Saffron Care Ltd

Glenkealey

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 24 January 2018 and was unannounced.

Glenkealey is a 'care home', operated by Saffron Care Ltd. 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.

People living at Glenkealey were older people, many living with physical health conditions mental health needs or dementia. The service accommodates up to 15 people in one adapted building, with a lift to access many of the rooms on the first floor. Some stair lifts were in use to access other rooms. 12 people were living at the service at the time of the inspection.

The home had a registered manager. 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.

In July 2015, Glenkealey was rated as requires improvement, with breaches of Regulation 9 (Person Centred Care), 12 (Safe Care and Treatment) and 13 (Safeguarding service users from abuse).

The last inspection of Glenkealey took place on 19 October 2016, when the service was rated as good overall, with the key question of safe rated as 'requires improvement'. There was a breach of Regulation 12 Health and Social Care Act 2008 Regulated Activities Regulations 2014 (Safe Care and Treatment). Following the inspection the registered provider and registered manager sent us an action plan telling us what they were going to do to address the concerns we had identified.

This inspection in January 2018 started as a focussed inspection to review improvements made following the breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in October 2016. However during this inspection we identified the breach had not been addressed and we found further concerns. As a result we completed a comprehensive inspection. The inspection was also carried out to follow up concerns we had received about a person who had received an injury while living at the service.

Although we found some good practice, we identified areas of concern and the service is rated as requires improvement.

People in the management structure, such as the registered manager and nominated individual had a 'visible presence' in the service on a daily basis. Lines of accountability and responsibility were understood and there was a clear organisational structure. The registered manager had recently appointed a member of staff to help them carry out some duties such as rotas and some audits. However the culture and values of

the organisation were not well developed or shared widely amongst the staff team.

Systems had not always been operated effectively to assess, monitor and improve the quality and safety of the services provided, or mitigate the risks to people from their care or the environment.

People were not always being kept safe, because the service had not always identified or acted on concerns about risks to people's safety. We found there was not sufficient separation between clean and dirty clothes and linens, the laundry could not easily be kept clean and there were no handwashing facilities in that area. This meant staff were carrying soiled items through the kitchen while meals were being prepared and having to wash their hands in a sink in the kitchen after handling potentially contaminated items. Concerns about the laundry had been highlighted on the inspection in 2016, but actions had not been taken to resolve the concerns.

Following the inspection we asked the local authority environmental health officer to visit the service. The environmental health officer discussed alterations with the registered manager and will monitor this to ensure people are protected by the changes made.

We identified concerns over the assessment of risks relating to people's health, for example from long term conditions and the oversight of risks relating to people's fluid intake.

People were not being kept safe because the service did not always complete a full pre-admission assessment, before deciding Glenkealey was able to meet their needs. During the inspection we found one person's care needs had not been fully risk assessed prior to moving to the service. The service had relied on care plans provided by supporting agencies, which did not contain full information about the person's healthcare. This had left the person at risk of their needs not being met safely.

Care plans did not always contain sufficient detail to enable staff to respond to people's needs, for example how to approach them in ways that made use of remaining vision. People living with specific support needs such as visual impairment or dementia had not always received information in formats tailored to meet their needs.

People received their medicines as prescribed. However actions had not been taken to ensure they were stored safely. We found the temperature of the medicines refrigerator had been recorded but no action had been taken when the temperature had been consistently recorded as operating outside the safe recommended temperature levels. This meant medicines may not have been as effective in use. These concerns had also been identified at the previous inspection in 2016.

People were protected from abuse, although staff were not always clear about who to report concerns to outside of the service. Staff had received training in identifying and reporting concerns about abuse and the registered manager confirmed this would be re-enforced in further training and staff meetings.

People's rights with regard to the Mental Capacity Act 2005 were respected, but not always consistently applied. Staff had received training in the Mental Capacity Act 2005 and applications had been made under the Deprivation of Liberty Safeguards (DoLS) where appropriate. Systems were in place for the proper management of complaints. The service learned from incidents and accidents, which were analysed to see if a repetition could be avoided; actions were taken where identified. For example some people had pressure mats in their room to ensure staff were alerted to them being out of bed at night where they were at risk of falling.

