

Care @ Robertsbridge Limited

# Glottenham Manor Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Glottenham Manor is a care home with nursing and accommodates up to 50 people. The service supports adults whose primary needs are nursing care. They support people who live with diabetes, lung and heart disorders, Parkinson's disease, and general frailty. At the time of our inspection there were 19 people living at the service.

People's experience of using this service:

The providers' governance systems had not identified the shortfalls found at this inspection. Records lacked reference and guidance for staff on how to manage peoples' health related needs, such as diabetes.

People received safe care and support by enough numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "It's safe and lovely here." Care plans and risk assessments meant peoples' safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

Staff had all received essential training to meet peoples support and care needs. Further service specific training was being arranged by the registered nurses as requested by care staff. There was an induction programme to introduce new staff to the service and during this process they got to know people and their needs well. Staff told us that they felt the induction was in -depth and good. People's dietary needs were assessed, and people were provided with a choice of cooked meals each day. Feedback about the food was positive and people said they enjoyed the meals. People's health needs were consistently met with involvement from a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One health professional said, "The home atmosphere is positive, and people seem to be content." People were relaxed, comfortable and happy in the company of staff and engaged with in a positive way.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

Complaints made by people were taken seriously and investigated. Resident and family meetings were recommencing.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "It's a good place to work, communication is good, and we share information. We all feel we can contribute, and we work as a team."

Rating at last inspection:

The last rating for this service was requires improvement (19 October 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haven Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Glottenham Manor Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Glottenham Manor is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there.

We spoke with nine people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the deputy manager, and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and a visiting health care professional and completed these discussions on 17 September 2021.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement.

At this inspection this key question has now improved to Good.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff to meet people's care needs safely and effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient numbers of staff to ensure people's safety. People, relatives and staff told us that there were enough staff on duty at the home. One person told us, "I think there are enough staff, they are very good." Another person said, "It was difficult for staff when we were in isolation, but they managed well." One relative said, "The staff are brilliant, we visit a lot but for short periods as my relative gets tired and I've never had any concerns."
- The deputy manager was very hands on and responded to call bells to relieve pressure on the staff team.
- Since the last inspection call bell audits were undertaken and any irregularities to response time highlighted and action taken. For example, reviewing deployment of staff at key times. It has been highlighted that due to the high amount of people that required assistance with their meals, staff such as the activity person or domestic would swap roles to assist with mealtimes. Training had been undertaken by these staff to perform this role.
- The registered manager used a dependency tool to determine the necessary staffing levels required based on the needs of people. We saw that this had been used effectively in May 2021 to raise the amount of care staff on duty from three to four. The audit for skin integrity was also used as an indicator for staffing levels.
- Safe systems were used to recruit staff. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. Appropriate references had been obtained prior to staff being appointed. All registered nurses had a record of their personal identification number (PIN) and this was checked by the provider to ensure they were safe to practice.

### Using medicines safely

- Following the last inspection the way medicines were given had been reviewed and systems now ensure that people receive their medicines in a timely way.
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and

have no worries." Another said, "If the doctor makes any changes to my medicines, the staff come and talk to me. I have complete trust in them."

- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- People who were able to manage their own medicines did so safely with support from staff. Systems and policies supported this practice.
  - Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.
- Medication audits were completed on a daily and monthly basis.

#### Assessing risk, safety monitoring and management

- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included, risks such as skin integrity, weight management, nutrition and falls.
- People with mobility problems had clear guidance of how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were seen.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. .
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, people who were at risk of falls had sensor mat to alert staff that the person was up and at risk.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I am very safe here," "Staff so kind, we are safe here," and "I am here for support to stay safe, and that's what I get."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the

required referrals to the local authority.

