

Brunelcare

# Glastonbury Care Home

## Inspection report

Pike Close  
Off Sedgemore Way  
Glastonbury  
Somerset  
BA6 9PZ

Tel: 01458836800

Website: [www.brunelcare.org.uk](http://www.brunelcare.org.uk)

Date of inspection visit:

18 December 2018

19 December 2018

Date of publication:

17 January 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Glastonbury Care Home provides accommodation and nursing care for up to 64 people. The home specialises in the care of older people including people living with dementia. The home has two floors and is split into four houses. At the time of the inspection there were 52 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service Good.

Why the service is rated Good.

The service promoted a person-centred culture where people felt valued and cared for.

People told us they felt safe and well cared for at the home. There were sufficient numbers of staff and the provider had policies and procedures in place which helped to keep people safe.

People were cared for by staff who were kind and had the skills and experience to meet their needs. One person told us, "Staff are very good, nice and helpful." Another person said, "Staff are very good, very thorough. They know what they are doing."

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

Staff were attentive and promoted people's comfort and well-being. People's health was monitored by trained nurses and they had access to other professionals to meet their needs.

People could be confident that at the end of their lives they would receive care that was compassionate and professional.

Staff knew people well and care and support was personalised to each individual. People told us they were able to make choices about their day to lives and staff respected their choices.

There was a management team who were committed to providing high quality care and in a homely environment. One visitor told us, "The home has a nice homely atmosphere despite it's size." One person told us, "It's like being in my own home. Everyone loves everyone else. The staff take a lot of trouble to look after you."

There were systems in place to monitor standards and drive improvement. Staff felt well supported which created a happy and relaxed atmosphere for people to live in

Further information is in the detailed findings below

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Outstanding	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Glastonbury Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2018 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 15 people who lived at the home and six visitors. We spoke with 11 members of staff which included registered nurses, care staff and ancillary staff. The registered manager was available throughout the inspection.

Some people who lived at the home were unable to verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in all areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included six care plans, medication records, three staff personal files, minutes of meetings and records relating to quality assurance.

# Is the service safe?

## Our findings

People continued to receive safe care.

People felt safe at the home. When asked, one person said, "Oh yes, I definitely feel safe." Another person told us, "I feel totally safe here." A visitor commented, "They are 100% safe."

The provider had systems and processes which helped to keep people safe. These included a robust recruitment system which made sure all staff were appropriately checked before they began work. Staff records showed staff only started work at the home when all checks and references had been received.

As well as a safe recruitment procedure all staff received training in how to recognise and report any suspicions of abuse. Staff spoken with all said they would not hesitate to report any concerns and all were confident action would be taken to make sure people were kept safe. One member of staff said, "I wouldn't hesitate to go to my line manager. Absolutely something would be done but we have numbers to call if we needed to. We are all told about the importance of reporting concerns and how to whistle blow."

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider used dependency profiles to ensure staffing levels were planned in accordance with people's needs. The profiles were kept under regular review. One member of staff told us, "We have enough staff. If we need agency staff then the manager organises it."

Some people liked to stay in their rooms and all had call bells or pressure mats so they could summon staff when they needed help. During the day we did not hear call bells ringing for extended periods of time showing people received support promptly. One person told us, "When I'm in bed I use the buzzer on the wall. If I'm in my chair I stamp on the mat. They usually come quickly but I can have to wait."

Some people who were living with dementia were unable to use their call bells. There were systems in place to make sure staff frequently checked on these people to maintain their safety and well-being. Throughout the inspection we saw staff visited these people and chatted to make sure they were comfortable.

People were protected from the risks of unsafe care because the staff carried out risk assessments and put in measures to reduce risks to people. For example, where people were assessed as being at high risk of pressure damage to their skin suitable pressure relieving equipment was in place.

All accidents and incidents were recorded and analysed to look at ways that improvements could be made. For example, one person had a high number of falls so additional observation and equipment had been made available to minimise risks. Ongoing records showed the changes to this person's care had a positive effect and the number of falls they experienced had greatly reduced.

Some people could demonstrate a reluctance to receive personal care support from staff. Staff described how they supported people at these times by using techniques they had learnt. For example, preferred staff,

familiar faces, giving people space and time and having specific objects that the person responded well to.

People lived in a clean and fresh environment. There was a dedicated housekeeping team and all staff received training in good infection control practices. There were adequate hand-washing facilities around the home and staff used personal protective equipment, such as disposable gloves and aprons, where appropriate. This helped to minimise the risks of the spread of infection in the home.