Some areas of the building were looking tired and worn. Some renovations had taken place, for example with a downstairs bathroom and the replacement of some first floor windows. However, there had been little advance in the environmental adaptation for supporting people living with dementia since the last inspection, despite this being previously identified as needing attention. The registered manager told us they had some ideas for doing so.

People and staff were supported to share their views of the service at meetings, and through a series of questionnaires. These were then analysed and action plans drawn up to address any issues raised. For example new towels and bedding had been purchased as a result of feedback received.

People were supported by sufficient numbers of staff on duty to meet their needs. A full recruitment process was in place which ensured staff were recruited safely. This included the taking up of disclosure and barring service (police) checks and previous employment references, and assessments of risk where some information was not available.

Activities were provided that met people's interests and wishes. Visitors were welcome to visit at any time and have a continuing involvement in their relations care if they wished. Feedback people living at the service and visitors was positive. One visitor compared their experience of their relation being cared for at Glenkealey with another service they had lived in, and said "The staff really care - it's so much better here. I have no concerns about them here." A relative told us about how much they appreciated the way the service recognised the things their relation liked and helped celebrate milestones and successes with them. They told us how their relation enjoyed music and how they often were able to have a "little dance" together during the day. They also told us how the service had supported them to share a significant wedding anniversary together with a cake and celebration.

Some people living at the service were living with dementia. We saw positive examples of staff supporting people well. Staff were attentive to people's needs. We saw a person being supported to walk to the lounge, and staff ensured they were comfortably settled with a drink before leaving them. Staff understood people's likes and dislikes, and were aware of their emotional needs. We saw staff using appropriate touch to reassure people, and taking advantage of opportunities to engage with people for short periods throughout the day.

Since the last inspection the service had implemented a computer tablet based system for the recording of care plans and daily records. This alerted staff to people being at risk of falls and alerted the manager to any elements of people's care plans that had not been fulfilled that day. For example one person had not received a prescribed cream, to which the registered manager was alerted. However records showed staff had indicated the cream had not been needed that day.

We identified a number of breaches of Regulations on this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remained as required improvement and was not always safe.

People were not always being kept safe, because the service had not always acted on concerns about risks to people's safety.

Risks from the environment, such as from the laundry or to people's health were not always being assessed and risks mitigated. However we did not find people had suffered harm as a result.

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

People received their medicines as prescribed. However actions had not been taken to ensure medicines were stored safely.

People were not fully protected from abuse, because staff were not always clear about who to report concerns to outside of the service.

Is the service effective?

Requires Improvement

The service had not made significant advances in adapting the building to better meet the needs of people living with physical disability or dementia.

Some areas of the building were looking tired and worn, although some improvements had been made, such as the fitting of some new windows.

The principles of the Mental Capacity Act 2005 were not always being applied when making decisions in people's best interests.

People received support to eat well, and choices were available of the meals served. The service supported people with medical diets or textured of meals to assist with swallowing difficulties.

Staff received the training they needed to support people and meet their needs. Professional advice was sought when needed.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems had not always been operated effectively to assess, monitor and improve the quality and safety of the services provided, or mitigate the risks.

Some areas for improvement identified at previous inspections had not been addressed, including a breach of legislation.

People benefitted from having daily access to the management team. But the culture and values of the organisation were not well understood or shared amongst the staff.

People and staff had been involved in having a say about the service, leading to some positive changes.

Glenkealey

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection started as a focussed inspection to review improvements made following the breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection in October 2016. However during this inspection we identified concerns and as a result completed a comprehensive inspection. The inspection was also carried out to enable us to look at how the service had managed the care needs of a person who had recently received an injury at the service.

This inspection took place on 24 January 2018 and was unannounced.

The inspection team comprised one adult social care inspector. Prior to the inspection we reviewed the information we held about the service, and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had last completed a PIR or provider information return in June 2016. This form asked the registered manager to give some key information about the service, what the service did well and improvements they planned to make. We looked at this information, in the knowledge that some of this was out of date.

During the inspection we spoke with or spent time with four people who lived at the service, the registered manager and registered provider, two visiting relatives, four care and support staff, and a visiting healthcare professional. Some people living at the service were living with dementia and could not share their experiences of the service with us. We spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for three people with a range of needs and sampled other records. These records included support plans, risk assessments, health records and daily notes. We observed part of a morning handover meeting to see how information was shared and how duties were delegated for the day. We looked at records relating to the service and the running of the service. These records included policies

and procedures as well as records relating to the management of medicines, falls, moving and positioning, nutrition and fluid support, food and health and safety checks on the building. We looked at two staff files, which included information about their recruitment and other training records. We also viewed a number of audits undertaken by the service.

