

Glenside Manor Healthcare Services Limited

Horizon Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Horizon Close on 7 November 2018. After the comprehensive inspection dated 10 October 2018 we received concerns in relation to staff not having appropriate checks before starting employment, language barriers of staff, poor working and living conditions for staff working as agency staff, competency of staff undertaking maintenance checks and lack of equipment across the Glenside Manor site. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Horizon Close on our website at www.cqc.org.uk.

The team inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Safe, Effective, Caring and Responsive through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The aim of Horizon Close is to provide maintenance and rehabilitation programmes for adults with long-term neurological conditions. Accommodation is organised into ten bungalows and is one of six adult social care locations which also has a hospital that is registered separately with CQC. Glenside Manor Healthcare Services is not close to facilities and people may find community links difficult to maintain

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was 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.

At the previous inspection dated 10 October 2018 we found a breach of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider following the inspection to tell us how they were going to meet the legal requirements of these regulations. Following the inspection, the provider failed to report within the timescale specified the intended actions to meet breaches of Regulations. At this inspection we found continued breach of Regulation 17.

following the inspection we formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. We received some of the

information requested but not all.

Quality assurance systems were inadequate. Audits were not robust and did not provide an accurate assessment of the quality of care delivered. Action plans were not developed to drive improvements.

Recruitment procedures did not ensure the staff employed at the home were suitable to work with adults at risk. We received whistleblowing concerns about staff not able to speak sufficient English and that agency staff were working without appropriate checks. We found there were some staff working across the site without the appropriate disclosure and barring checks or references in place. Relatives also expressed concerns about staff who were not able to speak or understand English.

Staff morale was poor and staff told us they feared about their jobs as they had witnessed other staff being dismissed almost daily. The staff survey indicated that 13 of the 38 staff responding would recommend the home. There were agency staff working as well as accommodated at Glenside Manor whose identity could not be confirmed by senior managers.

People's health, safety and welfare were placed at risk because not all staff working in Glenside Manor locations were appropriately trained. Staff from other Glenside Manor locations as well as agency staff cover shifts at Horizon Close. The training matrix provided had identified that 86% of staff had attended training set by the provider as mandatory. Evidence was not provided that all staff as well as agency staff working at Glenside Manor locations including Horizon Close were appropriately trained.

The maintenance of equipment was not managed safely and placed people at risk of harm. The maintenance staff were undertaking checks of fire alarm system, boiler checks and legionella. However, there was no proof of their qualification or competency to carry out checks and maintenance of equipment.

We received whistleblowing concerns about the competency of the staff undertaking maintenance checks of systems and equipment. We requested proof of the competency of these staff from the provider. The documentation provided did not give us reassurances that staff undertaking maintenance checks were skilled or competent.

The provider had notified us of some incidents reportable under the Care Quality Commission (Registration) Regulations 2009. There were other incidents and accidents in relation to reportable incidents of significant risk towards people and others that may be reportable us. For example, unplanned admission to hospital. Incidents that prevented the safe running of the home were not reported.

The information received from relatives about raising concerns was not consistent with the complaints log received for Glenside Manor locations.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. There were widespread and significant shortfalls in the way the service was led. The delivery of high-quality care was not assured by the leadership, governance or culture in place.

This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not well led

The quality assurance systems in place were inadequate. Audits were not robust and did not assess all areas of service delivery. Action plans were not developed on driving improvements.

CQC were not notified about incident and accidents or of events reportable by legislation.

Inadequate ●

Horizon Close

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.

The inspection was prompted by whistleblowing concerns. These involved staff not having appropriate checks before starting employment, language barriers of staff, poor working and living conditions for staff working as agency staff, competency of staff undertaking maintenance checks and lack of equipment across the Glenside Manor site.

Information of concern was shared and consultations were held with CQC colleagues in the hospital directorate, Wiltshire Council Safeguarding and Commissioning and Clinical Commissioning Group (CCG). Associated agencies that have regulatory powers for the safety of the premises and staff were made aware of concerns.

This inspection took place on 7 and 15 November 2018 and was unannounced.

The inspection was carried out by two inspectors.