People received their medicines safely from trained nurses and senior staff who had received specific training to carry out this task. Medication administration records were signed when medicines were administered or refused. A clear record of medicines administered helped the effectiveness of prescribed medicines to be monitored. One person told us, "Staff manage medicines very well. Always within timescales."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were unable to express their need for these medicines, due to mental or physical frailty, the staff used a recognised tool to gauge levels of pain in individuals. This helped to promote people's comfort and well-being.

# Is the service effective?

## Our findings

People continued to receive effective care and support.

Glastonbury Care Home was a purpose-built home which provided accommodation in four separate areas. Accommodation was arranged over two floors and there were passenger lifts which enabled people with all levels of mobility to access all areas.

People had access to equipment to promote their well-being and choice. All bedrooms had an en-suite shower room. There were also assisted bathing facilities in each area of the home which ensured people were able to choose to have a bath or a shower. Where people required equipment to help them to move around this was assessed on an individual basis.

People had their needs assessed before they moved into the home. This helped to make sure the home had the staff and facilities to meet people's needs and expectations. From the initial assessments, care plans were created to give staff guidance about how to effectively support people. Care plans we saw were variable in quality and comprehensiveness but staff we spoke with had an excellent knowledge of people's individual needs and preferences.

People were supported by staff who had the skills and experience to effectively care for them and meet their needs. Staff had access to a range of training in health and safety issues and other topics relevant to people's needs. People had confidence in the staff who supported them. One person told us, "Staff are very good, very thorough. They know what they are doing." One staff member said, "The training is very thorough and consistent, it's definitely enough to do the job and if you need anything extra they would support that."

Staff felt supported in their role and they told us they received one to one supervisions with their line manager. Supervisions are an opportunity for staff to discuss their performance and any additional support they might need. One staff member said, "I do feel supported and have supervisions."

People's day to day health was monitored by trained nurses. Where people required specialist healthcare treatment or support, referrals were made to appropriate professionals. Trained nurses had opportunities to keep their skills up to date by attending training courses. This helped to make sure trained nurses had the knowledge required to support people in accordance with current best practice guidance. One person told us, "I am in poor health, they help me manage it all so I don't need the GP much."

People had access to healthcare professionals from outside the home according to their individual needs. Staff worked with other professionals and organisations to make sure people's needs were met. People told us, and records seen confirmed, that staff supported them to see a variety of professionals including, doctors, opticians and chiropodists.

People's nutritional needs were assessed and met. Where concerns with someone's food intake or eating ability was identified then action was taken to address this. For example, one person had swallowing



difficulties and they had been seen by a speech and language therapist. They had recommended that food and drinks were served at a specific consistency and during the inspection we saw they received meals and drinks at the recommended consistency. This demonstrated staff were following professional advice to promote people's well-being.

People's food preferences were respected and there was always a choice of food. One person, who had a specific diet, told us the cook visited them regularly to discuss food options. They said, "They will cook what I want." Another person told us, "Food is good, choice at lunchtime. I like to have breakfast in my room."

People received the support they required to eat a good diet. Where people required physical assistance to eat, this was provided in a dignified and unhurried manner enabling people to enjoy their meal.

Our observations of the mealtime experience were mostly positive. We did however, observe one person waiting 20 minutes for their meal on the first day of the inspection. Also, people were not offered a choice of condiments to add to their meal. The registered manager told us the mealtime experience was something they were reviewing and looking at ways to improve this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had made applications for people to be deprived of their liberty where they lacked capacity to consent to their care arrangements and required this level of support to keep them safe.

Staff worked in accordance with the MCA to ensure people's legal rights were respected. Staff told us they gave people choices about all aspects of their day to day lives. One member of staff said they often showed people different options to enable them to choose for themselves when they were unable to verbalise their views. One member of staff said, "People can have what they want. If people don't have the capacity we would talk with family and make a best interests decision." One care plan we looked at showed how a decision had been made for a person who lacked capacity to consent to a specific area of their care. Information showed there had been consultation with relevant professionals and a close family member to make sure the decision was in the person's best interests.

## Is the service caring?

### Our findings

At the last inspection we rated this section as outstanding because of the person-centred and compassionate culture which staff created. Staff encouraged people to make and maintain friendships and promoted a family type environment where everyone was respected and cared for. At this inspection we found the extremely caring culture continued and the staff and management had built on this to make sure people continued to feel valued and had opportunities to express themselves.