Following the inspection we contacted the Environmental Health Authority for their views on how the service could manage the laundry better.

Requires Improvement

Is the service safe?

Our findings

On our last inspection we rated this key question as requires improvement. On this inspection we again identified the service required improvement. This was because the service had not made sufficient changes to address the concerns raised previously that had led to people being at risk.

At the last inspection in October 2016 we had identified risks of cross infection from a lack of clear workflow systems in the laundry. There was no effective separation between clean and dirty laundry. In their action plan provided to us following the inspection the registered manager had told us they would carry out regular infection control audits to "ensure practices are maintained."

On this inspection we found sufficient action had not been taken to address concerns over the laundry area and workflow systems. The laundry area was sited to the rear of the service and was being accessed through the kitchen. There was an external access door but this presented other risks, for example from moving and handling. Staff told us they bought soiled or contaminated laundry in dispersible bags and soiled continence products in tied plastic bags through the kitchen. We saw this happening on the inspection, including while food was being prepared. In the laundry area there was an unlidded bin, full of used continence pads waiting to be taken to the larger storage bin outside. The service's infection control policy indicated this bin should be emptied when 2/3 full to avoid increased risks of cross infection. This increased the risk of cross contamination. The unlidded bin was next to a food store where fruit and vegetables were stored and adjacent to the laundry where clean clothes and towels were waiting to be returned to people's rooms. This meant potentially contaminated linen and clothing was being stored within a few feet of clean items and cleaning equipment such as mops. There was no handwashing sink in the laundry and staff told us they washed their hands in the kitchen after handling bags of soiled items. This could lead to increased risks of cross infection, and potential risk to food safety. The flooring in this area was made of pitted concrete, which was not possible to keep clean, and the area was cluttered with non-laundry items, including building materials waiting to be returned.

The service's infection control audit carried out on 12 December 2017 by the registered manager stated "cleaned linen is stored away from dirty linen and in a dust free environment" and "handwashing facilities are available within the laundry room". We did not find this to be the case. The installation of the handwashing sink was on the registered manager's service development plan for 2018.

The failure to maintain standards of hygiene in premises appropriate for the purpose of which they are used is a breach of Regulation 15 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we contacted the Environmental Health department of the local authority for their advice. They visited the service and assisted the registered manager to plan to mitigate the risks.

Risks to people from their care or the management of long term health conditions were not clearly identified. At the last inspection we had identified concerns over the management of risks to people from poor hydration. This had included a lack of accurate recording and assessment of the amounts of fluids

taken to maintain people's health. We found sufficient action had not been taken to address the concerns. People's care records did not identify the amount of fluid the person needed to maintain their health or of the exact amounts of fluids taken. For example staff were recording "3/4 mug of tea", or "½ cup of juice". On one occasion a person's care records indicated "Juice from room" with no further information on the amount taken. When we spoke with staff they were able to tell us the amount a mug or glass contained, but this was not recorded on the system, which made it more difficult to assess the person's overall daily intake. There was no individual target figure set to maintain each person's health, based on their weight. This meant it was not possible for staff to determine the level of risk to the person from their individual intake over several days. The registered manager told us team leaders reviewed people's intake each day, as the computer system did not automatically alert them to people at risk. There were no records this had been done.

Records guiding staff on how to manage one person's diabetes were not sufficiently detailed. The risks to the person from living with this condition had not been assessed. Guidance about what was a safe blood sugar for this person, was not written down, although staff were checking the person's blood sugars regularly.

On the last inspection in 2016 we had identified risks from the unsafe storage of medicines. This was because the temperature recordings on the medicines refrigerator were not in line with recommended values to ensure medicines were safe and effective in use. On this inspection we found the same issues. Staff were recording the temperatures on the medicine fridge at between 0.6 degrees centigrade and 4.9 degrees. The recording sheet clearly indicated "Temperature should be between 4 and 8 degrees", however no action had been taken and this had not been identified in the medicines audit as a risk. Although on the inspection the refrigerator only contained a prescribed cream, the registered manager confirmed the fridge had contained liquid antibiotics previously. The failure to store medicines at the recommended temperature presents a risk as medicines may not be effective.