We observed people with staff in communal areas. We spoke with the registered managers and a deputy manager from Glenside Manor locations. We spoke with registered nurses, rehabilitation assistants including senior rehabilitation assistants. We also spoke with the office manager, quality and safety lead, HR assistant, maintenance staff, night manager, catering staff and chef.

Is the service well-led?

Our findings

At the previous inspection dated 10 October 2018 we found a breach of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider following the inspection to tell us how they were going to meet the requirements of these Regulations. Following the inspection, the provider failed to report within the given timescale on the intended actions to meet breaches of Regulations. At this inspection we found continued breach of Regulation 17.

The staff did not feel valued and their rights and wellbeing were not protected. We received whistleblowing concerns about the leadership of the organisation. On the first day of the inspection we were told there were no senior staff on duty. The staff we spoke with were distressed about an incident that had occurred the previous day, between the provider and senior managers. The staff told us morale was poor across the six locations as they were in daily fear of losing their jobs, due to witnessing other staff being dismissed and subsequently ordered off site. The annual staff survey results provided by under section 64 of the Health and Social Care Act 2008 indicated 50% of staff felt the organisation did not take positive action about their health and wellbeing.

Staff told us that they felt there was a bullying culture at the service and would not be able to raise concerns. The staff told us morale was poor across all locations as they were in daily fear of losing their jobs, due to witnessing other staff being dismissed daily and subsequently ordered off site. We have been made aware that a number of staff did not feel that their employment rights had been protected.

Following the inspection, we formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. The provider attended a feedback meeting we organised. At this meeting we discussed our concerns to gain reassurances of improvements in the delivery of care people were to receive.

Quality assurance systems were inadequate and improvements were not prioritised. Copies of audits received did not demonstrate that the quality of care delivered was assessed. The minutes of the managers meeting dated 21 August and 30 October indicated there had been non-compliance around medicines. However, audits dated August and September 2018 indicated that all standards assessed were met. The care plan audits did not demonstrate that the quality of the care plans were audited. Instead audit results focused on having care plans for specific needs headings and that monthly reviews had taken place. The care plan review audit showed that only 50% of people had Elimination care plans, 33% had Nutrition and Hydration care plans and 67% had Tissue Viability care plans in place. It was unclear from the audit report if these care plans were not developed because this area was not an identified need. Action plans were not devised on how shortfalls identified were to be met.

The provider failed to ensure there were sufficient qualified and competent staff employed to deliver continuity of care. The managers meeting minutes dated 21 August 2018 stated that staff were leaving and agency staff were being used in all Glenside Manor locations. This meant staff from other Glenside Manor locations and agency staff were used to maintain staffing levels.

The provider was not able to demonstrate that staff working at Glenside Manor locations were suitable to work with adults at risk. During the inspection staff told us there were language barriers, staff were working without appropriate clearances and were not trained to meet people's care. The HR assistant was not able to verify how many staff were working at Glenside Manor or about the clearance checks of all staff known as "agency staff" working across locations. This applies to Horizon Close because staff from other locations and agency were used to maintain staffing levels.

There were a number of staff on site whose identity could not be confirmed by the most senior staff on duty. We received concerns about staff known as "agency staff" because they were not directly employed by the provider but introduced to the provider by recruitment agencies. Whistleblowers told us senior managers were unaware of staff working and accommodated within Glenside Manor. On the 7 November 2018 we requested a list of all "agency staff" working across Glenside Manor locations. The list of "agency staff" included 30 names. During the inspection CQC inspectors introduced themselves to another 11 "agency staff" which were added to this list. These staff were employed to cover various roles within the Glenside Manor locations.

Some "agency staff" were also accommodated within the Glenside Manor site. Following the inspection, the provider was formally requested under Section 64 of the Health and Social Care Act 2008 to submit a staffing list of staff working across the Glenside Manor locations. The names of 41 "agency staff" were not included in this staffing list or in the training matrix. The minutes of 16 October 2018 meetings also requested by us under Section 64 of the Health and Social Care Act 2008 confirmed there was confusion about the personnel living at the Glenside Manor site. The minutes stated that the operation director had requested from the provider "an updated list of staff that live on site, who they are, where they are from and when they arrived."

