

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Glencoe Care Home

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Date of Inspection: 19 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Alexandra Lunn
Registered Manager	Mrs. Tracey Brooking
Overview of the service	Glencoe nursing home provides accommodation, personal and nursing care for up to 20 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with the registered manager, five members of staff and four people who were living at the home. People told us the home was "comfortable" and the staff "look after us well".

Each person had a care plan in place which stated their individual needs. People had access to a range of services including hairdresser, chiropodist and GP'S.

The home was clean and there was a robust system in place to ensure the risk of infection was reduced.

The staff were supported by the registered manager. Training had been provided for areas such as manual handling, fire safety and infection control.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection we spoke with the registered manager, five members of staff and four people who were living in at Glencoe Care Home.

We observed staff talking to people who were living in the home in a respectful manner and that staff knocked on people's bedroom door before entering. All of the people we spoke with felt the staff were "very good" and one person told us their room was "lovely".

Throughout the day we heard people being offered a choice of drinks and snacks. We saw staff were able to spend time with people and support them in a relaxed and calm manner.

During our inspection people spent time in the lounge and/or in other parts of the home. This indicated people felt at ease in the home and there were no restrictive routines.

We spoke with four people who were living at the home. One person explained they particularly enjoyed the singing. The likes and dislikes of the people who lived at Glencoe Care Home were documented. These included what times people liked to go to bed and get up in the morning. This showed people's choices were known and respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spoke with the registered manager, five members of staff and four people who were living at Glencoe Care Home. One person told us "They look after us very well".

The staff we spoke with demonstrated a sound knowledge of the care needs of the people who lived at the home.

We looked at three care plans and found they made reference to people's health and social care needs and included documentation relating to associated risks (risk assessments). Care plans are essential to plan and review the specific needs of a person. They are a tool to inform and direct staff about a person and their individual care needs.

The provider might like to note in one person's care plan staff were directed to assist the person with repositioning every four hours to reduce the risk of further pressure damage to their skin. The charts had not been completed in full to evidence this had taken place.

People who lived at the home were able to access services from the hairdresser, chiropodist and opticians. We saw records of visits from professionals such as GP's and nurse specialists. The home had sought advice from professionals when they had concerns regarding a person's specific condition.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection we spoke with the registered manager, five members of staff and four people who were living in at Glencoe Care Home. People told us the home was "Very nice, always clean and tidy" and one person who lived at the home said the home was "Comfortable".

We reviewed the policy relating to infection control. The policy was clear and concise. Staff were informed of their responsibilities, and also who to contact in the event of an incident, such as outbreaks of infectious diseases.

The home was clean throughout, and there were sufficient hand washing facilities in the home. Protective equipment such as aprons and gloves were available to staff to protect them and the people who used the service against the risks of infection.

The provider might like to note in the laundry/sluice room we saw three used commode buckets on the draining board. These had not been emptied and we observed they were not moved for an hour. The laundry room floor was wet in areas. The flooring was uneven and could not be adequately cleaned.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection we spoke with the registered manager and five members of staff regarding how staff were supported.

Staff told us the registered manager was very approachable and they could discuss any concerns or issues with the registered manager.

We saw evidence that not all staff had received formal supervisions since our last inspection in March 2013. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development. The provider might like to note that all staff require support and supervision. We spoke with the registered manager who explained it had been difficult to complete all the supervisions, as they had been covering a number of nursing shifts.

We reviewed the training records for five members of staff. The registered manager told us staff received training both internally and from external companies. We saw evidence staff had completed training in infection control, safeguarding of vulnerable adults, fire safety and manual handling. The registered manager explained the staff were also asked to complete questionnaires on the training they had received in order to assess their knowledge.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection we reviewed records and spoke with the registered manager regarding how they monitored the quality of the service.

The registered manager told us there were meetings held in order for staff to be informed of any changes and to raise any issues or concerns. We reviewed the minutes of the meeting held in March 2013 and saw care needs of individuals were discussed, such as the importance of weighing people and ensuring people were encouraged to drink .

The registered manager told us questionnaires to gain the opinions of the service from the people that lived at the home, their family and/or their representative had been circulated in March 2013. We reviewed the eight completed responses. Comments were mainly positive, including; "The staff are excellent and friendly". The registered manager "is excellent" and "The atmosphere was homely, the residents all looked well cared for". An action plan had been drawn up to deal with the issues that were raised and we saw these had been acted upon.

The provider might like to note that during our inspection one person told us they could not go out as often as they would like due to the uneven foot path. We looked at the exit which people who used wheelchairs had to use. The back door was the only door a motorised wheelchair could fit through safely without the assistance of staff. The paving in the back garden was adequate however people who used a wheelchair would then have to go to the side of the property which was uneven and may cause the wheelchairs to tip over. The person we spoke with told us they felt "scared" to use the path but it was their only option. The person told us they would like a ramp at the front door which would make it easier and safer for people who used wheelchairs to leave the home. The registered manager explained they had requested a ramp to be purchased/installed at the front door; however this had not been arranged. Staff also confirmed the situation was difficult.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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