People were not being kept safe because the service did not always complete a full pre-admission assessment, before deciding Glenkealey was able to meet their needs. During the inspection we found one person's care needs had not been fully assessed prior to moving to the service. The service had relied on care plans provided by supporting agencies, which did not contain full information about the person's healthcare. This had left the person at risk of their needs not being met safely, and the person had suffered poor outcomes while living at the service, even though the service made repeated attempts to mitigate the risks after their admission. The registered manager told us that had they had known the full risks the person presented they would have been unlikely to have offered them a place at Glenkealey. The lack of a risk assessment of the person's needs prior to admission left them at risk of receiving unsafe care.

The failure to assess and mitigate risks to people and ensure medicines are stored safely is a breach of breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

The registered manager told us they would discuss with the supplier of the tablet computer system how they could ensure risks from poor hydration would be automatically highlighted to staff. We saw appropriate action had been taken when it had been highlighted one person had reduced their fluid intake over the previous weekend. The person's GP had been contacted and had visited them, and a referral had been made to the dietician service for advice and support. For another person a visiting healthcare professional confirmed the person was well hydrated, as on a previous visit they had shown signs of poor fluid intake.

The computer tablet recording system did alert staff to people at significant risk of falls, which were

reviewed each month by the registered manager. The system also alerted staff to other incidents, such as one person having not had a cream applied. The registered manager could view these alerts and identify with staff whether the particular cream had been required that day. The registered manager had a spreadsheet recording falls or incidents, and any actions or changes made as a result to reduce the risk of a re-occurrence. These actions could include providing a pressure mat to alert staff to a person having left their bed or making sure people's footwear was well fitting and suitable. The analysis of accidents and incidents considered the person's mood before any incident and reflection and analysis to identify if the incident could have been prevented.

Some people living at the service were living with dementia or mental health issues that could present risks to themselves or others. One person was being visited on the day of the inspection by a community psychiatric nurse. They told us they were happy with the recent improvements the person had made at the service, and would send a letter to the service about the management of risks the person presented. These were considered to be low, and were a sign of frustration and related to a recent physical illness. The person's care plan included information about the person's anxiety and how to support them to diffuse and redirect this.

People were supported with pressure relieving equipment 'as a precaution', but no-one at the service was at risk of damage to their skin from pressure at the time of the inspection. No-one needed to be supported to move using a hoist, but staff had received training in how to use hoists to move people.

We looked at how people were being safeguarded from abuse. The service had policies and procedures available to identify what constituted abuse and how to raise concerns about people's welfare. Staff were clear about the need to raise concerns about any potential abuse. However we identified a lack of confidence in addressing concerns over safeguarding outside of the service, despite training having previously been given to staff. For example staff said they would raise any concerns to the registered manager, but were not able to tell us how and to whom they would address any issues outside of the service should they need to do so. One senior staff member told us "Someone in the upstairs office would know" and no staff referred to the service's policy and procedure in relation to raising concerns and whistle blowing. Training was due to be delivered to staff again in the near future and the registered manager confirmed this would be addressed at that time. The service had co-operated with the local safeguarding authority when previous issues had been reported to help resolve them.

There were sufficient numbers of suitably qualified and experienced staff to meet people's needs. A senior staff member or team leader was always on duty and the management team told us they were always available for advice and support. On the day of the inspection there were three staff and the registered manager on duty in the morning, supported by a cook and cleaner. Of the 12 people at the service, four were already up when the day staff came on at 8am. There were two waking night staff, who also carried out some domestic duties over night when the service was quiet. Three people at the service needed two staff to support them, and we saw there were sufficient staff to support this to happen. The service used a staffing tool to assess the number of staff required. This was based on people's dependency levels, and the registered manager told us this was updated approximately every four to eight weeks or if people's dependency changed.

The service continued to operate safe recruitment procedures. The two staff files we reviewed showed evidence safe recruitment procedures were in place. Staff files showed evidence of written references and satisfactory disclosure and barring checks (police checks). Where all information such as references were not available, risk assessments were undertaken to assess any risks when considering staff recruitment. The registered manager told us that there were no staff requiring 'reasonable adjustments' to be made to their

working conditions as a result of disability or other protected characteristics under the Equality Act 2010. This is legislation that protects staff from discrimination in the workplace and in wider society.