- A staff member said, "We have had safeguarding training, our manager updates us of any changes to the procedures, especially during the pandemic." Another staff member said, "I wouldn't hesitate to report anything that is poor practice or abuse, it's part of our job."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed clear guidelines to ensure anyone visiting the service had completed a relevant COVID-19 test.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection the provider had not ensured that risks to people had been properly managed and doing all that was reasonably practical to mitigate those risks. This pertained to the management of fluids and the risk of dehydration. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they enjoyed the food provided by the service. One person said, " Food is outstanding. They come in here and set everything up for me." Another person said, "Nice fresh food, I can also ask to have my breakfast late if I want to sleep in." Visitors told us, "My relative is eating well, and tells us she likes the food."
- People were offered choices of food and drink. One person said, "Yes, they offer a choice and there's always something I like, but we can have anything, if they have it."
- Fluid charts were used for people at risk of dehydration. A target amount of fluid was set for each individual based on their weight and level of activity. Staff then monitored the amounts people drank and took action such as encouraging fluids and contacting the GP.
- Staff knew people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss.
- If people required assistance to eat or had their meals provided a certain way, this had been provided. Most people chose to eat in their room and staff supported and assisted people by sitting next to them and assisting them in a professional way without rushing them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do. Each care plan was accompanied by a MCA assessment and contained details of how decisions for each task was made.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the GP, dieticians and speech and language therapists (SaLT). One health professional said, "Staff are knowledgeable about their residents, communication is better."
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. Care plans had a specific page relating to protected characteristics so all staff were aware of peoples preferences.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training has been mainly on-line since COVID but we are now having face to face training in small groups."
- Clinical staff had access to professional development. A registered nurse said, "We have access to a range of training, we also have competency assessments to ensure our practice is of a good standard." People told us, "They know how to look after me." A visitor said, "I have been super impressed by the staff, they are knowledgeable, and I have complete faith in them."
- Staff told us the organisation was committed to support staff to develop and attain further qualifications. One staff member talked of training they had done to do their role, such as diabetes, dementia, mental

health awareness and tissue viability.

- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.
- One staff member said, "I have received support from everyone." Another staff member said, "It's my first job in care but everyone has been really supportive."

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

- Glottenham Manor has accommodation on two floors there were several communal areas which included, a large communal lounge with a separate dining area. Redecoration is planned in certain areas but has been impacted on by the COVID-19 lockdown.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The registered manager is looking at developing the signage as they redecorate.
- People's bedrooms were personalised. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. One person had their own furniture, books, photographs on the wall as well as medals, books and cricket memorabilia.
- The first and second floor was accessible, by stairs, or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- Outside areas were available and consisted of a patio/decking area and lawns.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection it was highlighted that insufficient staff had impacted on people's dignity in that there were delays in responding to call bells.

This inspection found that improvements had been made.

- Call bell audits were undertaken regularly and any irregularities or long response time was followed up and appropriate action taken.
- Feedback from people and visitors consistently described staff as kind and caring. Comments included, "Staff are excellent, very kind," "Really good staff here," and "The atmosphere is very calm and relaxed, a caring environment, I can't fault it." Visitors said, "Brilliant staff" and "Staff kind and respectful."
- The professionalism of the staff team was commented on by a visiting health care professional who told us, "Always welcoming." Another health professional said, "Helpful and knowledgeable and I have no concerns on care."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner.

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

- People and their families confirmed they were involved in day to day decisions and care records showed some evidence that they participated in reviews of their care. Comments included, "Staff include me in my care decisions," and "If I'm unwell, they call the doctor and look after me very well." A visitor said, "Communication has been good during the pandemic, they have kept us informed, we can visit, and the staff ensure we follow the government guidance."
- Some people's views were included in care records. The deputy manager was aware that this was an area to further develop and review. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and supported with the procedures currently needed during the pandemic. A visitor said, "Staff keep me in the loop and will ring if my relative is unwell."

## Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind. Comments included, "Kind", "Very helpful, and nothing to much trouble," and "Never get frustrated if I'm slow, always respectful and lovely."
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to leave their room, to meet other people or get fresh air. For example, one person said, "Staff are always on hand if I need them, but also support me to do what I can myself."
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in a password protected computer. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection people's care plans did not always reflect their physical needs and show the care and support that people were assessed as needing.

At this inspection improvements had been made.

- People received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew them well and supported people an individual way. One person told us, " Care staff said to me, It's your home, you do what you like. Whatever you want just say. You can't ask for more than that." One relative said, "They have welcomed my relative and ensured that they knew her needs so as to reassure her that she was in the right place and she has settled and is happy" Another visitor said, "Amazing care, helps that there are not too many residents." One relative said, "They have welcomed my relative and ensured that they knew her needs so as to reassure her that she was in the right place and she has settled and is happy" Another visitor said, "Amazing care, helps that there are not too many residents."
- Staff understood people's individual needs and personalities. A health care professional told us, "Staff know people well and are ready with the information I need to discuss and review their care."
- People had a full assessment before admission this ensured their needs could be met and tailored for, before they came to live at Glottenham Manor. These assessments were reviewed and developed into plans of care to guide staff in how to support people. One relative reflected on the admission process and how it included conversations about what the person liked to do, eat and their normal routines.
- The care plans were individual and reflected a person-centred approach to care. For example, people's choices on personal hygiene were recorded and included when people would like a shower or a bath and what support they needed to maintain oral hygiene.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff responded to people's communication needs. These were assessed and recorded within individual

communication care plans. These included specific information on how people's communication needs could be met and what aided their communication. For example, one person told us they used electronic equipment