The provider demonstrated they cared for, and valued people and staff. To promote people's well-being, the provider had commissioned an outside therapist to carry out Tai Chi for well-being with people at the home. The therapist told us they practiced this with a number of people to promote a sense of well-being and integrated it with people's spiritual needs where appropriate. Records showed that the sessions were having a positive effect on people by promoting a sense of calm and relaxation.

Minutes of a staff meeting showed staff had noticed the positive effects on people from the well-being sessions. Staff had subsequently requested Tai Chi sessions be made available to them to minimise stress levels and promote their well-being. The provider had arranged for formal sessions and informal support to be made available to staff from the visiting therapist. A number of staff told us how beneficial they had found the support and praised the provider for making this available to them.

The therapist told us about some of the techniques they had discussed with staff to help them to cope in difficult situations. During the inspection we saw a member of staff using a learnt technique to support them in their work. Supporting staff to cope in difficult situations helped to create a calm and inclusive environment for people at the home. One member of staff said, "The well-being stuff has been really good. I think it has given us a more positive approach which is good for the people who live here."

Throughout the inspection we observed and heard numerous caring and compassionate interactions between staff and people. Staff helped people to move around at their own pace but offered a guiding hand where needed. One member of staff sat with a person who had become anxious and offered gentle physical reassurance until they became calm and fell asleep.

People and visitors were very complimentary about the staff who supported them. Comments included, "Staff are very good, nice and helpful," "They are all so kind, nothing is a bother to them" and "Everyone is so nice. Always lovely, friendly and kind." One visitor told us, "I have to say they are brilliant. I can't fault them."

People were supported by staff who knew them very well. Staff were able to tell us about people's past life history and what was important to them, staff recognised the importance of this. One staff member told us, "We find out who they are and see each person as an individual. This helps us to support them in the best way possible."

Staff told us they tried to create a family type atmosphere with people, staff and relatives being part of that family. During the inspection we saw staff knew people and their visitors very well and offered support to

both. At lunch time we observed a relative was upset in the corridor. A member of staff noticed and left the dining room to offer support to them in a quiet area, whilst another member of staff made them a cup of tea. One person told us, "It's like being in my own home. Everyone loves everyone else. The staff take a lot of trouble to look after you."

Visitors were always welcomed which helped people to keep in touch with friends and family. One visitor told us, "They are kind to visitors. They keep it informal you can make yourself tea and have cake, they make you feel at home. I come in every day." Another visitor said, "Staff make me very welcome, make me tea and always ask how I am." Some people told us that family members had been invited to the home for Christmas dinner. One person said, "It's lovely we can all be together at Christmas."

There was core of staff who had worked at the home for a number of years and had built trusting relationships with each other and people at the home. One member of staff said, "I love it here. It's so supportive, it's amazing." Another member of staff told us, "I would be very happy for a member of my family to be cared for here. We are all like a family anyway."

People privacy and dignity was respected. Where people required help with personal care this was provided in private to maintain their dignity. Where people preferred to be assisted by staff of a specific gender this was respected by staff. When staff visited people in their rooms they knocked on doors before entering. When staff wished to discuss something with a person, they went into rooms and positioned themselves so people could see them clearly and to ensure conversations were private.

Each person had their own room which they could personalise to their own tastes and needs. Some people had decorated their rooms for Christmas and staff had helped people to put up decorations and cards. People could choose to socialise in communal areas or spend time in the privacy of their bedrooms.

People and their relatives felt involved in decisions about their care and support. One person told us, "I have a care plan to be as independent as possible and that is supported." One visitor told us they had been able to share their views about their relatives needs and preferences and staff had listened and recorded all the information. One person told us, "They ask you what you want and make sure you get it. Little things, like having my door open at night."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received care and support which was personalised to their needs and wishes. Care plans gave clear information about the person's needs and how staff should support them. Some care plans were more personalised than others but all contained adequate information to ensure staff had clear information about people. Where people had specific nursing-care needs the care plans were informative and showed evidence of nursing provided and outcomes of each intervention. This helped staff to monitor the effectiveness of treatments and adapt to changes in need.

People received care which took account of their current needs and responded to any changes. Care plans were regularly reviewed and updated to make sure staff had up to date guidance about how to support each person. Staff knew people well and adjusted the care they provided to suit each person.

People told us they were able to make choices about their day to day lives and staff respected their wishes. One person told us about their specific routine and said, "The staff know me so well I don't really have to ask anymore. When I ring my bell at seven they know exactly what I want."