Systems were in place to ensure people received their medicines as prescribed, and with the exception of the temperature of the medicines fridge we saw this happened safely. Medicines not requiring refrigeration were stored safely in lockable cupboards and a trolley, and were taken to each person individually. Records were completed which showed medicines had been given to people in accordance with the prescribing instructions (MAR). Additional records were completed where for example there were variable dosage prescriptions or where medicines required additional precautions due to their strength or effects. These were up to date and provided an accurate reflection of the stock balance held. Policies and procedures were in place with regard to the administration of medicines and staff observations were carried out regularly to ensure staff were still carrying out good practice. Systems identified any medicine errors, for example one member of staff had signed for a medicine on the wrong line. Staff were encouraged to ensure they reported any errors to ensure any actions to protect people's health and safety could be taken.

No-one at the service managed their own medicines, or was receiving their medicines 'covertly', for example disguised in food. Discussions with the registered manager and staff showed they had made efforts in the past to obtain medicines in a syrup form to support people with swallowing difficulties.

Glenkealey is an adapted and extended period property, and had been registered for many years. Rooms have character and are individual, but this also means the layout and access to rooms is not always ideal. For example not all rooms had level access from the passenger lift or ground floor rooms, and this may mean the additional use of a chair lift for some people. The service had been inspected by the Fire Authority in September 2017. The registered manager told us the recommended works identified had been completed. This had involved alterations to some fire doors to ensure they were fitting into the frames better. People had individual evacuation plans to ensure their needs regarding evacuation would be understood in the case of a fire. Regular testing of appliances for electrical safety were carried out. Some windows were being replaced as they were in poor condition, and some carpets were being replaced as they had become worn.

Records were maintained securely on the computer tablet system. Tablets were password protected, and could identify a full audit trail of staff members who had accessed records and who had made changes to them at any given time. The registered manager and team leaders were the only people who are able to control alterations to significant records. The registered manager had increased access to a web-based version of care plans and access to people's financial records where the care staff did not. This ensured that where people had private information, for example such as fees this was not made available to care staff.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in 2016 we had rated this key question as good. On this inspection we have rated this key question as requiring improvement.

Some people living at Glenkealey were living with dementia. We did not find there had been significant advances in the adaptation of the premises to support people's orientation since the last inspection. We had highlighted in previous inspection reports the need to "Take into account the NICE guidance for supporting people with dementia". The registered manager did however have some ideas for the further development of the environment to support people. For example they were considering the removal of a large mirror in the service hallway as they had found some people found this to be visually distressing. This was being linked to a renovation of this area. People's rooms were identified with their names and there were pictures on toilet and bathroom doors to help people identify these areas.

Some people living at Glenkealey also had sensory or physical impairments. We found the service had not always assessed people's individual needs to see if their personal environment could be adapted to increase their independence, but the registered manager told us they had some plans to do so. For example we looked at the care records for one person with impaired vision and discussed the support they received with the person and their relation. The person's relatives had purchased a voice activated device for their room, which they could use to assist them to listen to music they enjoyed. The registered manager told us they were researching ways of having this operate the lights in the person's room to assist them to have greater control of their environment, and the potential to link this to the person's call bell.

Some areas of the building were looking tired and in need of renovation. We discussed with the registered manager one room which needed a replacement carpet and furnishings. The registered manager old us they had recently undertaken an audit and had identified areas needing attention or replacement in 2018. Since the last inspection the service had renovated a ground floor bathroom, and was replacing some first floor windows which had been in poor condition at the last inspection.

We found staff had the skills and experience they needed to support people, and sought additional expert or professional experience when needed. Staff received a programme of training, and the service had a matrix where core staff training was identified with alerts when training updates were due. Core training consisted of areas such as first aid, food hygiene and safeguarding. There was also some training that was related to specific needs of people at the home, for example supporting people with dementia or supporting people with eating and nutrition, however this had not always included the support needed to assist with the management of long term health conditions.