- Consideration was given to environmental factors that may impact on communication. For example, the use of PPE had been reflected on by staff and how the impact of these could be reduced. This included ensuring that background noises were reduced when talking and people's hearing aids were used.
- Systems to support people to communicate with staff, relatives and friends had been assessed and promoted. For example, video calls were set up and staff supported people to phone their loved ones as they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's recreational needs were recognised as an important part of their lives. Care plans were used to identify any interests, hobbies or activities that would interest people. One person said a staff member had taken them with a member of care staff to support him to a cricket match, which he had thoroughly enjoyed.
- There was a dedicated activity co-ordinator who worked with two other staff to provide an activity programme and enable one to one time with those people who stayed in their room. Three activity people worked at the service. There was an activities programme that was varied to suite people's individual needs.
- People and relatives told us there was a good level of activity and entertainment provided within the service. One relative told us, "My relative has enjoyed joining in with the activities. There has been music sessions and celebrations which have helped her settle."
- People were supported to maintain social contacts and relationships. Visitors were made to feel welcome and were encouraged to visit in line the Government guidelines. One relative told us, "We have been very lucky and able to visit my relative regularly in the garden." Technology was also used to maintain these links one person enjoyed regular facetime sessions with family members.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they knew how to complain, and a copy of the complaints policy was available in the home and on the Glottenham Manor website. Relatives told us; they would make a complaint if they needed to.
- A record of complaints was held in the service. These included the information on the complaint and how this was responded to. There was only one in the past year which had been appropriately responded to.

End of life care and support

- When people needed end of life care, staff worked closely with other health care professionals to provide the best care for people in a compassionate way. A health professional told us, "Staff support people and their families with great care when people are at the end of their lives."
- Staff delivered care that took account of people's wishes and supported their comfort. One relative told us, "They are so good, people always look so happy and smart."
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans contained information and guidance in respect of people's religious and resuscitation wishes.
- Relatives and friends were supported with compassion through this difficult time. For example, visiting for those people at the end of their lives was extended, with the facility to stay overnight if wanted.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, time was needed to embed improvements and review the care plan system.

- Since the last inspection, there was a new management team at Glottenham Manor, this included a registered manager and deputy manager. They were both committed to the service and to drive improvement.
  - Care plans were person centred but there was a lack of reflection of peoples' health conditions and how it impacts on their well-being and what action staff should take to mitigate risk. For example, diabetes, COPD and continued bed rest. When this was discussed at the inspection visit, the deputy manager immediately rectified the shortfalls.
  - Due to the knowledge staff had of people there was no impact of harm at this time, however with new admissions and new staff there would be a potential impact. The deputy manager told us the provider was introducing a new care plan system soon. They are currently trialling systems.
- When the inspectors arrived at the service, the visitors' procedures for COVID-19 were not followed. Whilst this was addressed when day staff arrived, an out of hours policy would be beneficial for those staff that are not there during visiting hours.
- The environment in some areas needed redecoration. The maintenance person acknowledged that redecoration had been put back and he dealt with each day prioritising safety as it presented. These areas were identified as areas for improvement.
  - Quality assurance systems were in place and were used effectively to improve the service. For example, audits had been completed on medicines and infection control and generated clear action points to be addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff attended daily meetings led by the management team to share information and ensure all staff had the same information. These meetings had been enhanced during lockdown in the absence of more formal staff meetings. The chef, cleaner and maintenance person were all invited to these daily meetings – held in a large room where social distancing could be observed. One staff member told us, "All staff are respected as part of the team, we work together."
- People and relatives told us they found all staff to be approachable, and helpful. Interactions between people, relatives and staff, were warm and positive and they clearly knew each other well.
- Engagement with staff, people and relatives was very important and the provider invites feedback both by surveys and on their website.
- Relatives told us, "My relative is extremely happy here. She is well looked after, and we are very happy with the care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager and management team were aware of their responsibilities including those under duty of candour. Relevant statutory notifications had been submitted to the CQC promptly.
- The management team acted in an open, honest and transparent way. This was demonstrated through the response to findings during the inspection visit which were responded to in a positive proactive way.
- Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The local pharmacy were due to complete an audit this month.
- Health care professionals were positive about the relationship formed between them, and the staff. One told us, "Staff are happy to listen to advice and guidance, they know their residents and very helpful."