

Mr and Mrs Reaney

Glen Lyn

Inspection report

2 Tregonwell Road
Minehead
Somerset
TA24 5DT

Tel: 01643702415

Website: www.glenlynresidentialcarehome.co.uk

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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?	Good ●

Summary of findings

Overall summary

About the service

Glen Lyn is a residential care home registered to provide personal care and accommodation to up to 12 people. The home specialises in the care of older people.

The house is an older style property with accommodation set over three floors. At the time of the inspection 12 people were living at the home.

People's experience of using this service and what we found

People continued to receive a good standard of care and support.

People felt safe at the home and with the staff who supported them. There was a stable staff team. People had built trusting relationships with staff which helped them to feel valued and cared for.

People lived in a home which was well maintained to make sure it provided a pleasant and safe environment. The home was clean and fresh which minimised the risks of the spread of infection.

People were cared for by staff who had the skills and experience to meet their needs. People had confidence in the staff who helped them.

People told us they were happy with the care they received. Staff monitored people's healthcare needs and helped them to make and attend medical appointments.

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.

People told us staff were kind and that they respected their privacy. People were encouraged to maintain their independence and their choices and wishes were respected.

People were able to take part in a range of activities at the home and in the community. People's friends and family were always made welcome at the home which helped them to keep in touch with their loved ones.

The home was well managed by a registered manager who worked alongside other staff. This enabled them to constantly monitor standards and look for where improvements could be made.

People told us the registered manager was open and approachable. People felt able to raise any concerns or make suggestions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating of the service was good (Report published 16 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led.

Details are in our well-Led findings below

Good ●

Glen Lyn

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glen Lyn 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had from and about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and one visitor about their experience of the care provided. We spoke with three members of care staff. The registered manager was available throughout the day.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe at the home and with the staff who supported them. One person told us, "I haven't felt safe everywhere I've lived but I do feel safe here. The staff are very nice to you." Another person said, "Staff treat you well."
- Risks of abuse to people were minimised because the provider had systems which helped to protect people. There was a robust recruitment process. Staff received training in how to recognise and report concerns. All staff asked said they were confident that any concerns reported to the registered manager would be investigated and action would be taken to make sure people were safe.
- There were adequate numbers of staff to keep people safe and to meet their needs. During the inspection we saw care staff had time to assist people with personal care and with activities.

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and all lifting equipment.
- Individual risks to people were assessed and measures were put in place to make sure people received their care with minimum risk to themselves or others. Where specific risks were identified, such as the risk of people choking when eating, appropriate professionals were contacted for advice. Advice given by professionals was put into practice to minimise risks.

Using medicines safely

- People were supported to safely take their medicines. All staff who administered medicines received specific training and had their competency assessed to make sure their practice was professional and safe.
- People received their medicines in a way that meet their needs and wishes. Each person had a care plan which set out the support they required to take their medication. Risk assessments were carried out where people wished to self-administer their medicines. This helped to make sure people could maintain their independence in a safe way.
- Staff kept clear records of when medicines had been administered or refused. This enabled them to monitor the effectiveness of medicines. One person told us, "They know from the folder what I need. Always tally up what's left."

Preventing and controlling infection

- People lived in a home which was clean and fresh. This helped to minimise the risks of the spread of infection.
- Staff had received training in infection control which helped to promote good practice. There were handwashing facilities throughout the home and staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- The registered manager constantly monitored standards of care and staff practice. Where areas for improvement were identified action was taken to make sure improvements were implemented. For example, following recording errors on medication records the policy for administering medicines had been up dated and reviewed. The new policy made sure medicines were administered by two members of staff to minimise errors.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People lived in an older style house which had been adapted to meet their needs but retained a homely appearance. There was a stair lift to the first floor and assisted bathing and showering facilities to support people with mobility difficulties.
- All areas of the home were well maintained and furnished. This provided a pleasant and comfortable environment for people.