We heard and saw staff supporting people living with dementia in ways that were positive, and a relative told us that staff "really understood" how to look after their relative well. For example we saw staff communicating openly and positively with one person about going to the toilet. The staff member crouched down to make eye contact with the person and smiled. They spoke to them quietly and discreetly about coming with them to the bathroom and held there arm to gently guide them speaking to them throughout

the process.

Another staff member we spoke with demonstrated understanding about how one person's dementia affected them day to day, for example by affecting their behaviour and mood. They told us they had undertaken basic dementia training with the service, but in addition had done a lot more reading when they were at home to find out more about the condition. They told us the registered manager regularly sent them updates through email, which sometimes included thought-provoking information of interest to help them support people better.

Staff told us they felt well supported and worked well as a team. Staff told us they could go to the team leaders or registered manager if they had any issues or concerns. Supervision records in staff member's files showed they received regular one to one opportunities to discuss their work and set new targets for training or development.

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.

Staff had received training in the MCA, and we saw good practice in place in relation to its implementation. For example staff supported people to make choices every day over their clothing and getting up. However we also found an example of where the service had made a decision without using a two stage process to assess the person's capacity to be involved in making the decision before taking action 'in their best interests'. One person was awaiting an assessment to identify if they were at risk of choking while eating. The service had decided that until the assessment was undertaken the person who had previously been having their food chopped would now have it pureed. The person was living with a significant dementia and would have been unlikely to have been able to understand the rationale behind the decision, but this had not been formally assessed. A risk assessment had been undertaken, and discussions held with their relations but no recording of the process that had been undertaken in line with the MCA best interest decision making principles had been recorded. This had not impacted on the outcome of the decision which had been based on supporting the person's safety. The registered manager agreed to ensure decisions such as this were recorded in line with the MCA principles and two stage assessment process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had made applications for nine authorisations to deprive people of their liberty to maintain their safety. Authorisations had been applied for but had not yet been granted due to delays with the local authority systems.

Most people and relatives told us the meals were good and they or their relative ate well. One person told us they felt the choices for the evening meal were sometimes unimaginative and often based on 'tinned foods', for example spaghetti or beans. We discussed this with the registered manager who told us the service no longer used these items regularly and had made changes to provide people with more choice at the evening meal. Soup and sandwiches were always available as an alternative to the hot choice. Discussion was held on ways to increase people's involvement in making choices, for example through the use of pictures or

showing people items to choose from. During the inspection we saw the cook preparing home-made soup, fresh fruit and vegetables as a part of the meals served.

Where people had been identified at being at risk of poor nutrition the service took action to refer them for medical advice and in some instances people had been prescribed supplementation to support their nutritional intake. Information on special diets was detailed on a board in the kitchen. This included any specific textures required to support people with swallowing difficulties and known likes or dislikes. One person told us "yes really good" when we asked them about the food and another person said they enjoyed the puddings. People were asked about their views about menu planning and choices at residents meetings, however it was acknowledged that not everyone could participate in this way.

Staff at the service worked well with other agencies to ensure people's welfare was maintained. We spoke with a visiting healthcare professional who told us they visited the home to provide them with support and guidance regarding people's care needs, and were happy to be contacted by them. The service had regular contact with visiting community nurses who carried out dressings at the service and we saw evidence of GP visits, podiatry and other healthcare services taking place.

Good

Is the service caring?

Our findings

At the last inspection we had rated this key question as good. We found this had been sustained.

People told us "the staff are good, they are kind" and a visiting relative said they had found the service to be much better than a previous service where their relation had lived. They told us "The staff really care - it's so much better here. I have no concerns about them here."

We saw and heard examples of people being supported well and in a caring way by staff. For example one person had problems with communication following a stroke. We saw how staff had attempted to support their communication, even though the person had refused support from speech and language services. The registered manager had written notes which showed caring and compassion for the person and their situation. Records showed the person had been asked "How can I make things better for you?" and gave the person a number of options to select from to enhance their well-being, for example 'take them out'. The registered manager shared their frustration with us when they had not been able to help the person further. This demonstrated the service tried hard to engage with people and support their well-being.

We spoke with staff about their understanding of the people they were caring for. Staff knew people well. They could tell us information about the person and their life history, people who were important to them and the support they needed and liked. For example a staff member told us about a person they had supported that day and how their abilities fluctuated over the course of 24 hours. They said the person was often able to communicate better in the early hours of the morning and they had enjoyed working with people on nights occasionally as "things are so different then." They felt this had given them an increased understanding of the person and what they enjoyed. They told us they were "very witty".

