to visit a Catholic church. Another person, before moving to the service regularly consulted with a guru. Staff confirmed steps had not been taken to fully explore with the person if and how they may wish to be supported to continue to practise that faith.

We recommend that:

- People's spiritual and cultural needs be reviewed and explored to ensure their wishes and preferences

were assessed and their needs met.

- The manager told us they had plans to develop life story books. Staff told us these had been sent to relatives to provide information but as yet no responses had been received.

Improving care quality in response to complaints or concerns

- Since our last inspection the new manager had improved the system for logging complaints. The manager had put improved measures in place to reduce the likelihood of these issues reoccurring.
- We noted one complaint had been received since our last inspection. This had been investigated, appropriately responded to with a clear audit trail with outcomes noted.

End of life care and support

- The service was not currently supporting anyone who was believed to be at the end of their life. Care plans recorded where people had authorised 'do not attempt cardio pulmonary resuscitation' (DNACPR) orders in place. However, there was minimal evidence that discussions had taken place with people and or their relatives/representatives as to their views, decisions and wishes should they need care at the end of life. For example, how they would wish their care to be delivered nearing the end of life and what they would want to happen when life had ended. The manager told us she had recognised improvement was needed and was planning to review and consult people with this regard.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in July 2018 we found processes to assess and monitor the quality and safety of the service were disorganised and had not been consistently carried out by the registered manager. For example, audits with action taken to address areas of risk including fire safety, safe staff recruitment, care planning and dependency assessment. In response to the number of falls at night, there was a lack of action taken to ensure the availability of sufficient numbers of suitably qualified staff at all times. We judged this key question as 'Inadequate'.

- At this inspection since the employment of a new manager and with the support and guidance provided by the local authority, we found improvement in the oversight and governance of the service. However, whilst the registered manager visited the service regularly they did not carry out any formal, recorded quality monitoring. Further work was needed to ensure continuous learning with overall planning for improvement at all levels of the organisation. We have judged this domain as 'Requires Improvement'.

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

- The service had a registered manager who was also the owner of this service and one other registered service. Since our last inspection in July 2018 there had been changes to the management of the service.

The registered manager was no longer managing the service on a day to day basis, instead they had employed a manager who had been in post for five months.

- With support and guidance from the local authority, the new manager had put in place improved systems and processes for assessing the quality and safety of the service. For example, audits now included health and safety including infection control audits, medicines management monitoring and improved monitoring of people's weights. Analysis of incidents, accidents and monitoring of falls now included follow up actions with lessons learnt shared with staff.

- Statutory notifications had been completed to inform us of events and incidents as required by law.

- The previous inspection rating was displayed at the service and on their website. When required, notifications had been completed to inform us of events and incidents, this helped us to monitor the action the manager had taken.

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

- All the staff we spoke with told us the new manager was approachable and had improved the culture of the service. Comments included, "We have a lot better procedures and check lists and know what is expected of us", "It is better organised we are working better as a team" and, "It is a nicer place to work now. The manager is very good, we are learning lots of new ways of doing things."

- There was an improving workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people. However, further work was needed to improve

communication. The terminology used by the manager in messages to staff within communication books was on occasions autocratic in tone. We discussed this with the manager who agreed with our findings.

- The new manager told us the registered manager visited the service on a regular basis and, whilst supportive, did not carry out any formal, recorded quality monitoring of the service. Further work was needed to ensure effective quality assessment of the service, with a strong focus on continuous learning with overall planning for improvement at all levels of the organisation.

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

- Regular feedback was sought from people who used the service and their relatives. There were more regular staff meetings. We saw from a review of meeting minutes that staff could speak about people's care and operational issues.

- There was an improved system for responding to and logging complaints. The manager demonstrated a willingness to learn from stakeholder feedback and use this to improve the service.

- The manager told us that there were few links with the local community other than visits from a local church and visits from young people working towards the Duke of Edinburgh award.

- A team from the local authority known as 'Prosper' had been working alongside the manager to help the service improve the quality and safety of the service provided to people. The manager told us this was useful.

Continuous learning and improving care

- The provider's policies and procedures were being progressively updated.

- The manager and staff explained and demonstrated systems and processes put in place since our last inspection. The steps taken meant that risks to people and others were actively assessed, monitored and reduced. For example, risk of falls and weight monitoring of people at risk of inadequate food intake.

- Shortfalls identified by environmental health inspectors were responded to but had not been identified in management audits.

We recommend that:

- Management audits include checks to ensure kitchen staff continue to comply with the 'Safer food, better business' good practice guidance and appropriate records are maintained.

Working in partnership with others

- Where stakeholders, such as the local authority and Essex Fire safety officers, had reviewed the service, and made recommendations we saw there was a positive approach in addressing identified shortfalls. The manager had worked in partnership with the local safeguarding authority and quality improvement teams to improve care planning and overall quality and safety monitoring systems.