Staff support: induction, training, skills and experience

- Staff received the support and training required to effectively support people. Staff files showed staff received training and supervision appropriate to their roles. One member of staff told us, "Training here is good. If you want anything extra you can always ask."
- People had confidence in the skills of the staff who supported them. One person told us, "On the whole I think they are well trained. [Registered manager's name] assesses everyone to make sure they are doing things properly."

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

- People had their needs assessed before they moved into the home. This helped to make sure staff had the skills and experience to meet people's needs and expectations.
- People received their care in accordance with their needs and wishes. Each person had a care plan which was personal to them and gave staff guidance for how people wanted to be assisted.
- People's care plans were regularly reviewed. This helped to make sure they continued to reflect best practice and people's up to date wishes and needs. Where changes were made to care plans, these were discussed with staff at handover meetings and staff had to sign to say they had read the up dated care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to make sure people's healthcare needs were met. For example, one person was regularly visited by district nurses and staff liaised with them about the person's care.
- Staff monitored people's health and made referrals to appropriate professionals. The consistent staff group meant they knew people well and were able to identify when changes occurred in people's mood or

health. One person told us, "Staff recognise if you're not well."

- People were seen by a range of healthcare professionals to meet their specific needs. People's files showed they accessed professionals such as doctors, dentists, opticians and chiropodists. One person said, "If you need to go to the doctor or dentist someone from here takes you. It's nice to have someone with you."
- People's oral healthcare needs were assessed and met. The registered manager had implemented a new comprehensive assessment for oral healthcare which ensured people received the support they needed. People told us staff assisted them to make and attend dental appointments.

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

- People were complimentary about the food served at the home. One person said, "The cooking here is very good." Another person told us, "The meals are always nice."
- People were able to choose where they ate their meals. The majority of people chose to eat in the dining room, but others liked to eat in their rooms. One person said staff always asked them where they wanted their lunch.
- People's specific needs were catered for. For example, one person's care plan showed they had been assessed by a speech and language therapist and recommendations were made about the consistency of food the person required. We saw this person received a mid-morning snack and lunch at the recommended consistency.

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).

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.

- People's legal rights were protected because staff worked in accordance with the MCA. Full assessments were carried out where there were concerns about a person's capacity to make a certain decision. Care plans showed where assessments had been completed and in response best interests decisions had been made in partnership with the person's representatives.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe. Staff were fully aware of where people were being cared for under the DoLS legislation.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager led by example to make sure people were treated with respect and kindness. Throughout the inspection we heard, and saw, people were spoken with in a friendly and respectful manner.
- People told us staff were always kind and approachable. One person told us, "I have never seen any unkindness here." Another person told us they were very comfortable at the home and felt they were always well treated.
- The registered manager had introduced equality and diversity training for all staff to ensure people were always treated in a way that respected them and their lifestyle choices. One person told us, "You can be yourself here. Nobody judges you."

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

- People, and/or their representatives, were involved in decisions about their care. One person told us, "I have a care plan. [Registered manager's name] has been through the care plan with me." Another person said, "They never tell you. They always ask you."
- People were kept up to date and involved in changes in the home. There were regular meetings for people. Minutes showed people were able to comment on changes and make suggestions. Where suggestions were made these were put into practice where possible. For example, the last minutes showed people had requested a specific trip and this was being arranged.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person liked to go out on their own and measures had been put in place to maintain their safety. During the inspection this person went out walking several times without staff support.
- People's privacy was respected. People had their own rooms where they could spend time in private if they wished to. One person said, "Sometimes I like a bit of quiet time." The provider had also created a small quiet lounge area where people could see visitors in private without using their rooms.
- People were assisted in a dignified way. When staff supported people, they were discreet and respectful. Staff spoke about people in a way that was caring and compassionate.

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 Good. At this inspection this key question has remained the same. 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

- People received individualised care because staff knew them well and how they liked to be supported. Care plans gave information about people's likes, dislikes and lifestyle choices. This helped to make sure staff had the information they needed to provide person centred care.
- People were able to follow their own routines. Each care plan had detailed information about people's morning and evening routines. This meant all staff knew what was important to people. One person told us, "You sort of do what you like really."
- People's wishes and preferences were respected. One member of staff said, "We would never make anyone do anything they didn't want to. It has to be their choice." One person said, "You get up when you want and go to bed when you want. Nothing is over regimented."