A relative told us about how much they had appreciated the way the service recognised the things their relation liked and helped celebrate milestones and successes with them. They told us how their relation enjoyed music and how they often were able to have a "little dance" together during the day. They also told us how the service had supported them to share a significant wedding anniversary together with a cake and celebration.

Staff were attentive to people's needs. We saw a person being supported to walk to the lounge, and saw staff ensured they were comfortably settled with a drink before leaving them. Staff understood people's likes and dislikes, and were aware of their emotional needs. We saw staff using appropriate touch to reassure people and taking advantage of opportunities to engage with people for short periods throughout the day.

Visitors were welcomed to the home at any time. The relatives we spoke with told us they felt involved with the service. One told us they kept their relation's room tidy to help out the staff as this had been very important to the person before coming into the home and another visited their relation nearly every day which gave them both great comfort.

People were invited to be involved in "Residents' meetings" to share their views about changes they would

like at the service. These were attended by the registered manager to ensure any issues would be 'heard' by the service's management. We saw the minutes of the last meeting held which had covered food choices and changes to the menu, as well as a discussion on whether staff should wear uniforms or their own clothes.

People's privacy was respected. Care was delivered in private and staff made sure people's dignity was respected for example by ensuring their clothes were clean and they were well presented, where they could not do this themselves. Staff had received training in dignity, respect and person centred care as a part of their core training.

Good

Is the service responsive?

Our findings

At the last inspection in 2016 we had rated this key question as good. This had been sustained.

People or their relatives told us they were asked about their care needs and wishes. One relative told us their relation was not able to participate in this process so they had been involved in discussing their care needs with the service on their behalf and could suggest any changes to the person's care plan at any time. Where information was available on people's life history this was included in the plans. This is important as it helps staff understand the person in the context of the lifestyle and choices they have made. The registered manager told us they had been looking into furthering the provision of pin boards for photographs and life history/memory boxes to support people living with dementia. One person had one of these in their room, and the person's relative told us how they used it to support the person remember significant events from their past, for example holidays they had been on or special family events.

Care and support plans were being regularly reviewed, but some would have benefitted from more detail. For example one person had a visual impairment. The registered manager and team leader could tell us about the limited vision the person had and from what angle to approach them to maximise their vision. However this information was not recorded in the person's care plan, so staff unfamiliar with their needs may not be aware of how best to support them. The registered manager agreed to ensure this was detailed in their plan.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from November 2017. We looked at how the home shared information with people to support their rights and help them with decisions and choices.

People's care plans included assessments and information on how people's communication needs could be supported, including with regard to those people living with dementia, hearing or sight loss or following a stroke. For example people's plans explained where they may find it difficult to express themselves, find the correct words or misinterpret what they see, or need time to process information. One person's plan had included information on how to offer them choices in a written format to help them indicate what they would like to do and what support they wanted. This had helped ensure the person's wishes were understood and could be met, when they were not able to say this verbally. Information kept by the home had not always been provided to people in differing formats, but we were told every effort would be made to do this if people wanted or needed this. For example the registered manager told us the complaints procedure could be read to people, or could be provided in larger font or images and be placed on display if the assessments indicated people would benefit from this. Where people had difficulties communicating some tools were available to help assess the person, for example with a specific pain relief assessment for people unable to communicate physical pain verbally. Discussion was held on how to support people living with dementia to make choices, using objects for reference or photographs.

We saw people were given support in accordance with their care plan. Throughout the day people's electronic records were updated by staff to demonstrate the care that had been provided, and these records were linked directly to the care plan. Alerts were sent to the registered manager where care was not delivered in accordance with the plan or when people's care was overdue, for example when people had not received a medicine that was prescribed for them. This helped ensure the registered manager could check why this had not happened.

The service had some planned group activities for people to participate in and also one to one activities available, including staff time allocated for talking with people in their rooms if they wanted. Some people were independently involved in following activities of their own choice, including crafts and reading, or listening to music in their rooms. Some people chose to participate in activities held in communal areas and on the day of the inspection there were quizzes and music. People had joined in this activity and the registered manager told us people enjoyed music, singing and a visiting animal service best.