People had access to a variety of social and leisure activities. There were a range of organised group activities and one to one social stimulation for people who preferred not to join in. One person said about the activities, "I do most of them. Music is what I like best, they have lots of people coming in, some are super, some not. I do Tai Chi which is new for me and quizzes. There's a trip to the pub on Monday nights."

People continued to access community facilities. The home had a mini bus which enabled people to get out and about. A number of people told us about trips out they had enjoyed. One person said, "It's nice that we can still go out. A couple of us went out for a drink last night which was lovely." People said they also enjoyed spending time in the garden and some helped out with gardening. One person said, "Tai Chi can be outside if the weather is nice."

The staff were accepting of all faiths and beliefs and we heard how they had supported a person with a specific belief system. There were good links with local churches and representatives visited the home and performed services. This enabled people to continue to practice their faith if this was important to them.

People could be sure that at the end of their lives they would be cared for with kindness and professionalism. The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Glastonbury Care Home was a 'Platinum home' which means they had been re-accredited after a three-year period which demonstrated sustainability of standards and high quality care for people.

People's care preferences for their end of their lives were recorded in their care plan. One person told us, "I had a discussion with [staff name] about what I want and they have written it down." We saw a letter that

had been written by a relative following the death of a person at the home. They had written, "The care for the family made a difficult time easier." Another person had written that staff had shown, "Love and respect in death as well as life."

The home held an Ascension Day service each year to remember people who had died at the home. Friends and relatives were invited to the service and were able to spend time chatting and socialising.

The provider had a complaints policy and all complaints were fully investigated and responded to. Where complaints highlighted shortfalls in the service apologies were given and outcomes were used to make improvements. For example, following on from a complaint about a pressure relieving mattress, a new system of checking was put in place. Minutes of a staff meeting showed this had been shared with staff so everyone could learn from the complaint.

People told us they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person told us, "I would definitely complain if I needed to. I would speak with the manager." Another person said, "If I was worried I would talk with the deputy manager or the nurses."

## Is the service well-led?

### Our findings

People continued to live in a home which was well led.

Since the last inspection a new registered manager had been appointed. 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 addition to the registered manager there was a deputy manager and unit leaders in each area. There were always trained nurses on duty. This helped to ensure there were clear lines of accountability and ensured people always had access to senior staff to discuss issues with. It also enabled people's care and support to be constantly monitored and treated according to their individual needs.

People, visitors and staff commented positively about the registered manager. One staff member told us, "The support I have received from the manager is second to none." Another said, "[Name of registered manager] is good, very supportive, open-minded and encouraging. They get things done, and speak honestly and openly."

The registered manager was committed to creating a homely environment which provided person centred, high quality care to people. Throughout the inspection we saw this ethos was being put into practice. People were very complimentary about the quality of care they received and said they would definitely recommend the home. One person told us, "I would certainly recommend the place. I am trying to persuade a friend to come here." One visitor told us, "The home has a nice homely atmosphere despite it's size."

The management of the home constantly looked at how improvements to people's care and quality of life could be made. Significant events forms were completed after, incidents, accident, audits or complaints. These records showed good practice as well as shortfalls and all had action plans so that learning could be used to raise standards. The registered manager told us they promoted a learning culture which encouraged everyone to be open and transparent.

Staff were involved in changes and told us they were asked for suggestions. One member of staff said, "They are always looking at ways to improve. They ask us about what we think, they don't just do things." Some changes, such as ensuring care plans were fully personalised, were being trialled in the area of the home which cared for people living with dementia before being rolled out across the whole home. This helped to make sure changes made were carried out in a planned and manageable way.

There were effective quality assurance systems which were carried out in house and by senior staff within the provider group. Action plans were produced following all quality monitoring visits to make sure that any shortfalls identified were corrected in a timely way.

In house audits helped to ensure there were ongoing improvements. For example, there was a monthly

medication audit and following the audit a significant events form was completed to identify good practice and any shortfalls. This enabled the management to identify how improvements could be made. We looked at medication audits carried out throughout the year and saw they were driving improvement in all areas of medication administration and recording.

The home had excellent links with the community which enabled people to easily access local facilities. These included links with the local British Legion club which people attended regularly and the local theatre. The home was working with the Glastonbury dementia alliance to promote dementia awareness and support in the town. There were also links with nearby schools which enabled people to continue to enjoy intergenerational activities. During the inspection children from a local school came to sing carols which was well received by people at the home. Some people told us they had also attended musical concerts at another school and one person said they had been involved in making a short film with school children.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.