End of life care and support

- People's wishes for the care they wanted to receive at the end of their lives were recorded in their care plans. This helped to make sure people received care and support in accordance with their values and beliefs.
- Staff worked with other professionals to make sure people received the support they required to remain comfortable and pain free at the end of their lives. People told us they felt confident they would receive good quality care if they were very unwell.

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.

- People had their communication needs assessed and met. The registered manager informed us that all information could be translated into any language or format if people required it.
- The registered manager had made links with other organisations to make sure people with sensory difficulties, such as a visual impairment, received the support they required.

Supporting people to develop and relationships to avoid social isolation; support to follow interests and to

take part in activities that are socially and culturally relevant to them

- People lived in a home with a stable staff team who they had been able to build relationships with. During the inspection people and staff chatted happily together. People had also formed friendships with each other and we saw some people sat together and socialised. One person said, "I get on with everyone. We're a nice bunch."
- People were encouraged to maintain relationships with friends and family. Visitors were always welcome at the home. One person told us, "It's open house to family and any other visitors." A visitor said they always felt welcome and were able to visit anytime."
- The registered manager had put things in place to help visitors to enjoy time with their loved ones. One person was living with dementia. The registered manager had written a letter to their family giving information about dementia and the best ways to communicate with the person. They had also created a photo album called, 'Look what we've been up to,' to help visitors to start conversations and share good times together.
- There was a variety of organised activities and entertainment to provide social stimulation and promote people's well-being. Two people told us how much they enjoyed musicians who regularly went to the home. Another person said, "There always seems to be something happening if you want to join in."
- People were able to continue to be active members of their community. People took part in local events and one person said they attended a day centre and regularly went to church in the town.

Improving care quality in response to complaints or concerns

- People felt able to make a complaint and felt any complaint made would be listened to. One person said, "When you say something they listen." Another person told us, "If there was anything I wasn't happy about I would go straight to [registered manager's name.]"
- No formal complaints had been received since the last inspection. However, the registered manager had listened to suggestions made to make sure people were happy with the support provided. This had included improving the laundry service to make sure items of clothing were returned more quickly to people.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy with the care they received. One person told us, "I feel very well looked after." Another person commented, "I have everything I need. I feel settled and at home."
- The registered manager was also the provider. They worked full time in the home and promoted a positive and inclusive culture. They had a good knowledge of the people and staff. People were extremely happy and relaxed with the registered manager.
- The registered manager sought people's views and acted on suggestions made. This demonstrated people were listened to and their views were valued.
- People lived in a home where staff were happy in their jobs and felt well supported. This helped to create a happy atmosphere for people. One member of staff said, "It's a lovely place to work, such a nice atmosphere." One person told us, "It's a happy home."
- People and staff told us the registered manager was open and approachable. This enabled them to share concerns and make suggestions.

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

- People benefitted from a registered manager who constantly monitored standards to make sure people received good quality care and support. They carried out regular audits and took action to address any shortfalls identified. For example, where medication audits had highlighted errors in medication recording, changes had been made to the home's policy.
- The registered manager led by example. They worked alongside other staff to monitor standards and identify where improvements could be made.
- Risks to people were minimised because the registered manager ensured safety checks were carried out by outside contractors. Equipment was regularly serviced and inspected to promote people's safety.
- People received care and support in accordance with up to date good practice guidelines and legislation. The registered manager kept their knowledge and skills up to date by regular training and reading. They also belonged to on-line forums where good practice was discussed and shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff worked in partnership with other professionals to make sure people received the care and treatment they required. Staff told us they had good relationships with other professionals in the local area.
- People took part in local events and used community facilities for shopping and leisure. Photographs showed people attending events in the town, going to the theatre and enjoying time at the sea front and local park.
- People were able to practice their faith. Some people accessed religious services in the community and religious representatives visited the home to support people to continue to follow their faith.