People's health, safety and welfare were placed at risk because not all staff working in Glenside Manor locations were appropriately trained. Staff from other Glenside Manor locations as well as agency staff covered shifts at Horizon Close. The training matrix provided had identified that 86% of staff had attended training set by the provider as mandatory. Evidence was not provided that all staff as well as agency staff working at Glenside Manor locations including Horizon Close were appropriately trained.

The maintenance of equipment was not managed safely and placed people at risk of harm. Whistleblowers raised concerns about the competency of maintenance staff working and accommodated at Glenside Manor. Maintenance staff were not qualified to undertake the refurbishments, tests and checks they had been undertaking. The maintenance staff were undertaking checks of fire alarm system, boiler checks and legionella. We formally requested proof of competence or qualifications for maintenance staff to undertake maintenance checks. However, the various ID cards provided did not demonstrate the competence of the maintenance staff. For example, the provider gave us details of the maintenance manager's Construction Skills Certificate Scheme (CSCS) card. This card provided proof of training and qualification for work they were skilled to undertake in a construction site. (The maintenance manager had a CSCS card for construction site operative.) This meant the maintenance manager was only able to support skilled staff in a construction site. This applies to Horizon Close because these maintenance staff were conducting checks and repairs at the home.

We spoke to the maintenance manager on the 7 November 2018 about their competence and were not able to verify their qualification for water safety. This was because the certificate number on the ID card had faded. Due to this we have been unable to confirm that checks have been completed safely. We have referred these issues to a number of other agencies including the fire service.

We formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified

information and documentation by 16 November 2018. Documents requested included checks of the hydrotherapy pool and gas safety checks. The risk assessment for the hydrotherapy pool was not reviewed annually and was last reviewed in 2016. This was despite a chemical incident, in March 2018, during which the police and the fire service were called. The certificates for gas safety checks provided related to catering equipment and not for the gas heating system at Glenside Manor.

People and others were not protected from the risk of harm. Whistleblowers told us on the 7 November 2018 that the online reporting system (GEMS) was not being monitored as staff were not assigned to review online reporting of accidents and incidents. We formally requested under Section 64 of the Health and Social Care Act 2008 to be provided with specified information and documentation by 16 November 2018. Documents requested included reporting of accidents and incidents. The minutes of the managers meeting dated 18 September 2018 stated that there were "five accidents and incidents that were open" which needed to be reviewed. It was also minuted that there had been an unplanned hospital admission. At the managers meeting dated the 2 October 2018 it was confirmed that the online reporting system was not monitored. It was stated that "Managers are not receiving action updates from GEMS now that [name] has left. Currently nobody is reviewing GEMS."

We were not notified of reportable incidents in relations to significant risk towards people and others. We noted there was an unplanned admission to hospital, which may be reportable to CQC. The provider had also failed to report an incident where fire safety services were called to the Glenside Manor site. There were other reports of incidents which occurred within Glenside locations and included theft and medicine errors. These incidents were not included in the incident reports we received on the 22 November 2018. This supports the findings that GEMS was not monitored adequately.

The provider failed to notify us of events that prevented the safe running of the home. We were not informed through Regulation 18 that there were insufficient suitably qualified and experienced staff employed. Notifications were not made in relation to agency staff used to maintain staffing levels. These agency staff were introduced through a recruitment agency and were not trained or suitably qualified. The CQC was not notified that the provider could not be satisfied that some agency staff were not suitable to work with adults at risk.

CQC was also told by a whistleblower that staff received lots of complaints and the provider would meet with the families concerned. This whistleblower said complaints "would disappear", so they were not being recorded or dealt with properly". The complaints log received under Section 64 did not reflect the complaints relatives told us they had made. One relative in another location told us they had made numerous complaints but a record of these complaints were not documented in the complaints log. Another relative told us they had made written complaints about the care their family member received during their stay at Horizon Close. This relative said that although their concerns were acknowledged there was no further response to their concerns. For example, concerns about the lack of rehabilitation therapies.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014