Some people's files contained information about their end of life care wishes where these were known. At the time of the inspection no-one was receiving end of life care, but staff had experience of supporting people at this time in their life. Files recorded any religious, social or cultural needs for the end of the person's life.

The service had a complaints procedure that ensured complaints were listened to and acted upon. People and relatives told us they would feel able to raise any concerns or issues with the service's staff or management.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service in October 2016 we had rated this key question as good. However on this inspection we found some areas identified as needing attention on the last inspection had not been addressed. We also identified some new concerns. We have rated the service as requires improvement as a result.

Saffron Care Ltd is a limited company operating a separately registered care at home service and the registered care home at Glenkealey. The service was under the day to day management of a registered manager and close observation of the nominated individual, who acted as representative from the registered provider company. Both had a visible presence in the home on a daily basis. However they had not consistently demonstrated effective governance or oversight of the service, or taken actions to ensure people received safe high quality services.

We identified a number of concerns on this inspection that had not been identified in the service's own quality assurance systems or had not been resolved following the previous inspection of October 2016.

People could not always be assured of safe or high quality care because audits in place to assess the quality and safety of services had not always identified issues. For example, we identified concerns remained over the laundry area and risks to people from poor infection control practices. The service had conducted their own infection control audit but this had not reflected the risks we saw. Risks from the unsafe temperature of the medicines fridge had not been identified or rectified following the medicines audit or the last inspection. A person presenting significant risks to themselves was admitted to the service without a robust pre-admission risk assessment having been recorded to assist in deciding if the person's needs could be met. Risk assessments were not always carried out robustly in relation to the management of long term health conditions or people's fluid intake. This could lead to people not having poor healthcare outcomes. Records were not always well completed and care plans did not always contain sufficient detail on people's needs.

The failure of the services own quality assurance systems to identify the issues, and the failure to take effective action on previously identified concerns did not give us confidence systems were operating effectively or were robust.

This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance).

We found the management of the service had not always been effective. The registered manager was very much seen as the service leader, but told us they had found the role was increasingly difficult for them to complete. They had recently recruited another member of staff to support them in their role. This member of staff would be supporting them with some administrative tasks such as compiling staff rotas. The registered manager told us they 'lived and breathed' Glenkealey, and were passionate about making the service succeed. However, they did not themselves receive formal and effective supervision or feedback on how they were carrying out their role and how to progress improvements.

We found there was not a clear shared sense of ethos or culture at the service that was well understood or operating in practice. The service had a statement on the wall in the staff room about the core values of Saffron Care, which had been updated in December 2017. Neither the registered manager nor nominated individual could identify to us the values identified or how they were evaluated or re-enforced in practice, or shared amongst the staff team.

People were encouraged to give their views about how well the service was working and what could be improved. People living at the service and others such as staff were able to give their views about the operation of the service through a series of questionnaires. Regular staff and residents meetings were held to help ensure effective communication and identify any issues, and to give feedback through the quality assurance questionnaires. For example we saw comments had been received about the quality of the bedding and new bedding and towels had been purchased as a result. New systems had been put in place to improve communication between staff teams through more thorough handovers and staff were set specific duties each shift by the team leader to ensure specific care tasks did not get missed. The service had an annual development plan and quality audit matrix for audits carried out weekly, fortnightly and monthly. Lines of accountability were clear within the management structure, and action plans we saw for the development of the service indicated the member of staff responsible for taking actions and when they should be completed by.

People and staff told us the registered manager was approachable and understood their role. Staff told us they would be happy to discuss any issues or concerns with them and they found them helpful and supportive. The registered manager regularly updated their skills and knowledge, including attending local forums and researching care topics. They were a member of the local forum for care providers to share good practice and were undertaking a course in supporting well-being at work in the near future. This was said to be a manager's tool kit for making a more healthy working environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not consistently assessed and mitigated risks to people. Medicines were not being stored safely at the correct temperature. Regulation 12 (1) (2) (a) (b) (g)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person had not ensured standards of hygiene could be maintained in the premises, in relation to the kitchen and laundry areas. Regulation 15 (1) (a) (2)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Premises and equipment)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been operated effectively to assess, monitor and improve the safety of the services provided, or mitigate the risks. Records were not always well maintained or

comprehensive.

Regulation 17 2(b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance)